CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	4 51-10 51-1				
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	NICKNAME LAST SUFFIX MICCICLE	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1140 Bally Mote Drive Dallas, TX 77212	DALLAS ISD			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 969-2797	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS) MRS / MR FIRST MI Sar a	Receipt # Amount \$			
NAME	NICKNAME LAST SUFFIX	Date Processed Date Imaged			
	Wahl				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 6 434 Malcomb Drive Dallas, TX 75214	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 575-9887				
9 REPORT TYPE	July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month 7 / 1 / 2017 THROUGH 1 /	15/2018			
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 5 / 5 / 2618 General Special				
12 OFFICE	OFFICE HELD (If any) Trustee Dalla TSD DISTRICT DISTRICT Trustee Dalla T DISTRICT	ZD _			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	- J	Micciche	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR 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	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL F OF REP	* 9110.8Z			
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	* 9000,00			
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.					
State of Texas Expires:05-28-2018					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said Lan / laciche, this the 16th					
day of CONCAYY, 2018, 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					
Title of officer administering oath					

LOANS			SCHEDULE E		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:		
2 FILER NAME Dan Micciche			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$		
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 2/7/2012 Daniel J. Micciche			9 Loan Amount (\$)		
6 Is lender 8 Lander	address: City: 5	10 Interest rate			
YN Da	illes, TX	75218	11 Maturity date / 2025		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Horney			mp		
14 Description of Collateral		15 Check if personal funds were account (See Instructions)			
16 GUARANTOR INFORMATION 17 Name of	f guarantor	1,	19 Amount Guaranteed (\$)		
18 Guarantor address; City; State; Zip Code					
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
Date of loan Name o	of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender Lender a financial Institution?	Lender address; City; State; Zip Code		Interest rate		
Y N			Maturity date		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions)			
Description of Collateral		Check if personal funds were of account (See Instructions)	deposited into political		
GUARANTOR Name of INFORMATION	f guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code					
Principal Occupation (See Instructions)		Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dan Micciche 20 Filer ID (Ethics	s Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1, SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 9000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	рн \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$