

APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA
PG 1

See STA Instruction Guide for detailed instructions.

1 Total pages filed: **2**

2 COMMITTEE NAME

Cleburne Citizens For Improving Police Services

3 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 1831 Cleburne TX 76033

4 CAMPAIGN TREASURER NAME

MS / MRS / MR; FIRST; MI; NICKNAME; LAST; SUFFIX
Mrs Veronica A Cox

5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
501 Alta Vista Joshua TX 76058

6 MAILING ADDRESS same as above

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 1831 Cleburne TX 76033

7 CAMPAIGN TREASURER PHONE

AREA CODE; PHONE NUMBER; EXTENSION
(817) 832-5322

8 PERSON APPOINTING TREASURER

FIRST; MI; LAST; SUFFIX
Shane Wickson

9 SIGNATURE

I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.
Veronica Cox
Signature of Campaign Treasurer

10 ASSISTANT CAMPAIGN TREASURER (see instructions)

FIRST; MI; LAST; SUFFIX
n/a

11 ASSISTANT CAMPAIGN TREASURER ADDRESS

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

12 ASSISTANT CAMPAIGN TREASURER PHONE

AREA CODE; PHONE NUMBER; EXTENSION
() n/a

OFFICE USE ONLY

Acct. #

Date Received

APR 08 2011

HD/PM

Date Processed

Date Imaged

CONTINUE ON PAGE 2

This appointment is effective on the date it is filed with the commission.

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME

Cleburne Citizens For Improving Police Services

14 COMMITTEE PURPOSE

SUPPORT CANDIDATE

OPPOSE CANDIDATE

ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT MEASURE

OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

Crime Control & Prevention District

DESCRIPTION

ELECTION DATE

Month Day Year
5 / 14 / 11

15 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

--This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --

--The modified reporting declaration is valid for one election cycle only. --
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies

Signature of Campaign Treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Filers) **2 Total pages filed:**

3 COMMITTEE NAME
Claburn Citizens for Improving Police Services

4 COMMITTEE ADDRESS
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 1831 Claburn TX 76033

change of address

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Veronica A
NICKNAME LAST SUFFIX
Cox

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
501 Alta Vista Joshua TX 76058

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
P.O. Box 1831 Claburn TX 76033

change of address

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 832 - 5322

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year Month Day Year
4 / 8 / 11 THROUGH 4 / 14 / 11

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
5 / 14 / 11

OFFICE USE ONLY

Date Received **RECEIVED**
APR 14 2011
CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

Claburn Citizens for Improving Police Services

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE

Month Day Year

DESCRIPTION

Crime District Tax 5/14/11

14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

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

\$

0

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.



Veronica A. [Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 17 day of April, 20 11, to certify which, witness my hand and seal of office.

Heather Huffman
Signature of officer administering oath

Heather Huffman
Printed name of officer administering oath

Title of officer administering oath

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 Filers)	2 Total pages filed: 5
3 COMMITTEE NAME <i>Cleburne Citizens for Improved Police Services</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>PO Box 1831 Cleburne TX 76033</i>		Date Received: MAY 06 2011 <i>RECEIVED CLEBURNE TX SECRETARY</i>
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Veronica A</i> NICKNAME LAST SUFFIX <i>Cox</i>	Date Hand-delivered or Postmarked	Receipt# Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>501 Alta Vista Joshua TX 76058</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 1831 Cleburne TX 76033</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 832-5322</i>		
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 THROUGH Month Day Year <i>4 / 7 / 11</i> <i>5 / 6 / 11</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 14 / 11</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

GOTO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

Cleburne Citizens for Improving Police Services

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

Prop # 2

ELECTION DATE
Month Day Year

5/14/11

DESCRIPTION

Cleburne Crime Control and Prevention District

14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *175.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2675.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1537.04*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

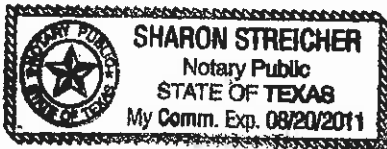
\$ *1137.96*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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 16, Election Code.

Veronica Cox
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Veronica Cox*, this the *6th* day of *May*, 20 *11*, to certify which, witness my hand and seal of office.

Sharon Streicher Signature of officer administering oath
Sharon Streicher Printed name of officer administering oath
Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME *Cleburne Citizens for Improved Police Services*
Veronica Cox

3 ACCOUNT # (Ethics Commission Filers)

4 Date *mc*
4-19-11

5 Full name of contributor out-of-state PAC (ID#: _____)
Cleburne Economic Development Foundation, Inc.

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
P.O. Box 134 mc
Cleburne TX 76033

\$ 2500.00

0

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-25-11

Kathleen J Mims

Contributor address; City; State; Zip Code

1003 Hemphill dr
Cleburne TX 76033

\$ 50.00

0

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-26-11

Robert Force

Contributor address; City; State; Zip Code

1111 Bales
Cleburne TX 76033

\$ 50.00

0

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-26-11

Glenda Force

Contributor address; City; State; Zip Code

1111 Bales
Cleburne TX 76033

\$ 50.00

0

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4-29-11

Clint Forrest

Contributor address; City; State; Zip Code

803 Hyde Park
Cleburne TX 76033

\$ 25.00

0

(If travel outside of Texas, complete Schedule T)

