## **CANDIDATE / OFFICEHOLDER**

## FORM C/OH

CAMPAIGI	4 FINANCE REPORT		COVER 3	eet pg 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	nterconnection to militario encountre encountre encountre encountre en encountre en encountre en encountre encountre en	OFFICE	USE ONLY
NAME	NICKNAME LAST LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX; APT/SUITE#; CITY; 10212 Caroline Caks I Dallas, TX 75227	STATE; ZIP CODE	Date Hand-delivered	or Date Postmarked (
ADDRESS  Change of Address	Lancer / 17 1022			3 8
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 288-5369	EXTENSION	Receipt #  Date Processed	Amount S
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Linus	MI Contractor °	Date Imaged	<u>, 7</u>
	NICKNAME Spiller	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 3330 New Castle	CITY; STATE;	ZIP CODE	
	Dallas, Tx 75220	,,		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 357-0542	EXTENSION		
9 REPORTTYPE	January 15 30th day before election	Runoff		campaign treasurer rificeholder only)
	July 15 8th day before election	Exceeded \$500 limit	<u> </u>	tach C/OH - FR)
10 PERIOD COVERED	Month Day Year  OH / D9 / 10  THROUGH	64/30	Year //O	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF kno	nool Boa	rd Trustee
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION			
BY OTHER INDIVIDUALS	Name *			
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Coc	te		
	GO TO PAC		HOSTONIA, WAS TO STANLING THE S	oder Arrestella Arreste et la forma un productivo de que ce de una accumpatión una

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME	(e.D. 1	Vhite	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. 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(S)	COMMITTEE TYPE	committee NAME Alliance/American Federation of	· · · · · · · · · · · · · · · · · · ·		
	GENERAL	DBA: Alliance of Dullas Educators	United PAC		
	SPECIFIC	committee address 334 Centre Street			
		Dulas, 7, 75208			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		Patricia Jones			
	,	committee campaign treasurer address 334 Centre Street			
		Dallas, 7x 75208			
18 CONTRIBUTION TOTALS	1	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	مطعوسية بسناها		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 4,455				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 3,267.05				
	4. TOTAL POLITICAL EXPENDITURES \$3,267.05				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 187.95				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
19 AFFIDAVIT	Entre desirent estamation de mestima de la m		kki kiki kanada medaga makan kiki kila kerjauri medede malamda mempelahan memberakan kerman membalah kila kerm Kerman		
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.  Notary Public, State of Texas  Comm. Exp. 12-Q5-11  Signature of Candidate or Officeholder					
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said					

