CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE US	SEONLY
OFFICEHOLDER NAME	Mr. Dan		Date Received	
	NICKNAME LAST	SUFFIX	- France received	
	Micciche			
4 CANDIDATE /	ADDRESS / PO BOX, APT / SUITE #, CITY,	STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	1140 Bally Mote Drive Dallas, Texas 75218		Date Hand-delivered or Pos	stmarked
change of address			Receipt #	Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(214) 969-2797		Date Processed	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	Mi	Date Imaged	
NAME	Ms. Sara		· 1000	2
	NICKNAME LAST	SUFFIX		
	Wahl			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE#.	CITY: STATE	ZIP CODE	21
TREASURER ADDRESS	6434 Malcolm Dr.			293
(residence or business)	Dallas TX 75214			
				FOR
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		ÉW &
TREASURER PHONE	(214) 575-9887			
			'	CES
				J G
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after cam	ipaign ent
	July 15 X 8th day before election	Exceeded \$500	(officeholder only) Final report (Attach C	C/OH - FR)
		limit		
10 PERIOD	Month Day Year	Month: Day	Year	***************************************
COVERED	04 / 01 / 2015 THROUGH	04 /30	/2015	
		, ,		
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	General	Special
	05 09 2015		-	
12 OFFICE	OFFICE HELD (fany)	13 OFFICE SOUGHT (if known)	\	
J. 102	Trustee,	Trustee,		
	DISD District 3	DISD District 3		
······································	00.70.71	·		
	GO TO PAG	IC 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

		·				
14 C/OH NAME MIC	CCICHE, DAN (N	MR.)		15 ACC	TAUC	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	B ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CA QUIRED TO REPORT THIS INFORMATION ONLY	ANDIDATE'S O	R OFFICE	HOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURERADDRESS			
17 CONTRIBUTION TOTALS			DNS OF \$50 OR LESS (OTHER TH TEES OF LOANS), UNLESS ITEM		\$	
		POLITICAL CONTRIB THAN PLEDGES, LOANS	UTIONS S, OR GUARANTEES OF LOANS)		\$	25,822.38
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURE	ES OF \$100 OR LESS, UNLESS IT	EMIZED	\$	
	4. TOTAL	POLITICAL EXPENDIT	rures		\$	38,756.75
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	NS MAINTAINED AS OF THE LAS	TDAY	\$	23,999.63
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AI AY OF THE REPORTING P	LL OUTSTANDING LOANS AS OPERIOD	FTHE	\$	9,000.00
18 AFFIDAVIT						
			I swear, or affirm, under penalty is true and correct and includes me under Title 15. Election Code Signature of C	all informat e.	tion requ	uired to be reported by
			100			
AFFIX NOTARY STAM	P / SEAL ABOVE					
Sworp to and subs	scribed before	me, by the said	Dan Micciche			, this the
day	of May	2015	NO NO	ROM FRENTARY PU ATE OF TE	BLIC	seal of office.
Signature of officer admi	nistering oath	Printed name of of				certadministering oath
í .						

