



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME  
CITIZENS Moving League City Forward

13 Filer ID (Ethics Commission Filers)  
N/A

<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>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b>  <b>ELECTION DATE</b> Month Day Year <u>5 / 4 / 19</u>  <b>DESCRIPTION</b> <u>City Election to CONSIDER</u> <u>Flood Protection - Streets ROADWAY .25 SALES TAX</u>

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2350<sup>00</sup></u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <u>0</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2350</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 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.

[Signature]  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Millican, this the 26<sup>th</sup> day of April, 20 19, to certify which, witness my hand and seal of office.

Diana M. Stapp  
Signature of officer administering oath

Diana M. Stapp  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - SPAC

**FORM SPAC  
COVER SHEET PG 3**

17 COMMITTEE NAME <i>CITIZENS Moving League City Forward</i>		18 Filer ID (Ethics Commission Filers) <i>N/A</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>2050<sup>00</sup></i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1 of 3</i>
2 FILER NAME <i>CITIZENS Moving League City Forward</i> <i>LARRY MILLICAN CAMPAIGN TREASURER</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>4/18/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KARI &amp; Nicholas Long</i> 6 Contributor address; City; State; Zip Code <i>2951 Marina Bay #130-120</i> <i>League City TX 77573</i>	7 Amount of contribution (\$) <i>\$ 300<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions) <i>UNKNOWN</i>		9 Employer (See Instructions) <i>UNKNOWN</i>
Date <i>4/16/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dat Hallisey</i> Contributor address; City; State; Zip Code <i>2205 ACACIA</i> <i>LEAGUE CITY TX 77573</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date <i>4/22/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chad Tressler</i> Contributor address; City; State; Zip Code <i>3115 SUNTerrace LN</i> <i>DICKINSON TX 77539</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>UN KNOWN</i>
Date <i>4/23/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANDY MANN</i> Contributor address; City; State; Zip Code <i>301 N. Wesley Dr Apt 522</i> <i>League City, TX 77573</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>IT</i>		Employer (See Instructions) <i>GALVESTON County Health</i>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME CITIZENS Moving League City Forward  
LARRY MILLICAN CAMPAIGN TREASURER

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

4/24/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Henry Dugie, Jr

6 Contributor address;

City; State; Zip Code

LEAGUE City, TX 77573

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Landscaping

9 Employer (See Instructions)

Kiki Landscaping

Date

4/23/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Todd KINSBY

Contributor address;

City; State; Zip Code

1150 Rustling WINDLN  
League City TX 77573

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/23/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jeffrey S. Peters

Contributor address;

City; State; Zip Code

2011 Kingslon Terrace Ct  
Spring TX 77379

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ARDURRA S

Date

4/23/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

DANNENBAUM Engineering Corp.

Contributor address;

City; State; Zip Code

P.O. Box 22292 HOUSTON, TX 77227

Amount of contribution (\$)

\$ 500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME *CITIZENS MOVING League City Forward*  
*LARRY MILLICAN CAMPAIGN TREASURER*

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

4/24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Greg Grison*

7 Amount of contribution (\$)

\$ 100<sup>00</sup>

6 Contributor address; City; State; Zip Code

*2060 Pecan ORCHARD Rd League City TX 77573*

8 Principal occupation / Job title (See Instructions)

*LANDSCAPING*

9 Employer (See Instructions)

*Self*

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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