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

15 C/OH NAME)	nile D	. White	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME TETA-PAC (NEA	DALLAS )		
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	316 W 12th Street			
		Austin, TX			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		Mary D. Smith			
		committee campaign treasurer address 4925 Green ville Ave	±415		
		Dallas, Tyras 7521	<b>5</b>		
18 CONTRIBUTION TOTALS	!	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 4455				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 3,267,55				
	4. TOTAL POLITICAL EXPENDITURES \$ 3,267.65				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 187.95				
OUTSTANDING LOAN TOTALS	}	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$ -		
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DANNA THOMPSON Is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public, State of Texas Comm. Exp. 12-Q5:11.  Signature of Candidate or Officeholder					
AFFIX NOTARY STAN	IP / SEAL ABOVE	1 11	/		
Sworn to and sub-		me by the said (amyle Why	this the		
$\frac{30}{20}$ day	GOV		my hand and seal of office.		
Dinna TV	IMMOSKA A	Dianu a Mirma	Notari		
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME	(CD)	white	16 ACCOUNT # (Ethics Commission Filers)	
17 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 I 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.			
OCMMITTEL(O)	COMMITTEE TYPE	Dallas Friends of Pok	itic Education	
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	P.O. B& 571593		
		Dallas, TX 7535		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		Kyle Kenard		
		committee Campaign treasurer address P.O. POV 571593		
		Dallas, Ty 75357		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4,455	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	wized \$ 3,217,05	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,267.55	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 187.95	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LY OF THE REPORTING PERIOD	THE \$	
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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  Notary Public, State of lexas  Comm. Etp. 12-05-11  Signature of Candidate or Officeholder				
AFFIX NOTARY STAN		me, by the said Camile Wh	te	
Sworn to and sub	. Anal	70	my hand and seal of office.	
Manua Al	y or <del>spring</del>	Danne Thronocar	Malland and seal of office.	
Signature of officer adm	infistering oath	Printed name of officer administering oath	Title of officer administering oath	
	V		U	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME	le D. K	shite	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES I HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(C)	committee type Stonewall Democrats of Dallas				
	GENERAL				
	SPECIFIC	P.O. B9 192365			
		Dallas, TX 75219			
WANTED		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS), UNLESS ITEM			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,455		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 3, 267, 5				
	4. TOTAL POLITICAL EXPENDITURES \$ 3,267.05				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ORTING PERIOD	TDAY \$ 187.95		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
19 AFFIDAVIT	and the second s	Стоя об на в не на			
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.  Notary Public, Signe of Texas  Comm. Exp. 12-05-11  Signature of Candidate or Officeholder					
	ur exb. resp5777%	Signature of Co	andidate or Officeholder		
AFFIX NOTARY STAM		me by the said Camille White	L. O. this the		
<u>30</u> day	Pou	./ / / /	my hand and seal of office.		
Quana 9	hongo	Dianna Thompson	Notary		
Signature of officer admi	inistering bath	Printed name of officer administering oath	Title of officer administering oath		

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

April 2011 - 101 -						
15 C/OH NAME	ile D	White	<b>16</b> ACCOUNT # (Ethics Commission Filers) N∫A			
17 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME  AFL  COMMITTEE TYPE					
	GENERAL					
	SPECIFIC Washington Avenue					
	Dalles, Texas					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
auditional pages	,	COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 4,455					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 3, 267.05  4. TOTAL POLITICAL EXPENDITURES \$ 3,267.05					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 187.95					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					
19 AFFIDAVIT	Particus (Control Control Cont		то очет то о определения от выполнения в от			
			of perjury, that the accompanying report ill information required to be reported by			
DIANNA THOMPSON Notary Public, State of Texas Comm. Exp. 12-05-11						
Comm Exp. 12-Q5-11 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said AMIC White , this the						
21)	of Opri	1 17	my hand and seal of office.			
Manne	Thomps-	- Dunna Thompson	Nolary			
Signature of officer adm	inistering <b>é</b> ath	Printed name of officer administering oath	Title of officer administering oath			

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: (643)
2 FILER NAME	rile D. White	cat among a common canada calla calla de calla c	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_ Mangasetbnesbhns		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4-20-10	6 Contributor address; City; State; Zip Code 429 white stone HIII Dr Desoto, TX	Ne		
	Desoro, 16		(If travel outside	l of Texas, complete Schedule T)
	pation / Job title (See Instructions) ネペソイピイ	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_Dallas Frends of Rublic (Contributor address; City; State; Zip Code P.O. Box 571593	Lucetion	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-22-10	P.O. Box 571593  Dallas, Tx 75357		1,055.00	
			A	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	Cator United	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-12-10	229 CENTRE 24 624	A Comment of B Activities	1,000,00	
	Dalks, TY 75268		(If travel outside	 of Texas, complete Schedule T)
Principal occup	cher Organization	Employer (See I	Instructions CCAFT	
Date	A Full name of contributor Out-of-state PAC (ID# A III CAS United Teachers POLITICAL Commit	tea	Amount of contribution (\$)	In-kind contribution description (if applicable)
4:27-10	Contributor address; City; State; Zip Code 334 Centre Stocket		350.0	
	Dalkes, Tx 75208		(If travel outside	of Texas, complete Schedule T)
1 Same	pation / Job title (See Instructions)	Employer (See )	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
- Tarana			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	·	
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#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction quide foradditional reporting requirements.

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: (2 of 3)
2 FILER NAME	nile D. White		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4-21-10	Darlene Ewing 6 Contributor address; City; State; Zip Code 605 Highway 80 Suite	·	100.00	
	Sunnylale, TK 7518Z	A		
			L	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer See	Instructions) Employe	Š
Date	Full name of contributor [] out-of-state PAC (ID#_  Jeff D, Mason	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-25-10	2) 11 1000 2001 0 01.01		25,00	
	Desoto, TX 75115		((6.1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal occur	bation / Job title (See Instructions)	Employer (See I	4,,-,	of Texas, complete Schedule T)
	e s			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Bernice A. Battle Contributor address: City; State; Zip Code 1325 E. Waco Ave		contribution (\$)	description (if applicable)
4-26-10	Contributor address; City; State; Zip Code	. , , . ,		
1 por care	1325 E. Waco Ave		25.00	
	Dallas, TX 45216-1315			
	*		<u> </u>	of Texas, complete Schedule T)
Principal occul	oation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor	1	Amount of	In-kind contribution
4-11-10	Dorothy L. Weir		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 2006 Appalachia DV	Ne	50.00	***************************************
	Mesquite, TO 75149		areasse — c	
Principal occur	pation / Job title (See Instructions)	Employer (See	***	of Texas, complete Schedule T)
		Governo		
Date	Full name of contributor out-of-state PAC (ID#_	er-Speneer	Amount of contribution (\$)	In-kind contribution description (if applicable)
4-11-10	Contributor address; City; State; Zip Code 405 N. Balton Drive		H5.00	
**************************************	Cedar Hill, Ty 7510		It has sal make a	of Tourne complete Calcabite T
Principal occu	pation / Job title (See Instructions)	Employer (See	***************************************	of Texas, complete Schedule T)
Nurse				

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

If contributor is out-of-state PAC, please see instruction quide foradditional reporting requirements.

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A: 3 ACCOUNT # (Ethics Commission Filers)  2 FILER NAME  3 ACCOUNT # (Ethics Commission Filers)  W/A  4 Date  5 Full name of contributor   Out-of-state PAC(DR   DESCRIPTION   DESCRIPTION   Out-of-state PAC(DR   DESCRIPTION   DESCRIPTION   Out-of-state PAC(DR   DESCRIPTION   DESCRIPTION   Out-of-state PAC(DR	
A Date   5 Full name of contributor	
Jacquely	
Principal occupation / Job title (See Instructions)   10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Carole  J. Mayo  Contributor address; City; State; Zip Code  Dates  Full name of contributor  Date  Full name of contributor  Contributor  Dates  Full name of contributor  Dates	
Date    Full name of contributor   out-of-state PAC (ID#   Amount of Carole J. Mayo   Contribution (\$)   description (if applicable Carole J. Mayo   Contributor address; City: State: Zip Code   DO. DO	∋ T)
Contributor address; City; State; Zip Code  5836 MC Shann Read  Dallas, K 75230  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Dallas; City; State; Zip Code  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  (If travel outside of Texas, complete Schedule T)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pales Full name of contributor  Out-of-state PAC (ID#;  Dalkas Friends of Public Education  Amount of contribution (\$) In-kind contribution (fi applicable contribution (\$) In-kind contribution (\$	********
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Dalks / Yexas  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#  Dalks Friends of Pack (ID#  D	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) description (if applicable of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#  Amount of contribution description (if applicable to the contribution (\$) description (\$) description (\$)	а Т)
Contributor address; City; State; Zip Code  250.00  Dalas / Texas  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Dalas Friends of Reblic Education  contribution (\$) description (if applicable to the principal occupation of the principal occupation	
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Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Petite  Date  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (\$) description (if applicable to the contribution (\$) description (\$)	e T)
Dalkes Friends of Public Education contribution (\$) description (if applicable	T. V
Contributor address: City: State: Zin Code	
3-31-10 Contributor address; City; State; Zip Code P.O. BX 571593	
Dalkes 7K 75357 (If travel outside of Texas, complete Schedule T)	e T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if applicable to the contribution (\$) description (\$)	
3-31-10 Contributor address; City; State; Zip Code P.O. Box 511593	
Dallas, TX 75357 (If travel outside of Texas, complete Schedule T)	e T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	SOURCE ON MINNEY OF THE SE

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

If contributor is out-of-state PAC, please see instruction quide foradditional reporting requirements.

## **POLITICAL EXPENDITURES**

## SCHEDULE F

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense rict ental Expense	Loan Repayment/Reimbu Transportation Equipmen Contributions/Donations I Candidate/Officeholde OTHER (enter a category m.	t & Related Expense Made By rr/Political Committee
1 Total pages Schedule F: ろ (トチョ)	camile D.	White		3 ACCOUNT # (Eth	lics Commission Filers)
4 Date 4-21-10	5 Payee name Wealy	4 Asso	ciales	) b	
6 Amount (\$) 2,500,00	7 Payee address: City: Start 2621 State Stree Dallas, TY 75200	+			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Consulting Exp	of this schedule)	(b) Description (	(If travel outside of Texas, comp	plete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office folder name		Office sought	<u>t</u>	Office held
Date 4-5-10	Payee name Ya Go Gir	Design	/print	<i>business</i>	Solutions
100,00	Payee address; City; State P.O. Box 3176 DeSoto, TK 75	te; Zip Code ′			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (	If travel outside of Texas, comp	1
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidale ≁Ófficeholder name DH		Office sought	t	Office held
Pate 14.10 * Amount (\$)	Payee name TAlliance/AFT Payee address; City; Stat 334 Centre	te; Zíp Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Polling Expense	of this schedule)	Λ	(If travel outside of Texas, comp	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	t	Office held
Date 4-29-10	Rayle name Ruilly Echal	s Prin	ting		
Amount (\$) 541, 25	Payee address; City; State P.O. Bay 15 23	•			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Printing Expense)	of this schedule)	Description (	If travel outside of Texas, comp	olete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate		Office sought	t .	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## POLITICAL EXPENDITURES

## SCHEDULE F

			***	**************************************	***************************************
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro	ntract Labor sing Expense ict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Contributions/Donations Made By Candidate/Officeholder/Political OTHER (enter a category not listed	Committee
1 Total pages Schedule F: ろ しょう)	Camile D. W	Nike		3 ACCOUNT # (Ethics Commi	ssion Filers)
4 Date 4 - 24 - 10	5 Payee name Edward & Patter	n Sig	ns		
6 Amount (\$) 911.35	7 Payee address; City; State 4133 Don Driv Dallas, Ty 79	Zip Code C 5247			
8 PURPOSE OF	(a) Category (See categories listed at the top of	this schedule)	1 6 4	(If travel outside of Texas, complete Schedu	eT)
EXPENDITURE	Advertising From	R	YARD.	ろんれら	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sough	t Office hel	d
Date	Payee name	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
Amount (\$)	Payee address; City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedul	еТ)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t Office hel	d
Date	Payee name				
Amount (\$)	Payee address; City; State	; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedu	ΘT)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office hel	d
Date	Payee name				
Amount (\$)	Payee address; City; State	o; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedul	е Т)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sough	t Office hel	d
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/R  The Instruction Guide explains how to	,
1 Total pages Schedule G: ろくろかる	Camile D. White	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4.23.10	5 Payee name Camike White Can	paign
6 Amount (\$)	7 Payee address; City; State; Zip Code P.O. Box 271(92	V
political contributions intended	Dallas, TX 75227	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
Date 4.25.10	Payee name Campa Campa	ian
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	P.O. By 27/192 Davias, Tx 75227	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Polling	Canvassing 1
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
вари унівана на повойна поводна поводн Поводна поводна поводн	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED