

# SPECIFIC-PURPOSE COMMITTEE SPECIAL SESSION REPORT

# FORM SPAC-SS COVER SHEET PG 1

<b>1</b> FILER ID (Ethics Commission Filers)					<b>2</b> Total pages filed:		
<b>3</b> COMMITTEE NAME					<b>OFFICE USE ONLY</b>		
					Date Received		
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> change of address		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
					Date Hand-delivered or Postmarked		
					Receipt #      Amount \$		
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR .....	FIRST	MI	Date Processed		
		NICKNAME	LAST	SUFFIX	Date Imaged		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> change of address		STREET OR PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE (      )	PHONE NUMBER	EXTENSION			
<b>9</b> PERIOD COVERED		Month /	Day /	Year THROUGH	Month /	Day /	Year

**GO TO PAGE 2**

# **SPECIFIC-PURPOSE COMMITTEE SPECIAL SESSION REPORT**

**FORM SPAC-SS  
COVER SHEET PG 2**

<b>10 COMMITTEE NAME</b>		<b>11 FILER ID (Ethics Commission Filers)</b>		
<b>12 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)	<input type="checkbox"/> CANDIDATE	CANDIDATE/OFFICEHOLDER NAME		
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input type="checkbox"/> SUPPORT (Candidate or Measure)	BALLOT IDENTIFICATION #	ELECTION DATE	
	<input type="checkbox"/> OPPOSE (Candidate or Measure)	Month	Day	Year
<input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> MEASURE	DESCRIPTION		

**13 SIGNATURE**

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 of Campaign Treasurer (Declarant)

**Please complete either option below:**

### **(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_, 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**

OR

## **(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Campaign Treasurer (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ..... 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2-SS

If the requested information is not applicable, **DO NOT include this page in the report.**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2-SS:</p>
<p><b>2</b> FILER NAME</p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> Date</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p><b>6</b> Contributor address; City; State; Zip Code</p>	<p><b>7</b> Amount of Contribution \$   <b>8</b> In-kind contribution description</p> <p> </p> <p> </p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>9</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p><b>10</b> Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p><b>11</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>12</b> Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p><b>13</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>14</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>15</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>		<p>Amount of Contribution \$   In-kind contribution description</p> <p> </p> <p> </p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>		<p>Amount of Contribution \$   In-kind contribution description</p> <p> </p> <p> </p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# PLEDGED CONTRIBUTIONS

## SCHEDULE B-SS

If the requested information is not applicable, **DO NOT include this page in the report.**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule B-SS:</p>	
<p><b>2</b> FILER NAME</p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>	
<p><b>4</b> Date</p>	<p><b>5</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p><b>7</b> Amount of Pledge \$   <b>8</b> In-kind contribution description</p>
	<p><b>6</b> Pledgor address; City; State; Zip Code</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p><b>9</b> Principal occupation / Job title (See Instructions)</p>		<p><b>10</b> Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of Pledge \$   In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of Pledge \$   In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of Pledge \$   In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</p>		<p>Amount of Pledge \$   In-kind contribution description</p>
	<p>Pledgor address; City; State; Zip Code</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>			
<p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

If the requested information is not applicable, **DO NOT include this page in the report.**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<b>1</b> Total pages Schedule T:												
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)												
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
<b>5</b> Contribution / Expenditure reported on: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
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<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling													
	<b>8</b> Departure city or name of departure location													
	<b>9</b> Destination city or name of destination location													
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)													
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
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Dates of travel	Name of person(s) traveling													
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	Departure city or name of departure location													
	Destination city or name of destination location													
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)													
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>														



## AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

**Beginning on January 1, 2026, a campaign treasurer of a political committee that has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.**

Filer name	Filer ID #
------------	------------

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
-----------	-----------

Date Processed

Date Imaged

1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

### Please complete either option below:

#### (1) Affidavit

\_\_\_\_\_  
Signature of Campaign Treasurer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, 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

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(street) \_\_\_\_\_, \_\_\_\_\_  
(city) \_\_\_\_\_, \_\_\_\_\_  
(state) \_\_\_\_\_, \_\_\_\_\_  
(zip code) \_\_\_\_\_, \_\_\_\_\_  
(country) \_\_\_\_\_.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) \_\_\_\_\_, (year) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**