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorcut-of-state PAC (ID#		7 Amount of	8 In-kind contribution
04/13/2015	Rafael Anchia		contribution (\$)	description (if applicable)
	6 Contributor address: City, State, Zip Code		\$250.00	
	1601 Bryan Street, Suite M-200			
	Dallas TX 75201		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	eation / Job title (See Instructions)	10 Employer (See	L	or rexas, complete scriedule 1)
Attorney		Civitas Capital		
Date	Full name of contributor)	Amount of	In-kind contribution
04/03/2015	Educate Dallas		contribution (\$)	description (if applicable)
	Contributor address; City: State: Zip Code		\$10,000.00	
	700 N. Pearl St., #1200 Dallas TX 75201			
			(If toward a state of	
Principal occup	pation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(IDIK)	Amount of contribution (\$)	In-kind contribution
04/20/2015	Law Office of Walter Cowger		\$250.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	1717 Main St., #5500 Dallas TX 75201			*
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	L	
Law Office		Law Office of Wa	alter Cowger	
Date	Full name of contributor out-of-state FAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2015	Drew Nachowiak		\$250.00	description (ir applicable)
	Contributor address: City, State; Zip Code		\$250.00	
TOTAL	9936 Capridge Dr. Dallas TX 75238			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup Attorney	eation / Job title (See Instructions)	Employer (See I		or lexas, complete compadie 1)
Attorney				
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2015	Michael Lowenberg		\$54.00	description (ir applicable)
	Contributor address; City; State, Zip Code		Ψ01.00	
	5321 Drane Dr. Dallas TX 75209			
and the state of t	24.43 17 70200		(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	or revise, complete ourieurie 1)
Attorney		Gardere Wy	nne Sewell	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorcut-of-state PAC(IC#)	7 Amount of	8 In-kind contribution
04/02/2015	Michael Dillard		contribution (\$)	description (if applicable)
	6 Contributor address; City, State; Zip Code		\$500.00	
	3109 Mid Lane			
	Houston TX 77027			
A 5: : .				of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	10 Employer (See Latham & Watki	5 TO THE SECTION OF T	
Date	Full name of contributor out-of-state PAC (IC#:)	Amount of	In-kind contribution
04/02/2015	Vikki J. Martin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$50.00	
	8230 Claremont Dr. Dallas TX 754228			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Episcopal Scho		i toxas, complete outloadio ()
reactiet		Episcopai Scho	oi oi Dalias	
Date	Full name of contributor out-of-state PAC(IDM)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/06/2015	Bill Cunningham			description (ii applicable)
	Contributor address; City; State; Zip Code		\$200.00	
	6301 Gaston Ave. #210 Dallas TX 75214			
	Dallas IX 15214		(If top cal acceptate	of Towns annualists Cabadula TV
. Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions) Cunningham Ins	of Texas, complete Schedule T)
Insurance Ag	ent	Bill "Bulldog"	Cunningham Ins	surance Agency
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
04/06/2015	Alan Laves		contribution (\$)	description (if applicable)
	Contributor address: City: State; Zip Code		\$100.00	
	6324 Bon Terra Dr.			
	Austin TX 78731		PRAISES 00 00 2000	B
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Attorney	salion / too the (occ manuchone)		auss Hauer & Fe	eld LLP
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/05/2015	George Tarpley		contribution (\$)	description (if applicable)
	Contributor address; City, State; Zip Code		\$100.00	
	8378 Forest Hills Blvd.			
	Dallas TX 75218			Langeria and the second second
Principal occur	pation / Joh title (See Instructions)	Employer (See	······································	of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	Cox Smith Matt		

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date 04/10/2015	5 Full name of contributor		7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
	1700 Pacific Ave., #4100 Dallas TX 75201		(if travel outside	 of Texas, complete Schedule T)
9 Principal occup Attorney	eation / Job title (See Instructions)	10 Employer (See Akin Gump Strau	Instructions)	
Date 04/09/2015	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
•			(If travel outside of	of Texas, complete Schedule T)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 04/11/2015	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occup Architect	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Dats 04/13/2015	Full name of contributor out-of-state P#C(ID#_ J. Kenneth Menges, Jr. Contributor address; City: State; Zip Code 1700 Pacific Ave., #4100 Dallas TX 75201		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See I Akin Gump Str		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2015	Richard Martin Contributor address: City; State; Zip Code		\$250.00	description (ii applicable)
	9202 Westwind Court Dallas TX 75231		(If travel autaida	of Toyon, complete Schoolide TV
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See I Haynes & Boo	nstructions)	of Texas, complete Schedule T)

