

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

2

3 COMMITTEE NAME

Flower Mound Rising

OFFICE USE ONLY

Date Received

11:35 AM  
[Signature]

RECEIVED

MAR 26 2021

Town of Flower Mound

Town Secretary's Office

Date Hand-delivered or Date Received

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
4100 1111 FLOWER TX  
BROADWAY MOUND 75028

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
MR PAUL P  
NICKNAME LAST SUFFIX  
STONE

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
SAME AS ABOVE

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
SAME AS ABOVE

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
214, 325 8632

9 REPORT TYPE

- January 15       30th day before election       Exceeded Modified Reporting Limit  
 July 15       8th day before election       Dissolution Report (Attached PAC-FR)  
 Runoff       10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year      Month Day Year  
03 / 17 / 2021      THROUGH      03 / 22 / 2021

11 ELECTION

ELECTION DATE      ELECTION TYPE

Month Day Year       Primary       Runoff       Other  
 05 / 01 / 21       General       Special      Description \_\_\_\_\_

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME FLOWER MOOND RISING 13 Filer ID (Ethics Commission Filers)

<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b> <u>DEREK FRANCE</u>
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> <u>MAYOR</u>
	<input type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> _____ <b>ELECTION DATE</b> Month / Day / Year _____ / _____ / _____ <b>DESCRIPTION</b> _____

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	<u>0</u>
	<input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold		
<b>EXPENDITURE TOTALS</b>	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	<u>0</u>
<b>CONTRIBUTION BALANCE</b>	4. TOTAL POLITICAL EXPENDITURES	\$	<u>0</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>

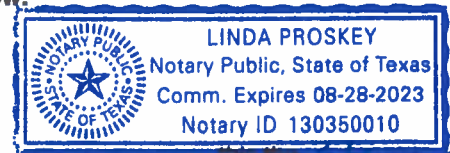
**16 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Paul Stone  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Paul Stone, this the 26 day of MARCH, 20 21, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Linda Proskey Printed name of officer administering oath  
Notary Title of officer administering oath

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) (zip code)(country) \_\_\_\_\_  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 (month) (year)

Signature of Campaign Treasurer (Declarant)