

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Camile D  
White

OFFICE USE ONLY

Date Received

2016 APR -7 PM 4: 35

RECEIVED  
BOARD SERVICES  
DALLAS ISD

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

Change of Address

10212 Carolina Oaks Dr.  
Dallas, TX 75227

Date Hand-delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 288-5369

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Janet "Jan"  
Bridges

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

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

(Residence or Business)

306 Hillside Court  
Garland, TX 75043

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 270-5262

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

9th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

02 / 18 / 2016

THROUGH

Month Day Year

04 / 07 / 2016

11 ELECTION

ELECTION DATE

Month Day Year

05 / 01 / 2016

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Dallas ISD Board of  
Trustee, District 4

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
*Camile White*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

*Alliance / American Federation of Texas*

*DBA: Alliance of Dallas Educators United PAC*

COMMITTEE ADDRESS

*334 Centre Street*

*Dallas, Tx 75208*

COMMITTEE CAMPAIGN TREASURER NAME

*Patricia Jones*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*334 Centre Street*

*Dallas, Tx 75208*

Additional Pages

17 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)

\$ *4,863.90*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,023.30*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

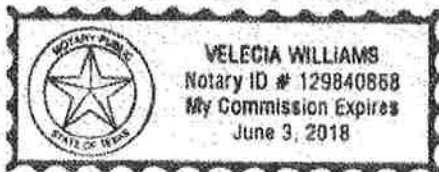
\$ *3,171.24*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 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.

*Camile D. White*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Camile D. White*, this the *7th* day of *April*, 20*16*, to certify which, witness my hand and seal of office.

*Velesia Williams*

Signature of officer administering oath

*Velesia Williams*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,800.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,063.90
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 460.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 560.30
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**  
**1 of 2**

2 FILER NAME

**Camile White**

3 Filer ID (Ethics Commission Filers)

4 Date

**2-28-16**

5 Full name of contributor

**Carole J. Mayo**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**100<sup>00</sup>**  
**X**

6 Contributor address; City: State: Zip Code

**5836 Kshann Road  
Dallas, TX 75230-1712**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

**N/A**

Date

**3-6-16**

Full name of contributor

**Patricia**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**50<sup>00</sup>**  
**X**

Contributor address; City: State: Zip Code

**4212 Osborn Road  
Dallas, TX 75227-2817**

Principal occupation / Job title (See Instructions)

**Texas Realtor**

Employer (See Instructions)

**Self employed**

Date

**3/28/16**

Full name of contributor

**Ruel M. Hamilton**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**2,500<sup>00</sup>**  
**X**

Contributor address; City: State: Zip Code

**325 N. St. Paul Street Suite 3350  
Dallas, TX 75201**

Principal occupation / Job title (See Instructions)

**Real Estate Investor**

Employer (See Instructions)

**Self Employed**

Date

**3/4**

Full name of contributor

**Marvin Earle**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**50<sup>00</sup>**  
**X**

Contributor address; City: State: Zip Code

Principal occupation / Job title (See Instructions)

**CNCS**

Employer (See Instructions)

**Self-Employed**

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 2

2 FILER NAME

Camile White Campaign

3 Filer ID: (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (OR: \_\_\_\_\_)

Cedric Davis

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

2308 Rednal Lane  
Dutch Springs, TX 75180

100  $\frac{0}{x}$

8 Principal occupation / Job title (See Instructions)

Peace Officer

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (OR: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (OR: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (OR: \_\_\_\_\_)

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.		Total pages Schedule A2: 1 of 1	
2 FILER NAME Carrie White		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3/2014	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Anita Alexander	8 Amount of Contribution \$ 1,000.00	9 In-kind contribution description Signs
7 Contributor address: City, State, Zip Code 4025 Chandler Road Corland, TX 75040		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL) (See instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date 3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Sandra Crenshaw	Amount of Contribution \$ 63.90	In-kind contribution description Postage envelopes
Contributor address: City, State, Zip Code 2018 Lanark Avenue Dallas, TX 75203		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL) (See instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

