

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
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3 COMMITTEE NAME No Alcohol PAC/Neighborhood For Safety	OFFICE USE ONLY Date Received
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4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Dallas TX 75222 PO Box: 222314	Date Hand-de ivered or Date Postmarked
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Patricia	Receipt #	Amount
	NICKNAME LAST SUFFIX Knowles		
		Date Processed	
		Date Imaged	

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4837 Swiss Ave. Dallas TX 75204
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7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Dallas TX
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()
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9 REPORT TYPE	8th Day Before Main Election
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10 PERIOD COVERED	10/18/2010 THROUGH 10/23/2010
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11 ELECTION	ELECTION DATE 11/2/2010	ELECTION TYPE Special
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**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME No Alcohol PAC/Neighborhood For Safety		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 checked="" 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 / # 1 & 2	ELECTION DATE 11/02/2010
	DESCRIPTION No Alcohol		
18 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)		\$ 30000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 0
	4. TOTAL POLITICAL EXPENDITURES		\$ 23148.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 6851.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0

19 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.

ELECTRONICALLY CERTIFIED

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patricia Knowles, this the 25th day of October, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath 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: 1 of 1	
2 FILER NAME No Alcohol PAC/Neighborhood For Safety		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/19/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vantex Enterprises, LLC	7 Amount of Contribution (\$) 15000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10410 Finnell Dallas, TX 75220		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goody-Goody Liquor	Amount of Contribution (\$) 15000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10370 Olympic Drive Dallas, TX 75220-4411		(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)	
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)	
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)	
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 FORM AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
1 of 2

2 FILER NAME

No Alcohol PAC/Neighborhood For Safety

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/20/2010

5 Payee name

Edward & Patterson Sign

7 Amount
(\$)

7848.13

6 Payee address; City; State; Zip Code

4733 Don Drive Dallas, TX 75247

8 Purpose of payment (See instructions regarding type of information required.)
purchase signs

(If travel outside of Texas, complete Schedule T)

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

Date

10/22/2010

Payee name

Elite News

Amount
(\$)

1000.00

Payee address; City; State; Zip Code

1911 East Ledbetter Dallas, TX 75216

Purpose of payment (See instructions regarding type of information required.)

Advertising

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/23/2010

Payee name

Workers and Poll Pushers

Amount
(\$)

6500.00

Payee address; City; State; Zip Code

2217 Cedar Crest Dallas, TX 75203

Purpose of payment (See instructions regarding type of information required.)

Workers

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/20/2010

Payee name

KBFB Radio

Amount
(\$)

2000.00

Payee address; City; State; Zip Code

13331 Preston Rd Dallas, TX 75240

Purpose of payment (See instructions regarding type of information required.)

Advertising

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
2 of 2

2 FILER NAME

No Alcohol PAC/Neighborhood For Safety

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/20/2010

5 Payee name

Fred Walker

7 Amount
(\$)

2000.00

6 Payee address; City; State; Zip Code

1305 Arizona Ave Dallas, TX 75203

8 Purpose of payment (See instructions regarding type of information required.)

Sign distribution

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/20/2010

Payee name

Ferrell Woodhouse and DFW Pros. Think

Amount
(\$)

800.00

Payee address; City; State; Zip Code

2701 Fondsen Suite 141
Dallas, TX 75206

Purpose of payment (See instructions regarding type of information required.)

T-shirts

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

10/20/2010

Payee name

KHVN Radio

Amount
(\$)

3000.00

Payee address; City; State; Zip Code

57887 South Hampton Suite 285
Dallas, TX 75232

Purpose of payment (See instructions regarding type of information required.)

Advertising

(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED