

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: center; font-size: 2em;">6</div>									
<b>3</b> COMMITTEE NAME <div style="text-align: center; font-size: 1.5em;">Addison Police Bond PAC</div>			<b>OFFICE USE ONLY</b>									
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4112 Rush Circle Addison Tx 75001</div>		Date Received  <div style="text-align: center; font-size: 2em; color: blue; border: 2px solid blue; padding: 5px;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">APR 24 2026</div>									
<b>5</b> CAMPAIGN TREASURER NAME  <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI <div style="font-size: 1.2em;">MRS Nancy E</div> NICKNAME LAST SUFFIX <div style="font-size: 1.2em;">Craig</div>	Date Hand-delivered or Date Postmarked Town of Addison City Secretary's Office y Garcia, City Secretary Receipt # Date Processed Date Imaged										
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4112 Rush Circle Addison Tx 75001</div>											
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">4112 Rush Circle Addison Tx 75001</div>											
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 415 0003</div>											
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 7th day before election</td> <td><input type="checkbox"/> Dissolution Report (Attached PAC-FR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 7th day before election	<input type="checkbox"/> Dissolution Report (Attached PAC-FR)		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit										
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 7th day before election	<input type="checkbox"/> Dissolution Report (Attached PAC-FR)										
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination										
<b>10</b> PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em;">04 / 02 / 2024 THROUGH 04 / 22 / 2024</div>											
<b>11</b> ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 02 / 2024</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____										

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC  
COVER SHEET PG 2**

**12** COMMITTEE NAME Addison Police Bond PAC **13** Filer ID (Ethics Commission Filers)

**14** COMMITTEE PURPOSE  
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE  
 OFFICEHOLDER  
 MEASURE

SUPPORT (Candidate or Measure)  
 OPPOSE (Candidate or Measure)  
 ASSIST (Officeholder)

CANDIDATE / OFFICEHOLDER NAME  
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION # Town of Addison Proposition A ELECTION DATE 05/02/2026  
Month Day Year

DESCRIPTION For/ Against: The issuance of \$55,000,000 of PBO Bonds for the design, construction, etc of Police Facility

<b>15</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,875
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 11.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 1891.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1984.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

**16** 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.

Nancy E. Craig  
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 Nancy E. Craig, and my date of birth is [REDACTED]

My address is 4112 Bush Circle (street), Addison (city), Tx (state), 75001 (zip code), USA (country)

Executed in Dallas County, State of Tx, on the 24 day of April, 2026 (month) (year)

Nancy E. Craig  
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

**FORM SPAC  
COVER SHEET PG 3**

17 COMMITTEE NAME <i>Addison Police Band PAC</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>3875</i>
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>1,879.22</i>
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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: <b>2</b>
2 FILER NAME <b>Addison Police Bond PAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/09/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy E. Craig</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Addison Tx 75001</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/10/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Addison Public Safety PAC</b>	Amount of contribution (\$) <b>\$2,500.00</b>
Contributor address; City; State; Zip Code <b>4900 Airport Pkwy P.O. Box 2631 Addison Tx 75001</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/14/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Marold</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Flower Mound Tx 75022</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/17/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom and Anita Braun</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>Addison Tx 75001</b>		
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.

# 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
2 FILER NAME Addison Police Band PAC		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jihad Alsaidi	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [Redacted] Addison, Tx 75001		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Hunt	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [Redacted] Addison, Tx 75001		
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 (\$)
Contributor address; City; State; Zip Code		
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 (\$)
Contributor address; City; State; Zip Code		
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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Addison Police Bond PAC	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/15/2026	<b>5</b> Payee name Valentine Direct Marketing Inc	
<b>6</b> Amount (\$) \$1,454.88	<b>7</b> Payee address; City; State; Zip Code 14243 Proton Rd Farmers Branch TX 75244	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description yard signs and stakes
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04/09/2026	Payee name Print Place	
Amount (\$) \$424.34	Payee address; City; State; Zip Code 1130 Ave H East, Arlington TX 76011	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) printing	Description door hangers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED