

**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 files)	2 Total pages filed:
COMMITTEE NAME <i>Arlington Conservative Voters</i>		<b>OFFICE USE ONLY</b>	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 170043 Arlington, Tx. 76003</i>	Date Received	RECEIVED - OSO 09 JUL 16 PM 4:31
5 CAMPAIGN TREASURER NAME MS / (MRS) / MR FIRST MI NICKNAME LAST SUFFIX	<i>Melba L. McDow</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7208 Lake Mead Arlington, Tx 76016</i>	Receipt # Date Processed Date Imaged	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 170043 Arlington, Tx. 76003</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 874-5369</i>		
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 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 <i>01 / 01 / 09</i>	THROUGH	Month Day Year <i>06 / 30 / 09</i>
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>GO TO PAGE 2</b>			

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

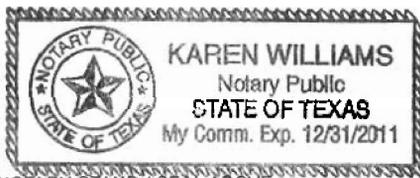
**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Arlington Conservative Voters	<b>ACCOUNT #</b> (Ethics Commission filers)
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<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  OPPOSE (Candidate or Measure)  ASSIST (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	BALLOT IDENTIFICATION / #
	<input type="checkbox"/> <b>MEASURE</b>	ELECTION DATE Month Day Year / /
	DESCRIPTION	

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
<b>EXPENDITURE TOTALS</b>	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 53.33
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**15 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Melba L. McDow  
 Signature of campaign treasurer

Sworn to and subscribed before me, by the said Melba L. McDow, this the 16<sup>th</sup> day of July, 20 09, to certify which, witness my hand and seal of office.

Karen Williams Karen Williams Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath