

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) N/A	2 Total pages filed:
3 COMMITTEE NAME Citizens Moving League City Forward			OFFICE USE ONLY Date Received City of League City Received JUL 15 2019 Office of City Secretary Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged 7-15-19 10:08am dtapp
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 57069 WEBSTER TX 77598		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr LARRY	NICKNAME LAST SUFFIX MILLICAN	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 934 Plantation St League City, Tx 77573		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 828-1312		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" 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 THROUGH Month Day Year / / / /		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special BONDS SALES TAX	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME CITIZENS Moving League City Forward **13 Filer ID (Ethics Commission Filers)** N/A

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"/> OPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE/OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month / Day / Year _____ / _____ / _____
		DESCRIPTION <u>City Election to CONSIDER Flood Protection - Streets Roadway - .25 SALES TAX</u>

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2724.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 625.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Millican, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Diana M. Stapp
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>CITIZENS Moving League City Forward</i>		18 Filer ID (Ethics Commission Filers) <i>N/A</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>1150⁰⁰</i>
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 type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>2774⁰⁸</i>
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 2

2 FILER NAME CITIZENS MOVING LEAGUE CITY FORWARD
LARRY MILLICAN CAMPAIGN TREASURER

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/19

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

COBB Fendley

7 Amount of contribution (\$)

500⁰⁰

6 Contributor address; City; State; Zip Code

13430 NW Freeway Houston TX 77040
Ste 100

8 Principal occupation / Job title (See Instructions)

Engineering

9 Employer (See Instructions)

SAME

Date

4/24/19

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

Todd Calvin

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

5658 Wigtow Dr Houston TX 77096

Principal occupation / Job title (See Instructions)

Engineering

Employer (See Instructions)

Unknown

Date

4/25/19

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

Madhu Kilambi

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

94 Amber Hollow Et Sugar Land TX 77479

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

4/26/19

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

Lockwood Andrews & NEWHAM, INC

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

Not listed
2925 Briar Park Dr Ste 400 Houston TX 77042

Principal occupation / Job title (See Instructions)

Engineering

Employer (See Instructions)

Same

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME *CITIZENS MOVING LEAGUE CITY FORWARD*
LARRY MILLICAN CAMPAIGN TREASURER

3 Filer ID (Ethics Commission Filers)

4 Date

5/3

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

LIA ENGINEERING, INC

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address; City; State; Zip Code

2929 BRIAN PARK DR STE 600 HOUSTON TX 77042

8 Principal occupation / Job title (See Instructions)

Engineering

9 Employer (See Instructions)

SAME

Date

5/3

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

HUITT-ZOLLARS

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

1717 MCKINNEY AVE DALLAS TX 75202
SUITE 1400

Principal occupation / Job title (See Instructions)

Engineering

Employer (See Instructions)

SAME

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Citizens Moving League City Forward	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 5-14-19	5 Payee name MINUTE MAN PRESS
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6 Amount (\$) 2374.08	7 Payee address; City; State; Zip Code 1040 HERCULES AVE HOUSTON TX 77058
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SIGNS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-13-19	Payee name Login Walker
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Amount (\$) \$ 400 ⁰⁰	Payee address; City; State; Zip Code Gill Rd DICKINSON TX 77539
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SIGN LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
AFFIDAVIT 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

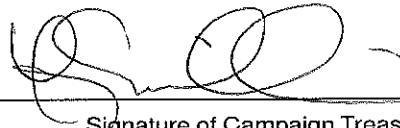
CITIZENS MOVING LEAGUE CITY FORWARD

2 Filer ID (Ethics Commission Filers)

N/A

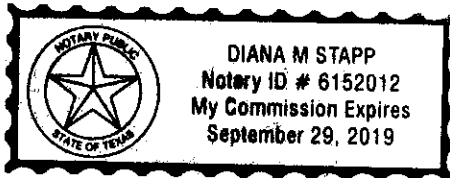
3 Affidavit of Dissolution

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.



Signature of Campaign Treasurer

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Milliean, this the 15th day of July, 2019, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Diana M. Stapp

Printed name of officer administering oath

Notary

Title of officer administering oath