

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
4

3 COMMITTEE NAME

Committee to Elect Tompkins for Mayor

OFFICE USE ONLY

Date Received

RECEIVED

JAN 09 2024

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

2001 Oak View Ct.
Cross Roads, TX 76227

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME

Shingl L.
Tompkins

Receipt #

N/A

Amount \$

N/A

Date Processed

01-09-24

Date Imaged

01-09-24

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2001 Oak View Ct. Cross Roads, TX 76227

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Same

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 592-2385

9 REPORT TYPE

- January 15 30th day before election Exceeded Modified Reporting Limit
 July 15 8th day before election Dissolution Report (Attached PAC-FR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year

7 / 1 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

- Primary Runoff Other
 General Special Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Committee to Elect Tompkins for Mayor **13** Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE/OFFICEHOLDER NAME <u>T. Lynn Tompkins, Jr.</u>
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>Mayor</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year DESCRIPTION

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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	\$ 3,608.50

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.

Shirl L. Tompkins
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, 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 _____
OR

(2) Unsworn Declaration

My name is Shirl L. Tompkins, and my date of birth is 3-13-1965.

My address is 2001 Oak View Ct. Cross Roads Tx 76227
(street) (city) (state) (zip code)(country)

Executed in Denton County, State of Texas, on the 5th day of January, 2024.
(month) (year)

Shirl L. Tompkins
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
Committee to Elect Tompkins for Mayor		
19 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. <input type="checkbox"/>	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
5. <input type="checkbox"/>	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
6. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$ 0
7. <input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
8. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
9. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
10. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
13. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
14. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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)

Committee to Elect Tompkins for Mayor

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Shirley L. Tompkins

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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

OR

(2) Unsworn Declaration

My name is Shirley L. Tompkins, and my date of birth is 3-13-1965.

My address is 2001 Oak View Ct. Cross Roads TX 76227.
(street) (city) (state) (zip code)(country)

Executed in Denton County, State of Texas, on the 5th day of January, 2024.
(month) (year)

Shirley L. Tompkins

Signature of Campaign Treasurer (Declarant)