SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instru	uction Guid	de explains how to complete this form	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages fi	led:	
3 COMMITTEE NAME						OFFICE USE ONLY	
Rockwall Citizens for Total Wine & More PAC					Date Received		
4 COMMITTEE ADDRESS	f Address	ADDRESS / PO BOX; APT / SUITE #; 2310 N. Henders DALLAS; TX 7520		· · · ·	ZIP CODE		iz:14pm Via email
						Date Hand-delivered	d or Date Postmarked
5 CAMPAIGN TREASURER NAME		MS/MRS/MR FIRST Mr Time NICKNAME LAST	th.		M1 SUFFIX	Receipt # Date Processed	Amount \$
		Ree	eves			Date Imaged	
6 CAMPAIGN TREASURER STREET ADD (Residence or	RESS	STREET ADDRESS (NO PO BOX PLEASE); 2310 N. HENDODON DALLAT, TR 7	Ave	#524	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADD	DRESS	STREET ADDRESS OR PO BOX;	APT / SUIT	E #; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER (214) 502-7626		EXTENSIC	DN .		
9 REPORT TYP	ΡĒ	January 15 July 15	8t	Ith day before election h day before election unoff		Exceeded Modified Re Dissolution Report (A 10th day after campai	-
10 PERIOD COVERED		Month Day Year 7 / 1 / 23		THROUGH		Month Day	Year / 2 <i>3</i>
	f		Primary General	EL	Laura	ther N/	A
GO TO PAGE 2							
Forms provided by	/ Texas Eth	ics Commission www	v.ethics.s	tate.tx.us			Revised 11/17/2022

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

					COVER SHEET PG 2		
12 COMMITTEE NAME Rockwall Gitize		r Total Wine -	+ More PAC		13 Filer ID (Ethics Commission Filers)		
14 COMMITTEE PURPOSE (Attach lists on plain pape		CANDIDATE	CANDIDATE / OFFICEHOLDER N/	AME			
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		eholder)		
SUPPORT (Candidate or Measure)			BALLOT IDENTIFICATION /# ELECTION DATE / Month Day Year				
OPPOSE (Candidate or Measure)		MEASURE	N/A	Mo	nth Day Year		
ASSIST (Officeholder)			LOLAL OPTION	Flection	N for City of Rockwall		
15 CONTRIBUTION 1. TOTALS		PLEDGES, LOANS, OF	OLITICAL CONTRIBUTIONS (C & GUARANTEES OF LOANS, C DE ELECTRONICALLY)		\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	OLITICAL EXPENDITURES		\$		
	4. TOTAL POLITICAL EXPENDITURES \$						
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING F	NTRIBUTIONS MAINTAINED AS PERIOD	S OF THE LAST	DAY \$		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING PORTING PERIOD	LOANS AS OF	THE \$		
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.							
		Please c	Signature Signature		Treasurer (Declarant)		
(1) Affidavit AFFIX NOTARY STAMP / SEALABOVE							
Sworn to and subscribed before me, by the said, this the, this the, day of, 20, to certify which, witness my hand and seal of office.							
Signature of officer adm	inisteri	ng oath Printed r	name of officer administering OR	oath	Title of officer administering oath		
(2) Unsworn Declarat		Reever	, and my d	ate of birth is _			
My address is	N.	Henderson Ave (street)	#524 Drill	(city),	TX 75206 (state) (zip code)(country)		
Executed in	M	County, State of	, on the d	lay of(mon	th) 20 <u>23</u> .		
				2	npaign Treasurer (Declarant)		

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Dissolution" ••							
1 COMMITTEE NAME	2	Filer ID (Ethics Commission Filers)					
Rockwall Citizens for Total Wine & Mi	re PAC						
3 Statement of Dissolution							
I, the undersigned campaign treasurer, do not expect this political committee for this or any other campaign Code is required. I declare that all of the information runderstand that designating a report as a dissolution treasurer. I further understand that a political committee or accept political contributions without having an appo	or election for which repo equired to be reported by n n report terminates the ap re may not make or authoriz	rting under the Election ne has been reported. I pointment of campaign ze political expenditures					
	Signature of Campai	ign Treasurer					
	DO NOT SIGN UNLES COMMITTEE IS TO B						
Please complete either option below:							
(1) Affidavit AFFIX NOTARY STAMP / SEALABOVE							
Sworn to and subscribed before me, by the said day of, 20, to certify which, witness		, this the					
Signature of officer administering oath Printed name of officer	er administering oath	Title of officer administering oath					
OR							
(2) Unsworn Declaration My name is <u>Time thy Rewes</u> My address is <u>310 N. Hender on Are.</u> (street) Executed in <u>107-11/15</u> County, State of <u>TX</u> ,	on the day of(month)	. 20 25					