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
04/12/2015	Ronald G. Steinhart		contribution (\$)	description (if applicable)
0 11 12/2010			\$500.00	
	6 Contributor address: City: State; Zip Code 25 Robledo Dr. Dallas TX 75230			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occur Retired	oation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC IC#	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution
04/13/2015	Frederick Anderson		contribution (\$)	description (if applicable)
			\$500.00	
	Contributor address; City: State; Zip Code 6038 Lupton Dr.			
	Dallas TX 75225			
	Service design resident (Service Service Servi		()f transcal (as to take	(
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Attorney	,			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/14/2015	Kevin Thomason		contribution (\$) \$250.00	description (if applicable)
04/14/2010			\$250.00	1
	Contributor address; City; State; Zip Code 511 N. Akard St., Apt. 1506			1
	Dallas TX 75201			
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Attorney		Elliot Thomas	on & Gibson	
Date	Full name of contributor out-of-state PAC-8D#)	Amount of	In-kind contribution
04/20/2015	Wright Ginsberg Brusilow PC		contribution (\$)	description (if applicable)
	Contributor address: City, State; Zip Code		\$200.00	
	14755 Preston Road, #600			
	Dallas TX 75254			
			(If travel nutside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	***************************************	or reads, domprete domedate 1)
Law Firm				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/23/2015	Michael Scott Barnard		contribution (\$)	description (if applicable)
0 1/20/2010	Contributor address; City, State; Zip Code		\$250.00	
	6730 Bob O Link Dr.			
	Dallas TX 75214			
			(If travel outside of	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
Attorney		Akin Gump Str	auss Hauer & Fe	eld LLP

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
04/24/2015	Edward A. Copley		contribution (\$) \$100.00	description (if applicable)	
	6 Contributor address; City; State; Zip Code		\$100.00		
	1700 Pacific Ave., #4100				
	Dallas TX 75201		/If travel autoido	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	10 Employer (See Akin Gump St			
Attorney		Akin Gump St	trauss Hauer & F	eld LLP	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
04/22/2015	Robert Milbank		contribution (\$)	description (if applicable)	
	Contributor address: City; State; Zip Code		\$250.00		
	6933 Lakeshore Dr.				
	Dallas TX 75214		(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	^ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	or rexas, complete schedule 1)	
Attorney					
Date	Full name of contributor out-of-state PAG(IC#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/27/2015	Margaret Vandervalk		\$100.00		
	Contributor address; City; State; Zip Code				
	3901 Turtle Creek Blvd., House No. 5 Dallas TX 75219				
			(If travel outside	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I Winn Beaudry	<u> </u>	<u> </u>	
Attorney		vviiii beauury	& VVIIII		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/23/2015	John Dreiling		\$50.00	, , , , , , , , , , , , , , , , , , , ,	
	Contributor address; City; State, Zip Code		, , , , ,		
	9029 Angora St. Dallas TX 75218				
	Dallas TX 73210		(if travel outside	of Texas, complete Schedule T)	
1.5	pation / Job title (See Instructions)	Employer (See I	***************************************		
Unknown					
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/23/2015	William Hornberger		\$500.00	. description (ii applicable)	
	Contributor address; City, State; Zip Code		000 to 100 to		
	3620 Purdue Dallas TX 75225				
	Dailed IN 10220		(If travel outside	of Texas, complete Schedule T)	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Attorney		Jackson Walk	GI LLP		

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SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sc	hedule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT# (Ethics Commission Filers)
4 Date 04/22/2015	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City; State; Zip Code 3207 Cole Ave., Unit D Dallas TX 75204	********	\$50.00	
9 Principal occu Unknow	_I upation / Job title (See Instructions) 'N	10 Employer (See	(If travel outside Instructions)	of Texas, complete Schedule T)
Date	F.H.			
04/21/2015	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip Code 3617 Gillon Ave. Dallas TX 75205		\$100.00	
			/If traval autoids	(T.
Principal occu Re	pation / Job title (See Instructions) tired	Employer (See I	nstructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	\	Δ	
04/20/2015	Aaron Scow		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	
	7007 Royal Lane Dallas TX 75230			,
Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)
Attorney	,	Employer (See Ir Baker McK	enzie	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/20/2015	Rachel Hass		contribution (\$)	description (if applicable)
	Contributor address: City: State; Zip Code 3210 Carlisle St., Unit 60 Dallas TX 75204		\$25.00 	
Principal occup	pation / Job title (See Instructions)		(If travel outside o	f Texas, complete Schedule T)
Attorney	(=== \text{\tinx}\text{\tinx}\text{\tinx}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tin\tinte\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\tinte\text{\text{\text{\text{\texi}\tint{\tiint{\text{\texit{\tet{\text{\text{\text{\text{\text{\texi}\tint{\text{\tin}\tin	Employer (See In Akin Gump Stra	56(C) 50,000 (B) 50,000 (B) 10,000 (B) 10,00	ldLLP
Date	Full name of contributor cut-of-state PAC (ID#		Amount of	
04/20/2015	William N. Kuntz III		contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City, State; Zip Code		\$100.00	;
	4112 Normandy Ave. Dallas TX 75205		 	
			(If travel outside of	f Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See In	structions)	-, semples conedule 1)
		Bell Nunnally &	Martin LLP	

