

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
Arlington Conservative Voters

4 COMMITTEE ADDRESS
 change of address
ADDRESS (PO BOX APT / SUITE # CITY STATE ZIP CODE)
P.O. Box 170043
Arlington, Tx. 76003

5 CAMPAIGN TREASURER NAME
MS (MRS) MR FIRST MI
Melba
NICKNAME LAST SUFFIX
McDow

6 CAMPAIGN TREASURER'S STREET ADDRESS
(residence or business)
STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
7208 Lake Mead
Arlington, Tx. 76016

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 change of address
STREET OR PO BOX APT / SUITE # CITY STATE ZIP CODE
P.O. Box 170043 Arlington, TX 76003
817 572-3206

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(817) 572-3206

9 REPORT TYPE

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded \$500 limit |
| <input 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
07 / 15 / 2012 THROUGH 07 / 15 / 2013

11 ELECTION
ELECTION DATE (Month Day Year) ELECTION TYPE
Election Date: / /
Election Type: Primary Runoff General Special

GO TO PAGE 2

RECEIVED - CSO
13 JAN 15 PM 4:52

OFFICE USE ONLY
Date Received
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| | |
|-------------------|--------------------------------------|
| 12 COMMITTEE NAME | ACCOUNT # (Ethics Commission Filers) |
|-------------------|--------------------------------------|

| | | |
|---|---------------------------------------|---|
| 13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input 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 type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year |
| | DESCRIPTION | |

| | | | |
|-------------------------|---|--|----------|
| 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 \$100 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 | \$ 53.33 |
| 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.



Melba McDow

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melba McDow this the 15th day of January 20 13, to certify which, witness my hand and seal of office

Tina Stewart Tina Stewart notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath