Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

RECEIVED AUG 28 2009 CITY OF FORT WORTH CITY SECRETARY

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission files)

2 Total pages filed: 5

3 COMMITTEE NAME
Fox for Fort Worth

OFFICE USE ONLY
Date Received
OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEXAS
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
☐ Change of Address
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
3513 Overton Park Drive E Ft Worth, Texas 76109

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs. FIRST: Elyn MI: Honts
NICKNAME LAST: McCall SUFFIX

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY STATE: ZIP CODE
4016 Tamworth Road Fort Worth, Texas 76116

7 CAMPAIGN TREASURER'S MAILING ADDRESS
☐ Change of Address
STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
4016 Tamworth Road Fort Worth, Texas 76116

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 738-6158

9 REPORT TYPE
☐ January 15
☐ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☒ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 07 01 09 THROUGH Month Day Year: 08 17 09

11 ELECTION
ELECTION DATE Month Day Year: 05 09 09
ELECTION TYPE
☐ Primary ☐ Runoff ☒ General ☐ Special

GO TO PAGE 2

08-28-09 P.M.15 IN

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME: Fox for Fort Worth

ACCOUNT # (Ethics Commission filers):

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)

- [X] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [X] CANDIDATE
- [ ] OFFICEHOLDER
- [ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME: Eric Fox

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): City Council District 3

BALLOT IDENTIFICATION / #:

ELECTION DATE: Month / Day / Year

DESCRIPTION:

14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ -0-
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 36.02
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4.	TOTAL POLITICAL EXPENDITURES	$ 5,737.45
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

15 AFFIDAVIT

KELLY L. MYERS
MY COMMISSION EXPIRES
April 21, 2011

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.

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elyn Hortts McColl, this the 26th day of August 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Kelly L. Myers	Kelly L. Myers	Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME: Fox for Fort Worth

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/01/09	William H. McCall 4016 Tamworth Road Fort Worth,Texas 76116	$36.02	Consulting Services

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Fox for Fort Worth

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address City State Zip Code	7 Amount ($)
7/20/09	AT&T PO Box 6463 Carol Stream, IL 60197	$350.00

8 Purpose of payment (See instructions regarding type of information required.): Cel Phone

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address City State Zip Code	Amount ($)
7/20/09	Unlimited Print Solutions 901 Regal Row Dallas, Texas 75247	$2,873.47

Purpose of payment (See instructions regarding type of information required.): Printing Services

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address City State Zip Code	Amount ($)
8/1/09	William H. McCall 4016 Tamworth Road Fort Worth, Texas 76116	$2513.98

Purpose of payment (See instructions regarding type of information required.): Technical Consulting and Services

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address City State Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED