

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission No.)	2 Total pages filed: 6
3 COMMITTEE NAME KEEP COLLEGE STATION SAFE PAC		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE PMB 232 1511 SOUTH TEXAS AVE COLLEGE STATION, TX 77840-3303	Receipt #	Amount
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI MRS. EMILY D NICKNAME LAST SUFFIX BETTER	Date Processed	Date Indexed
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 308 B RICHARDS ST. COLLEGE STATION, TX 77840		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE # CITY STATE ZIP CODE PMB 232 1511 SOUTH TEXAS AVE COLLEGE STATION, TX 77840-3303		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 255-8977		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 60th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Extended 3000 limit <input type="checkbox"/> Discretion (attach PAC OR) <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year 8 / 30 / 09 THROUGH 9 / 24 / 09		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

GO TO PAGE 2

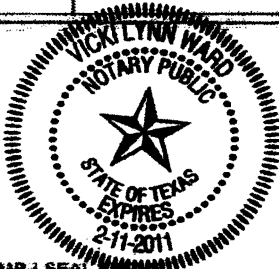
**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

<p>12 COMMITTEE NAME KEEP COLLEGE STATION SAFE PAC</p>		<p>ACCOUNT # (Ethics Commission file) HAND 4:55 PM OCT 05 2009</p>
<p>13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)</p> <p><input type="checkbox"/> SUPPORT (Candidate or Measure)</p> <p><input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)</p> <p><input type="checkbox"/> ASSIST (Officeholder)</p>	<p><input type="checkbox"/> CANDIDATE</p> <p><input type="checkbox"/> OFFICEHOLDER</p> <p><input checked="" type="checkbox"/> MEASURE</p>	<p>CARDINATE / OFFICEHOLDER NAME</p> <p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p> <p>BALLOT IDENTIFICATION / ELECTION DATE <small>Month Day Year</small> COLLEGE STATION PROPOSITION 1 11 / 3 / 09</p> <p>DESCRIPTION PROPOSED ORDINANCE TO DECLARE REAL LIGHT CAMERA PROGRAM UNENFORCEABLE</p>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,719.00 ^{19,000.00} BAR
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 25,440.45
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,522.68
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

15 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.

Emily Reiter

Signature of campaign treasurer

Sworn to and subscribed before me, by the said Emily Reiter, this the 5th day of October, 2009, to certify which, witness my hand and seal of office.

Vicki Lynn Ward
Signature of officer administering oath

Vicki Lynn Ward
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME KEEP COLLEGE STATION SAFE PAC		3 ACCOUNT # (Ethics Commission form)
4 Date 9/24/09	5 Payee name Go Daddy	7 Amount (\$) \$ 376.27
6 Payee address: City State Zip Code 14455 N. Hayden Rd Ste 219 Scottsdale, Arizona		
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT FOR WEB DOMAIN AND HOSTING SETUP TO DAVID BEIRNE <small>(If travel outside of Texas, complete Schedule T)</small>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 9/24/09	Payee name ADVANTION INCORPORATED	Amount (\$) \$ 2,000.00
Payee address: City State Zip Code P.O. Box 540183 HOUSTON, TX 77095		
Purpose of payment (See instructions regarding type of information required.) WEBSITE DEVELOPMENT <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 09/24/09	Payee name Colow + Company	Amount (\$) \$ 8816.80
Payee address: City State Zip Code 1939 West Gray Houston TX 77019		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date	Payee name	Amount (\$)
Payee address: City State Zip Code		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

KEEP COLLEGE STATION SAFE PAC

3 ACCOUNT # (Ethics Commission Use)

4 Date

9/8/09

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

AMERICAN TRAFFIC SOLUTIONS, INC.

7 Amount of contribution (\$)

10,000

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
**7637 E. GRAY RD.
SCOTTSDALE, AZ 85260**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

9/19/09

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

REM SERVICES, INC.

Amount of contribution (\$)

2,500

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**3130 KIRBY DR
HOUSTON, TX 77098**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

9/22/09

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

QUEST MARK INFORMATION MANAGEMENT, INC.

Amount of contribution (\$)

6,500

In-kind contribution description (if applicable)

**PRINTING AND
MAKING OF
BROCHURES**

Contributor address: City: State: Zip Code
**9440 KIRBY DR
HOUSTON, TX 77054**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

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

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 out-of-state PAC (ID#)

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:
3

2 FILER NAME **KEEP COLLEGE STATION SAFE PAC** 3 ACCOUNT # (Ethics Commission form)

4 Date 9/23/09	5 Payee name AGGIELAND CREDIT UNION	7 Amount (\$) \$45.90
6 Payee address: 20 Southwest Parkway COLLEGE STATION, TX 77840		

8 Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT FOR START UP FEES, BANK ACCOUNT SETUP <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officialholder name: _____ Office sought: _____ Office held: _____
--	--

Date 9/23/09	Payee name AT&T Mobility	Amount (\$) \$387.67
Payee address: 712 Rock Prairie Rd COLLEGE STATION, TX 77845		

Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT FOR CELL PHONE PURCHASE/USAGE <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officialholder name: _____ Office sought: _____ Office held: _____
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Date 9/23	Payee name Jasjas Jason's Deli	Amount (\$) \$210.42
Payee address: 1460 Texas Avenue COLLEGE STATION TX 77840		

Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT FOR David Beirne for food <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officialholder name: _____ Office sought: _____ Office held: _____
--	--

Date 9/23/09	Payee name College Station Parks + Recreation	Amount (\$) \$63.66
Payee address: 1000 Krenck Tap College Station, TX 77842		

Purpose of payment (See instructions regarding type of information required) REIMBURSEMENT FOR 9/17 ROOM RENTAL to David Beirne <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officialholder name: _____ Office sought: _____ Office held: _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME KEEP COLLEGE STATION SAFE PAC		3 ACCOUNT # (Ethics Commission files)
4 Date 9/13/09	5 Payee name PLS CONNECT	7 Amount (\$) \$4,994.00
6 Payee address: City, State, Zip Code 7300 HUDSON BLVD. STE 270 ST. PAUL, MN 55128		
8 Purpose of payment (See instructions regarding type of information required.) CONSULTING SERVICES <small>(If travel outside of Texas, complete Schedule T)</small>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 9/13/09	Payee name HILL RESEARCH CONSULTANTS	Amount (\$) \$8,389.41
Payee address: City, State, Zip Code 72304 3290 AUBURN, AL 36831		
Purpose of payment (See instructions regarding type of information required.) POLLING SERVICES <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 9/13/09	Payee name THE UPS STORE	Amount (\$) \$8.32
Payee address: City, State, Zip Code 1511 TEXAS AVE. SOUTH COLLEGE STATION, TX 77840		
Purpose of payment (See instructions regarding type of information required.) UPS SHIPPING FEE <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date 6/29/09	Payee name UPS STORE	Amount (\$) \$88.00
Payee address: City, State, Zip Code 1511 South Texas Ave COLLEGE STATION, TX 77840		
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT FOR MAILBOX ACCOUNT SPENDING OF Rental <small>(If travel outside of Texas, complete Schedule T)</small>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		