## SPECIFIC-PURPOSE COMMITTEE

## FORM SPAC Coven Surer no 1

CAMPAIGN	I FINANCE REPORT	COVER SHEET PG I
The SPAC Instruction Gu	ide explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
Our Students.	Our Future YES! on Dellas ISD Bonds	Date Received
4 COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #. CITY. STATE. ZIP CODE  3232 McKinney Ave., # 855  Dalles, TX 75204	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI	Receipt # Ambunt
NAME	Ronald G. Stenhard  NICKNAME LAST SUFFIX	Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE.	ZIP CODE
TREASURER'S STREET ADDRESS (Residence or business)	ZS Robledo Dr. Dellas, TX 75230	
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX: APT / SUITE #, CITY, STATE:	Z/P CODE
Change of Address		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( ZM ) 871 0783	
9 REPORT TYPE	January 15 30th day before election	Exceeded \$500 limit
	July 15 Sth day before election  Runoff	Dissolution (attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	Month Day Year
	07 /01 / 2008 THROUGH	12 11 2008
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	
	OS / 10 Zoo3 Primary Runoff	General Special
	GO TO PAGE 2	

## SPECIFIC-PURPOSE COMMITTEE REPORT:

FORM SPAC

PURPUSE AI	COVER SHEET PG Z			
12 COMMITTEE NAME Our Stu	idents Our Futur	e Yes! on Dallas ISD Bonds	ACCOUNT # (Ethics Commission filers)	
13 COMMITTEE PURPOSE (Attach tists on plain paper to complete this report if necessary.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		
SUPPORT (Candidate or Measu	ure) OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	older)	
OPPOSE (Candidate or Measu	ure)	BALLOT IDENTIFICATION / # ELE-	CTION DATE Day Year	
ASSIST (Officeholder)	X  MEASURE	DESCRIPTION 2008 Dalles 150 Bond Campo	ntu	
14 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN R GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
EXPENDITURE TOTALS	2. TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS EES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
	3. TOTAL POLITICAL EX	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL	EXPENDITURES	\$ 북식, 121 교통	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO OF THE REPORTING F	NTRIBUTIONS MAINTAINED AS OF THE LAST DAY PERIOD	\$ -0-	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AN LAST DAY OF THE RE	MOUNT OF ALL OUTSTANDING LOANS AS OF THE PORTING PERIOD	\$	
RE Notan	BECA P. MAREZ y Public, State of Texas mm. Expires 05-25-2010	I swear, or affirm, under penalty of perjure report is true and correct and includes all reported by me under Title 18, Election of Campaign	I information required to be Code.	
Sworn to and subscribe	d before me, by the said $\overline{\mathcal{L}}$	ONALD G. STE INHART	this the 22 mg day	
Signature of officer admin	Reba	itness my hand and seal of office.  A P. Marez Notary ame of officer administering oath  Title of off	Lin and Ex Dalles Count	

(512) 463-5800

## POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F The Instruction Guide explains how to complete this form. 2 FILER NAME Our Students Our Future Yes! on Dallas 1508 3 ACCOUNT # (Ethics Commission filers) 5 Payee name Dallas Citizans Council 6 Payee address: City: State: Zip Code 901 Main St., #LZ12 Amount 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office held Office sought Contribution Refund (If travel outside of Texas, complete Schedule T) Payee name Amount Chase Bank Payee address: City: State: Zip Code 3610 McKinney Avc. Dallas, TX 75204 (\$) 8/29/2008 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Office sought Bank Fee (If travel outside of Texas, complete Schedule T) Date Dallas Citizens Council (\$) Payee address; City: State: Zip Code 901 Main St., # 6212 80008 HIP Dallas, TX 75202 · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Contribution Refund (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Pavee address: City: State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · · required.) Candidate / Officeholder name Office squaht Office held (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED