

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME <i>CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & REEP GRAPEVINE GREAT</i>			OFFICE USE ONLY Date Received MAY 03 2013 <i>11:37 AM</i>
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 907 GRAPEVINE TX 76099-0907</i>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i> MIDDLE NAME <i>MIKE</i>	FIRST <i>MICHAEL</i> LAST <i>MORRIS</i>	MI <i>B</i> SUFFIX <i>SR</i>
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>849 N RIVERSIDE DR GRAPEVINE TX 76051</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 907 GRAPEVINE TX 76099-0907</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>481-3706</i>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>04 / 03 / 2013</i> <i>THROUGH</i> <i>05 / 01 / 2013</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 11 / 13</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

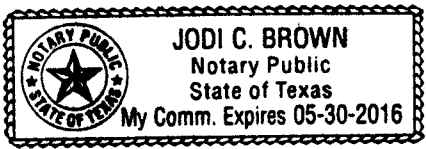
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & KEEP GRAPEVINE GREAT ACCOUNT # (Ethics Commission File#)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
<input type="checkbox"/> ASSIST (Officeholder)		ELECTION DATE Month Day Year <u>05 / 11 / 2013</u>
DESCRIPTION <u>ADD TERM LIMITS TO CITY OF GRAPEVINE ELECTED OFFICES.</u>		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7800.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2242.62</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5557.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

15 AFFIDAVIT



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.

M.B. Morris
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M.B. Morris, this the 3rd day of May, 20 2013, to certify which, witness my hand and seal of office.

Jodi C. Brown Signature of officer administering oath
JODI C BROWN Printed name of officer administering oath
NOTARY PUBLIC Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME <i>CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & KEEP GREAT</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/3/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MIKE LEASE</i>	7 Amount of contribution (\$) <i>\$1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO BOX 95104 GRAPEVINE TX 76099-5104</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/16/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JOHN D SHEPPARD</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1885 CIMARRON CT GRAPEVINE TX 76051</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/16/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DON BIGBIE</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>806 N MAIN GRAPEVINE TX 76051</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/17/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>FRED R JOYCE CONSTRUCTION</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>600 NASH ST GRAPEVINE TX 76051</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/17/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JOHN DOHERTY</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5025 COLEVILLE BLVD COLEVILLE TX 76034</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & KEEP GRIP GREAT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TERRY WILKERSON	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2708 SPRINGHILL DR GRAPEVINE TX 76051		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ISAAC GREGORY	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 342 S MAIN ST GRAPEVINE TX 76051		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WRIGHT CONSTRUCTION	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 601 W WALL STREET GRAPEVINE TX 76051		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROY STEWART	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1133 AIRLINE DR GRAPEVINE TX 76051		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHARRON SPENCER	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3214 WINTERGREEN TERRACE GRAPEVINE TX 76051		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 3

2 FILER NAME: CITIZENS TO PRESERVE LOCAL VOTER RIGHTS REP GRAN GRAY 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>4/22/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>BOX INSURANCE AGENCY</u>	7 Amount of contribution (\$) <u>\$1,000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1200 S MAIN ST GRAPEVINE TX 76051</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>4/22/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>FRED R JOYCE CONSTRUCTION</u>	Amount of contribution (\$) <u>\$200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>600 W NASH ST GRAPEVINE TX 76051</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/26/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JON MICHAEL FRANKS</u>	Amount of contribution (\$) <u>\$150.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1015 DIAMOND BLVD SOUTHWIRE TX 76092</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/26/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GRAPEVINE STATION</u>	Amount of contribution (\$) <u>\$1,000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1000 TEXAS TRAIL STE 200 GRAN TX 76051</u>		(If travel outside of Texas, complete Schedule T)	

SCHEDULE D

DELETED

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/26/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JOHN F BOYLE, JR.</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1718 CRIPPLE CREEK IRVING TX 75061</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: <u>1</u>	
2 FILER NAME <u>CITIZENS TO PRESERVE LOCAL VOTER RIGHTS & KEEP GREEN GREAT</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/26/13</u>	5 Corporation / Labor Organization name <u>GRAPEVINE STATION LLC</u> 6 Corporation / Labor Organization address: City: State: Zip Code <u>1000 TEXAN TRAIL GRAPEVINE TX 76051</u>	7 Amount of contribution (\$) <u>\$1000.00</u>	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City: State: Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME CITIZENS TO PRESERVE LOCAL VOTER RIGHTS / KEEP GRV GREAT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/19/13	5 Payee name SIGN-A-RAMA GRAPEVINE
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6 Amount (\$) \$2188.49	7 Payee address; City; State; Zip Code 151 S DOOLEY ST GRAPEVINE TX 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name SIGN-A-RAMA GRAPEVINE
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Amount (\$) \$54.13	Payee address; City; State; Zip Code 151 S DOOLEY ST GRAPEVINE TX 76051
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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