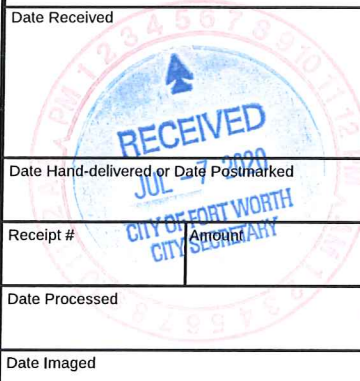


# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

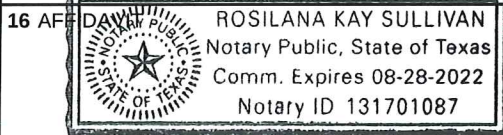
**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 5	
3 COMMITTEE NAME Keep Fort Worth Neighborhoods Safe			OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address			Date Received  Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 470241  Fort Worth, TX 76147				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. William NICKNAME LAST SUFFIX Bill Thornton			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 777 Taylor Street Suite 900 Fort Worth TX 76102			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 777 Taylor Street Suite 900 Fort Worth TX 76102			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817)336-2491			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input type="checkbox"/> July 15 <input checked="" 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			
10 PERIOD COVERED	Month Day Year      Month Day Year 06/23/2020      THROUGH      07/04/2020			
11 ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 07/14/2020 <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

12 COMMITTEE NAME Keep Fort Worth Neighborhoods Safe		13 Filer ID	
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  <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # FWCCPD	
		ELECTION DATE Month    Day    Year 07/14/2020	
		DESCRIPTION In support of FWCCPD	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 14,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 13,500.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00



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

Sworn to and subscribed before me, by the said Rosilana Kay Sullivan, this the 6th day of July, 20 20, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Rosilana Kay Sullivan  
Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 5

<b>17 COMMITTEE NAME</b> Keep Fort Worth Neighborhoods Safe		<b>18 Filer ID</b>
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,500.00
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 checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 500.00
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
<b>2</b> FILER NAME Keep Fort Worth Neighborhoods Safe		<b>3</b> Filer ID
<b>4</b> Date 06/29/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy Price Campaign <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 100066  Fort Worth, TX 76185	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Brian <hr/> Contributor address; City; State; Zip Code 6816 River Bend Rd  Fort Worth, TX 76132	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Shingleton Campaign <hr/> Contributor address; City; State; Zip Code PO Box 470336  Fort Worth, TX 76147	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Firefighters Committee for Responsible Government <hr/> Contributor address; City; State; Zip Code 3855 Tulsa Way  Fort Worth, TX 76107	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jungus Jordan Campaign Fund <hr/> Contributor address; City; State; Zip Code 5316 Starry Ct  Fort Worth, TX 76123	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C2:  
Sch: 1/1 Rpt: 5/5

2 FILER NAME

Keep Fort Worth Neighborhoods Safe

3 Filer ID

4 Date

07/04/2020

5 Corporation / Labor Organization name

Fort Worth Chamber of Commerce

7 Amount of contribution(\$)

\$500.00

8 In-kind contribution description

Administrative Support

6 Corporation / Labor Organization address; City; State; Zip Code

777 Taylor Street

Suite 900

Fort Worth, TX 76102

☐ Check if travel outside of Texas. Complete Schedule T.