**EXPENDITURE CATEGORIES (See Instructions on the back of this form.)**

- |  |                                     |                                   |   |
|--|-------------------------------------|-----------------------------------|---|
| Advertising Expense                          | Event Expense                       | Loan Repayment/Reimbursement      | Enrollment/Fundraising Expense              |
| Accounting/Banking                           | Fees                                | Office Overhead/Personal Expenses | Transportation Equipment & Related Expenses |
| Consulting Expense                           | Food/Beverage Expense               | Printing Expense                  | Travel in District                          |
| Contributions/Donations Made by              | GIS/Analytics/Intelligence Software | Printing Expense                  | Travel Out of District                      |
| Candidate/Officer/holder/Political Committee | Legal Services                      | Salaries/Wages/Contract Labor     | Other (unless a category not listed above)  |
| Credit Card Payment                          |                                     |                                   |   |

The Instructions Guide explains how to complete this form.

1 Total number of entries: <b>1 of 1</b>	2 PAYEE NAME <b>Camile Whites</b>	3 Enter ID (United Commission #) _____
4 Date <b>3/28/2016</b>	5 Payee name <b>UT-PAC Alliance/AFT phone system</b>	
6 Amount (\$) <b>300.00</b>	7 Payee address: City: State: Zip Code <b>334 Centre Street, Dallas, TX 75208</b>	
8 PURPOSE OF EXPENDITURE <b>Fees</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Phone Bank</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date <b>3/29/2016</b>	Payee name <b>CC Distribution Sportswear</b>		
Amount (\$) <b>160.00</b>	Payee address: City: State: Zip Code <b>7010 American Way ste N Dallas, TX 75237</b>		

PURPOSE OF EXPENDITURE <b>Advertising Expense</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Shirts</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
--	--	--

Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address: City: State: Zip Code		

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expenses  
Accounting/Banking  
Printing Expenses  
Conferences/Conventions Made By  
Candidate/Candidate/Political Committee  
Campaign Payment

Event Expenses  
Fees  
Food/Beverage Expenses  
Gift/Awards/Memorials Expenses  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expenses  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category related above)

The Instruction Guide explains how to complete this form.

1. This page's Schedule G: <b>1 of 3</b>	2. FILER NAME <b>Carnile White</b>	3. Filer ID (Ethics Commission Filer)
4. Date <b>4/06/2016</b>	5. Payee name <b>Sam's Club</b>	
6. Amount (\$) <b>31.21</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7. Payee address, City, State, Zip Code <b>5555 S. Buckner Blvd Dallas, TX 75228</b>	
8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Travel in District</b>	(b) Description <b>GAS</b> <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9. Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>3/3/2016</b>	Payee name <b>1 power</b>	
Amount (\$) <b>94.80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code <b>10 Corporate Drive suite 300 Burlington, MA 01803</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expend</b>	(b) Description <b>website</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>3/21/2016</b>	Payee name <b>Office Max / Office Depot</b>	
Amount (\$) <b>66.89</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code <b>1515 Town East Blvd suite 112 Mesquite, TX 75150</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>	(b) Description <b>Stationery etc</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**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         | Printing Expense               | Travel In District                         |
| Contributors/Donations/ Merch By           | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 3		2 FILER NAME Camille White		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/2014		5 Payee name DIG ENT			
6 Amount (\$) 100 & <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 1601 E. Debbie Lane #1320 Mansfield, TX 76063			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Design <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/25/2014		Payee name DIG ENT			
Amount (\$) 190 & <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 1601 E. Debbie Lane #1320 Mansfield, TX 76063			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		(b) Description Mailer Printing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/2014		Payee name M-11			
Amount (\$) 6.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code 2607 N. Stemmons Freeway Dallas, TX 75207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel in district		(b) Description GAS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Computing Expense  
Conventions/Conferences Made By  
Candidate/Officeholder/Political Committee  
Travel/Travel Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salary/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G 3 of 3		2 FILER NAME Carmite White		3 Filer ID (Ethics Commission Filer)	
4 Date 3/22		5 Payee name Corner store			
6 Amount (\$) 29.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3030 Military Parkway Mesquite, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel in District		(b) Description GAS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/28/2014		Payee name Corner Store			
Amount (\$) 29.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3030 Military Parkway Mesquite, TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel in district.		(b) Description GAS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4/04/2014		Payee name 7-11			
Amount (\$) 12.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10100 Bruton Road Dallas, TX 75017-2890			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel in district		(b) Description GAS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED