

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3

3 COMMITTEE NAME

Alamo Heights Neighborhood  
Committee

OFFICE USE ONLY

Date Received

RECEIVED JAN 16 2024

4 COMMITTEE  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

Alamo Heights, Tx 78209

Date Hand-delivered or Date Postmarked

RECEIVED JAN 16 2024

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

John

R

NICKNAME

LAST

SUFFIX

Joseph

JR.

Receipt #

Amount \$

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
STREET ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Alamo Heights, Tx 78209

7 CAMPAIGN  
TREASURER  
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

SAME

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 279-0339

9 REPORT TYPE

☒ January 15

☐ July 15

☐ 30th day before election

☐ 8th day before election

☐ Runoff

☐ Exceeded Modified Reporting Limit

☒ Dissolution Report (Attached PAC-FR)

☐ 10th day after campaign treasurer termination

10 PERIOD  
COVERED

Month Day Year

07 / 01 / 23

THROUGH

Month Day Year

12 / 31 / 23

11 ELECTION

ELECTION DATE

Month Day Year

5 / 11 / 18

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description \_\_\_\_\_

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <u>Alamo Heights Neighborhood Committee</u>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICEHOLDER  <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <u>Sallye Jane Allgood</u>  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>CITY COUNCIL, PLACE 4</u> <u>CITY OF Alamo Heights</u>  BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year  DESCRIPTION _____

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>612.58</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>612.58</u>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>612.58</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>612.58</u>
EXPENDITURE TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>
CONTRIBUTION BALANCE	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>
OUTSTANDING LOAN TOTALS		

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.

John Joseph  
Signature of Campaign Treasurer (Declarant)



Please complete either option below:

Sworn to and subscribed before me, by the said John Joseph, this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Elsa T. Robles Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

## (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)

**POLITICAL COMMITTEE  
STATEMENT OF DISSOLUTION**

**FORM PAC - DR**

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Dissolution" ..

1 COMMITTEE NAME

Alamo Heights Neighborhood Committee

2 Filer ID (Ethics Commission Filers)

**3 Statement of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

*John Joseph*

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL  
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:



Sworn to and subscribed before me, by the said John Joseph, this the 16<sup>th</sup>

day of January, 20 24, to certify which, witness my hand and seal of office.

*Elsa T. Robles*  
Signature of officer administering oath

Elsa T. Robles  
Printed name of officer administering oath

Notary Public  
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)