

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 2em; font-weight: bold;">3</div>
<b>3 COMMITTEE NAME</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">HEARLC-PAC</div>		<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received: <b>RECEIVED</b>  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">JAN 08 2018</div>                     (Signature)                      OFFICE OF CITY SECRETARY                      CITY OF SUGARLAND, TX                 </div>	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 40px; margin-top: 10px;"></div>		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em; font-weight: bold;">HELWIG</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em; font-weight: bold;">VAN DER GRINTEN</div>		Receipt # Amount Date Processed Date Imaged
<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em; font-weight: bold;">- SAME -</div>		
<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em; font-weight: bold;">- SAME -</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 30px; margin-top: 10px;"></div>		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input 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		
<b>10 PERIOD COVERED</b>	Month Day Year     Month Day Year <div style="text-align: center; font-size: 1.2em; font-weight: bold;">7 / 01 / 2018     THROUGH     12 / 31 / 2018</div>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

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**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.

<b>1</b> Total pages Schedule F: <i>1</i>	<b>2</b> FILER NAME <i>HEARLS - PAC</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <i>P.F. CHANG'S CHINESE RESTAURANT</i>	
<b>6</b> Amount (\$) <i>\$101.19</i>	<b>7</b> Payee address; City; State; Zip Code 	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>FOOD / BEVERAGE EXPENSE</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>MEETING W/ MS. DEBRA RUFFIN</i>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule)	<b>Description</b> (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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