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.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C:	
2 FILER NAME <i>Cleburne Citizens for Improved Police Services</i> <i>Veronica Cox</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-19-11</i>	5 Corporation / Labor Organization name <i>Cleburne Economic Development Foundation Inc.</i> 6 Corporation / Labor Organization address; City; State; Zip Code <i>PO Box 134</i> <i>Cleburne TX 76033</i>	7 Amount of contribution (\$) <i>2500.00</i>	8 In-kind contribution description (if applicable) <i>Ø</i>
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Cleburne Citizens For Improved Police Services</i> <i>Veronica Cox</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-22-11</i>	5 Payee name <i>Supercheap signs.com</i>
--------------------------	---

6 Amount (\$) <i>1065.04</i>	7 Payee address; City; State; Zip Code <i>9804 Gray Blvd. Austin TX 78758</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Plastic Yard signs and hangers</i>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>4-26-11</i>	Payee name <i>Sagentic</i>
------------------------	-------------------------------

Amount (\$) <i>472.00</i>	Payee address; City; State; Zip Code <i>6. East Chambers Cleburne TX 76031</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>part of total cost Joint Mailer w/FOBAAC</i>
------------------------	--	--

Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY 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

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 Filers)

2 Total pages filed:
7

3 COMMITTEE NAME

Cleburne Citizens For Improved Police Services

OFFICE USE ONLY

Date Received

JUN 03 2011

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

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

PO Box 1831 Cleburne TX 76033

change of address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Veronica A

NICKNAME LAST SUFFIX

Cox

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

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

501 Alta Vista Joshua TX 76058

7 CAMPAIGN TREASURER'S MAILING ADDRESS

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

PO Box 1831 Cleburne TX 76033

change of address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 832-5322

9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 8th day before election
- Runoff
- Exceeded \$500 limit
- Dissolution (attach PAC-DR)
- 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

4 / 7 / 11 THROUGH 6 / 3 / 11

11 ELECTION

ELECTION DATE
Month Day Year

5 / 14 / 11

ELECTION TYPE

- Primary
- Runoff
- General
- Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

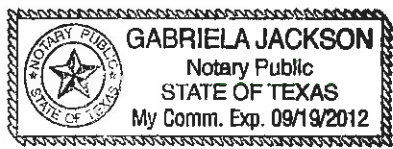
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME *Cleburne Citizens For Improving Police Services* **ACCOUNT # (Ethics Commission Filers)**

13 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
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <i>Prop #2</i> ELECTION DATE Month Day Year <i>5/14/11</i> DESCRIPTION <i>Cleburne Crime Control & Prevention District</i>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>175.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2675.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2675.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

Veronica Cox
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Veronica Cox*, this the *3* day of *June*, 20 *11*, to certify which, witness my hand and seal of office.

Helen Jacobson Signature of officer administering oath
 Gabriela Jackson Printed name of officer administering oath
 Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Claburne Citizens For Improved Police Services</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-25-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kathleen J Mims</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1003 Memphis dr Claburne TX 76033</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-26-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert Force</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1111 Bales Claburne TX 76033</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-26-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Glenda Force</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1111 Bales Claburne TX 76033</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-29-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Clint Forrest</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>803 Hyde Park Claburne TX 76033</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C:	
2 FILER NAME <i>Cleburne Citizens for Improved Police Services</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-19-11</i>	5 Corporation / Labor Organization name <i>Cleburne Economic Development Foundation, Inc.</i>	7 Amount of contribution (\$) <i>\$2500.00</i>	8 In-kind contribution description (if applicable)
6 Corporation / Labor Organization address; City; State; Zip Code <i>PO Box 134 Cleburne TX 76033</i>		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Cleburne Citizens For Improved Police Services</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-22-11</i>	5 Payee name <i>Supportaheartsigns.com</i>
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6 Amount (\$) <i>1065.04</i>	7 Payee address; City; State; Zip Code <i>9804 Gray Blvd Austin TX 78758</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Plastic Yard signs and Hangers</i>
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-26-11</i>	Payee name <i>Sargentia</i>
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Amount (\$) <i>472.00</i>	Payee address; City; State; Zip Code <i>6 East Chambers Cleburne TX 76031</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>half of total cost Joint Marker</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-12-11</i>	Payee name <i>Cleburne Times Review</i>
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Amount (\$) <i>315.00</i>	Payee address; City; State; Zip Code <i>108 S. Anglin Cleburne TX 76031</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad in local Paper</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-12-11</i>	Payee name <i>M+M Broadcasting</i>
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Amount (\$) <i>600.00</i>	Payee address; City; State; Zip Code <i>1007 N. Main Cleburne TX 76033</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Radio Ad</i>
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Complete ONLY 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Clubbare Citizens For Improved Police Services</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6-2-11</i>	5 Payee name <i>Bless the Badge ministries</i>	
6 Amount (\$) <i>222.96</i>	7 Payee address; City; State; Zip Code <i>PO Box 487 Grandview TX 76050</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation by P.H.C.</i>	(b) Description (See instructions regarding type of information required) <i>Donation of leftover money</i>
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code	

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

Chubbie Citizens for Improved Police Services

2 ACCOUNT # (Ethics Commission Filers)

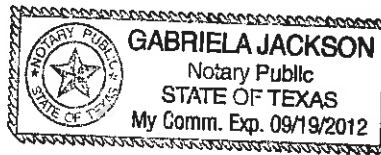
3 Affidavit of Dissolution

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.

Veronica Cox

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 *Veronica Cox*, this the *3* day of *June*, 20 *11*, to certify which, witness my hand and seal of office.

Michael Fisher

Signature of officer administering oath

Gabriela Jackson

Printed name of officer administering oath

Notary Public

Title of officer administering oath