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 04/20/2015	5 Full name of contributor Gut-of-state PAC (IDM) Elizabeth Scott)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City, State, Zip Code		\$100.00	
	6346 Carolyncrest Dalias TX 75214		(If travel outside	of Texas, complete Schedule T)
9 Principal occur Attorney	pation / Job title (See Instructions)	10 Employer (See Akin Gump St		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2015	Paul Schweizer Contributor address; City; State; Zip Code		\$100.00	l
	7104 Cornelia Lane Dallas TX 75214			
			***************************************	of Texas, complete Schedule T)
Attorney	eation / Job title (See Instructions)	Employer (See I Paul Anton S	nstructions) chweizer, Attorn	ey at Law
Date 04/16/2015	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/10/2010	Contributor address; City; State; Zip Code		\$1,000.00	
	6527 Westgate Dr. Dallas TX 75254			
			(if travel outside	of Texas, complete Schedule T)
Principal occup Attorney	eation / Job title (See Instructions)	Employer (See I Akin Gump Sti	nstructions) rauss Hauer & F	eld LLP
Date	Full name of contributor cut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/15/2015	Joseph Motes		\$100.00	1
	Contributor address; City; State; Zip Code 6238 Mercedes Dallas TX 75214		¥ 100.00	
			(If traval outside o	of Texas, complete Schedule T)
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See I Akin Gump S		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
04/14/2015	Nina Orendain		contribution (\$)	description (if applicable)
	Contributor address, City: State; Zip Code		\$100.00	
	6126 Symphony Lane Dallas TX 75227			
Principal accum	ation / Job title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
Attorney	anorty soo due (one instructions)	Employer (See I Akin Gump St	rauss Hauer & F	eld LLP

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME MICCICHE, DAN (MR.)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorcut-of-state PAC(ID#	
04/14/2015 Christopher Gores	contribution (\$) description (if applicable)
6 Contributor address: City; State; Zip Code	\$100.00
1700 Pacific Ave., #4100	
Dallas TX 75201	(If travel outside of Texas, complete Schedule T)
	nployer (See Instructions)
Attorney A	in Gump Strauss Hauer & Feld LLP
Date Full name of contributor Out-of-state PAC (IDIE	Amount of In-kind contribution contribution (\$), description (if applicable)
04/13/2015 Francisco Villamar	\$50.00
Contributor address; City; State; Zip Code	\$30.00
7614 Arborgate Dr. Dallas TX 75231	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	npiover (See Instructions)
Attorney Q	uicksilver Resources Inc.
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
04/13/2015 Passport Publishing, LLC	\$200.00
Contributor address; City; State; Zip Code 1155 Timplemore Dr.	
Dallas TX 75218	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
Date Full name of contributor out-of-state FAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
04/13/2015 Amy Lanctot	\$50.00
Contributor address: City, State, Zip Code 8206 San Leandro	\$66.00
Dallas TX 75218	
	(If travel outside of Texas, complete Schedule T)
	nployer (See Instructions) n Gump Strauss Hauer & Feld LLP
	TOUTH Strauss Trauer & Feld LLF
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
04/13/2015 Joshua Hedrick	\$100.00
Contributor address; City, State; Zip Code 5743 Mercedes Ave.	
Dallas TX 75206	
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Er Attorney H	nployer (See Instructions) edrick Kring PLLC

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributorcut-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
04/13/2015	Carl Lee		contribution (\$)	description (if applicable)
	6 Contributor address. City. State; Zip Code		\$125.00	
	SHEET STATE OF SHEET SHEET STATE OF SHEET			
	6622 Waggoner Dr. Dallas TX 75230			1
	Dallas 17, 70200		(If travel outside	of Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See Akin Gump St	***************************************	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/13/2015	Kathleen Henry		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100.00	ľ
	4101 Greenbrier Dallas TX 75225			
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	of Texas, complete Schedule T)
Attorney		Munsch Hardt	Kopf & Harr PC	•
Date	Full name of contributor out-of-state PAC(ID#)	Amount of	In-kind contribution
04/13/2015	Chris Luna		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	801 Holden Court			
	Garland TX 75044			1
			<u> </u>	of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	Employer (See I Metro PCS	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#) i	Amount of	In-kind contribution
04/13/2015	Walter McInnis		contribution (\$)	description (if applicable)
10000000 control 6 control	Contributor address; City; State; Zip Code		\$200.00	
	9750 Mixon Dr.			
	Dallas TX 75220			
P				of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	Employer (See I Akerman LLP	nstructions)	
Date	Full name of contributor out-of-state PAG (ID#		Amount of	In-kind contribution
04/26/2015	Dallas Kids First		contribution (\$)	description (if applicable) Door hangers; direct
0 1/20/2010	Contributor address: City: State; Zip Code		\$2,540.11	mail; phone calls;
	4447 N. Central Exp., Suite 110 PMB 175			canvassing
	Dallas TX 75205			
				of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	

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P.O. Box 12070

SCHEDULE A

			·····	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor)	7 Amount of	8 In-kind contribution
04/13/2015	Tracy Crum		contribution (\$)	description (if applicable)
	6 Contributor address; City; State, Zip Code		\$100.00	
***************************************	6252 Richmond Ave. Dallas TX 75214			
	Dallas 1A 75214		(If travel puteide	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Attorney		Akin Gump Str	auss Hauer & F	eld LLP
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution
04/13/2015	Thomas Kennedy		\$100.00	description (if applicable)
	Contributor address: City; State; Zip Code		ψ100.00	
	6007 Vanderbilt Ave. Dallas TX 75206			
			(If traval outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		or rexas, complete Scriedule 1)
Unknown				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2015	William H. Searight		\$100.00	description (ii applicable)
-	Contributor address; City, State; Zip Code			
	5913 Fairchild Ct. Plano TX 75093			
	, iding 170 record		(If travel outside	of Texas, complete Schedule T)
Principal occup Accountant	pation / Job title (See Instructions)	Employer (See I		or revise, complete conjugate ry
Accountant				
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2015	Eric Klein		\$100.00	
	Contributor address; City; State; Zip Code			
	4914 Reiger Ave. Dallas TX 75214			
	Sect Concentration Section 10 Medianos S		(if travel outside o	of Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See I Akin Gump Stra		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/11/2015	Wendy Lyon		contribution (\$) \$50.00	description (if applicable)
	Contributor address; City; State; Zip Code		,	
	3901 Savannah Dr.			
	Garland TX 75041	-	06.1	
	eation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
Libriarian		Akin Gump Str	auss Hauer & Fe	eld LLP
	-C			

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	nedule A:
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCCUNT# (E	ethics Commission Filers)
4 Date 04/11/2015	5 Full name of contributor out-of-state PAC (IDM: Helen Stevenson)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code		\$250.00	
	5346 Wenonah Dr. Dallas TX 75209			<u></u>
	Dallas TX 70209		(If travel outside	of Texas, complete Schedule T)
9 Principal occup Attorney	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
04/09/2015	Kenneth Halliday		contribution (\$) \$50.00	description (if applicable)
	Contributor address; City: State: Zip Code 6438 Malcolm Dr. Dallas TX 75214			
			(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Akin Gump S		nstructions) trauss Hauer & Feld LLP		
Date	Full name of contributor out-of-state PAC@DM)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2015	Paul Schuster Contributor address; City; State; Zip Code		\$50.00	description (if applicable)
	4916 Sandestin Dr.			
	Dallas TX 75287			
			L	of Texas, complete Schedule T)
Principal occup Attorney	eation / Job title (See Instructions)	Employer (See I Locke Lord LL		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/07/2015	Michael Gagne		\$500.00	description (ii applicable)
	Contributor address: City: State: Zip Code		4300.00	
	1920 Kipling Dr. Flower Mound TX 75022			
			(If travel outside of	l of Texas, complete Schedule T)
Principal occup Executive	pation / Job title (See Instructions)	Employer (See I Texas Instrume		
Date	Full name of contributor cut-of-state PAC (ID#)	Amount of	In-kind contribution description (if applicable)
04/07/2015	Angela Farley		contribution (\$) \$20.00	description (if applicable)
	Contributor address; City, State; Zip Code		,	
	2108 Aristocrat Dr. Irving TX 75063			
			(if travel outside	of Texas, complete Schedule T)
Principal occup Executive	pation / Job title (See Instructions)	Employer (See I Greater Dallas	·	

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:	
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date 04/06/2015	5 Full name of contributor ☐ out-of-state PAC (ID#_ Julia Tielborg 6 Contributor address; City; State; Zip Code 2316 Cedar Elm Terrace		7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
	Westlake TX 76262		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup Retir	pation / Job title (See Instructions) ed	10 Employer (See			
Date 04/06/2015	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See I Akin Gump S	Instructions)	(If travel outside of Texas, complete Schedule T) nstructions) rauss Hauer & Feld LLP	
Date 04/06/2015	Full name of contributor out-of-state PAC(ID#_David Norton Contributor address; City; State; Zip Code 7220 Tokalon Dr. Dallas TX 75214		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Attorney	pation / Job title (See Instructions)	Employer (See) Shackelford M	(If travel outside of Texas, complete Schedule T) netructions) elton, McKinley & Norton, LLP		
Date 04/06/2015	Full name of contributor out-of-state PAC (ID#_ Lori Douglas Contributor address; City: State; Zip Code 456 Chisholm Ranch Dr. Rockwall TX 75032		Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)	
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See I U.S. District Col	nstructions)	of Texas, complete Schedule T)	
Date 04/05/2015	Full name of contributor out-of-state PAC (ID#_ Russ Toates Contributor address; City; State; Zip Code 6708 Lakeshore Dallas TX 75214		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)	
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See II Toates Law F	nstructions)	f Texas, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	nedule A:
2 FILER NAME MICCICHE, DAN (MR.)		3 ACCOUNT# (E	ethics Commission Filers)	
4 Date 04/04/2015	5 Full name of contributorout-of-state PAC (IDM:		7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
	2603 Colby St. Dallas TX 75204			, -
O Deinainal seem	after / Jak Pili (Con Late Con)			of Texas, complete Schedule T)
Attorney	eation / Job title (See Instructions)	•	trauss Hauer & F	Feld LLP
Date 04/03/2015	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code		\$49.00	
	2146 Kessler Ct. Dallas TX 75208			
Dringles	All and the second of the seco		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Cruise Sales C	ontion / Job title (See Instructions) onsultant	Employer (See America Cruis		
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2015	Diana Rivas-Smith Contributor address: City: State: Zip Code		\$49.00	
	2146 Kessler Ct. Dallas TX 75208			
			(If travel outside	of Texas, complete Schedule T)
Principal occup Director of Me	nation / Job title (See Instructions) mber Services	Employer (See I Dallas Region		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/02/2015	Alan Busch		contribution (\$)	description (if applicable)
	Contributor address: City; State, Zip Code		\$400.00	
	3340 Blackburn St. Dallas TX 75204			
			(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney Employer (See I Busch Ruotolo				
Date	Full name of contributor out-of-state PAC(iD#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/02/2015	Theresa Flores Contributor address; City, State; Zip Code		\$25.00	
	1515 McCoy St. Dallas TX 75204		8	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup Governmen	ation / Job title (See Instructions) t Relations	Employer (See I Mary Kay Inc	nstructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of	8 In-kind contribution
04/02/2015	Wendy Curtis		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		\$25.00	
	10104 Robin Hill Ln.			
	Dallas TX 75238			
0 =				of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	10 Eniployer (See CEVA Log		
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
04/02/2015	Gemma Descoteaux		contribution (\$) \$300.00	description (if applicable)
0-10212013	Contributor address: City; State; Zip Code		Ψ000.00	
	3400 Gentry Road			
	Irving TX 75062			
Deincing Loopus	action / Joh title (Con Instructions)	E I / C I	***************************************	of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	Employer (See I Polsinelli	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_)	Amount of	In-kind contribution
04/01/2015	Byron Sanders		contribution (\$)	description (if applicable)
	Contributor address: City; State: Zip Code		\$10.00	
	14625 Waterview Circle			
	Addison TX 75001		/If traval autaida	of Toyon, complete Cabady in T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Vice Preside	ent	US Trust	noti dellono)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/01/2015	Bill Morrison		contribution (\$) \$25.00	description (if applicable)
100000 1000 000000000000000000000000000	Contributor address: City; State; Zip Code		Ψ20.00	
	5222 Waneta			
	Dallas TX 75209			
				of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney Employer (See I Haynes & Boo				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
04/01/2015	Fred Guerra		contribution (\$)	description (if applicable)
	Contributor address; City; State, Zip Code		\$25.00	
	1484 Echols			
	Kyle TX 78640			
				of Texas, complete Schedule T)
Principal occup Policy Analyst	ation / Job title (See Instructions)	Employer (See I Children's H		

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME MICCICHE, DAN (MR	2.)		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 5 Full name of contributor 04/01/2015 Aleta Stampley 6 Contributor address: Ci 2304 Pharr Dr. McKinney TX 75070	□ cut of state PW: (ID#_		7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instruction Education Consultant	ns)	10 Employer (See Self emplo	Instructions)	
Date Full name of contributor 04/01/2015 Lynsay Quinn Contributor address: Cit 3915 Congress, #200 Dallas TX 75219			Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instruction Coordinator	15)	Employer (See I Saville Dod	nstructions)	
Date Full name of contributor 04/29/2015 Daniel Jacob Contributor address: Cit 11354 Flamingo Lane Dallas TX 75218			Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instruction Unknown	15)	Employer (See I		
Date Full name of contributor 04/29/2015 Alan Feld Contributor address: Cit 4235 Bordeaux Dallas TX 75205	ul-of-state PAC@D#_ ty; State; Zip Code		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Akin Gump St				
4463 Brookview Dr. Dallas TX 75220	out-of-state PAC@D#_ ty: State; Zip Code			In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupation / Job title (See Instruction Unknown	15)	Employer (See I	nstructions)	

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Sch	redule A:		
2 FILER NAME	MICCICHE, DAN (MR.)		3 ACCGUNT# (E	ethics Commission Filers)	
4 Date	5 Full name of contributorcut-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
04/30/2015	Texas State Teachers Association PAC		contribution (\$)	description (if applicable) Printing; mailing	
	6 Contributor address; City, State; Zip Code		\$955.27	post cards	
	316 W. 12th Street				
	Austin TX 78701		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	L	or roxas, compact compacts 17	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
			σοπιποαιστή (Φ)	description (ii applicable)	
	Contributor address; City; State: Zip Code				
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	``````````````````		
				T	
Date	Full name of contributor out-of-state PAC (IDM:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
				1	
			(If travel outside	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#)	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
	Contributor address; City: State; Zip Code				
			(16 trough putaids	f Towns assessments Schoolide TV	
Principal occup	pation / Job title (See Instructions)	Employer (See I	······································	of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
			CONTRIBUTION (\$)	description (ir applicable)	
	Contributor address; City, State; Zip Code				
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	················		
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDI II E	AS NEEDED		
If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

P.O. Box 12070

LOANS SCHEDULE E				
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME MICCICHE, D	PAN (MR.)		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTA	L OF UNITEMIZED LOANS:	\$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$	⇒ \$	
5 Date of loan 02/07/2015	7 Name of lender Dan Micciche	out-of-state PAC (IDM	9 Loan Amount (\$) \$9,000.00	
6 Is lender a financial Institution?	8 Lender address; City; State; 1140 Baily Mote Dr. Dallas TX 75218	Zíp Code	10 Interestrate 0%	
Y N	Dallas 1X 70210		11 Maturity date 03/01/2025	
12 Principal occupati Attorney	ion / Job title (See Instructions)	13 Employer (See Instructions) Akin Gump Strauss Ha	auer & Feld LLP	
14 Description of Col	lateral	15 Check if personal funds were	e deposited into political account	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
18 Guarantor address; City; State; Zip Code				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	,	
Date of loan	Name of lander	out-of-state PAC (ID#_	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City; State;	Zíp Code	Interest rate	
Y N			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited into political account	
none	T			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
Guarantor address; City; State Zip Code not applicable				
Principal Occupati	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.				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of Printing Expense Office Overhead	s/Contract Labor ndraising Expense lict District ad/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
	The Instruction Guide explains how	to complete this fo	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F:	2 FILER NAME MICCICHE, DAN (MR.)		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 04/08/2015					
6 Amount (\$) \$24,524.18	7 Payee address: City; State; Zip Code 1720 I Street, N.W., Suite 550, Washing	ton DC 20006			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(if travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing		g and shipping postcards Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht Office held		
Date 04/27/2015	Payes name The Pivot Group				
Amount (\$) \$6,684.97	Payee address; City, State, Zip Code 1720 I Street, N.W., Suite 550, Washin				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing and shipping postcards Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held		
04/02/2015	Payee name Edwards & Patterson Signs				
Amount (\$)	Payee address; City; State; Zip Code				
\$3,085.13	4733 Don Dr., Dallas TX 75247				
PURPOSE	Cafegory (See cafegories listed at the top of this schedule)	Description	(If travel outside of Toxas, complete Schedule T)		
OF EXPENDITURE	Printing	Signs Check if.	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held		
Date 04/13/2015	Payee name Reta Day				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,197.28	521 Cashmere, Garland TX 75041				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consultant	Campai ☐ Check if	n (If travel outside of Texas, complete Schedule T) gn Consulting Austin, TX, officeholder living expense		
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	nt Office held		
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS	NEEDED		

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

***************************************	EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/ Legal Services Sclicitatii Food/Beverage Expense Travel In Polling Expense Travel O	Wages/Contract Labor on/Fundraising Expense District ut Of District verhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME MICCICHE, DAN (MR.)		3 ACCOUNT # (Ethics Commission Filers)		
4 Date 04/30/2015	5 Payee name Pay Pal				
6 Amount (\$) \$225.99	No. 10 Control Address Control Annual Control Annua				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this school Accounting/Banking	(b) Description Credit ca	(if travel outside of Texas, complete Schedule T) ard fees		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough	ustin, TX, officeholder living expense Office held		
Date 04/10/2015	Payee name John Hill				
Amount (\$) \$3,000.00	Payee address; City; State; Zip 600 W. 9th Street, Dallas TX 75208				
PURPOSE OF EXPENDITURE	Category (See categories listed at the log of this school Consultant	Campaig	(If travel outside of Texas, complete Schedule T) gn Consulting ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name DH	Office sough	t Office held		
Date 04/17/2015	Payee name US Postal Service				
Amount (\$) \$39.20	Payee address; City; State; Zip 6 400 N. Ervay, Dallas TX 75201	Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	Postage	(If travel outside of Texas, complete Schedule T) ustin, T.X., officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough			
Date	Payce name				
Amount (\$)	Payee address; City; State; Zip (Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched		(If travel outside of Texas, complete Schedule T) ustin, TX, officeholder living expense		
Complete <u>CNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	t Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	NAME	2 ACCCUNT # (Ethics Commission Filers)			
3	SIGNA	ATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signatur	re of Candidate / Officeholder			
4		R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from po	olitical contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B. ASSETS					
	Chec	k only one:				
		I do not retain assets purchased with political contributions or interest or other income fro	m political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income frouse. I also understand that I must dispose of assets purchased with political contributions in of Election Code. § 254.204.	om political contributions to personal			
		S	ignature of Candidate			
5		CEHOLDER plete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does real am also aware that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	filing the last required report as an			
		Sig	gnature of Officeholder			