

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Dan NICKNAME LAST SUFFIX Micciche	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1140 Bally Mote Drive Dallas, TX 75218	RECEIVED BOARD SERVICES DALLAS ISD	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 321-3230		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Sara NICKNAME LAST SUFFIX Wahl	RECEIVED BOARD SERVICES DALLAS ISD	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6434 Malcomb Drive Dallas, TX 75214		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 575-9887	RECEIVED BOARD SERVICES DALLAS ISD	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2015 THROUGH 03 / 31 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE Dallas ISD Trustee District 3	OFFICE HELD (if any) Dallas ISD Trustee District 3	13 OFFICE SOUGHT (if known) Dallas ISD Trustee District 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MICCICHE, DAN (MR.)	15 ACCOUNT # (Ethics Commission Filers)
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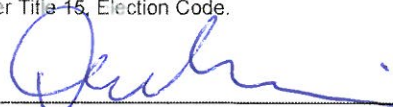
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE(S).	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

RECEIVED
BOARD SERVICES
DALLAS ISD
2015 APR -9 PM 2:02

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 42,750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,908.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 39,842.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,000.00

18 AFFIDAVIT

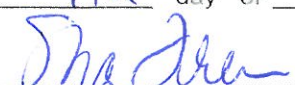
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

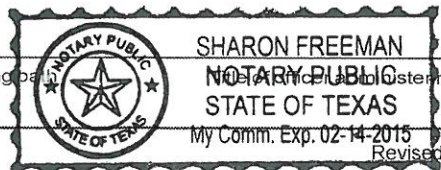
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dan Micciche, this the 9th day of April, 20 2015, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Printed name of officer administering oath: Sharon Freeman
 My Comm. Exp. 02-14-2015



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

02/03/2015

5 Full name of contributor out-of-state PAC (ID# _____)

Solomon, William T. (Mr.)

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

12221 Merit Drive, #1825
Dallas TX 75251

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired investment banker

10 Employer (See Instructions)

Date

02/03/2015

Full name of contributor out-of-state PAC (ID# _____)

Foshee, Douglas (Mr.)

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3504 Georgetown St.
Houston TX 77005

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/2015

Full name of contributor out-of-state PAC (ID# _____)

Dardick, Michael (Mr.)

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4036 Oakmeadow Dr.
Plano TX 75093

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Private equity (real estate)

Employer (See Instructions)

Date

02/03/2015

Full name of contributor out-of-state PAC (ID# _____)

Wensinger, Jack (Mr.)

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4350 Lively Lane
Dallas TX 75220

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Private equity (multi-family investor)

Employer (See Instructions)

Date

02/02/2015

Full name of contributor out-of-state PAC (ID# _____)

Gibson, Mark (Mr.)

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

5500 Preston Road, #250
Dallas TX 75205

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 02/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weekley, Richard (Mr.)	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3708 Inverness Dr. Houston TX 77055		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 02/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weekley Properties	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1111 Post Oak Road Houston TX 77055		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Deedie (Ms.)	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5 Willowood Dallas TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions)	
Date 02/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dale, Lawrence (Mr.)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2100 Ross Avenue, #1870 Dallas TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Energy CEO		Employer (See Instructions)	
Date 02/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RHDJ (Robert Dedman)	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 5138 DeLoache Ave. Dallas TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Private equity investor, former CEO (former CEO of ClubCorp; owner of Pinehurst)		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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
02/04/2015

5 Full name of contributor out-of-state PAC (ID# _____)
McNamara, Donald J. (Mr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address: City: State: Zip Code
3899 Maple Ave., #300
Dallas TX 75219

\$2,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Private equity

10 Employer (See Instructions)

Date
02/05/2015

Full name of contributor out-of-state PAC (ID# _____)
Byrne, Tim (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
2000 McKinney Ave., #1000
Dallas TX 75201

\$2,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Multi-family development

Employer (See Instructions)

Date
02/07/2015

Full name of contributor out-of-state PAC (ID# _____)
Addy, William (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
3805 Normandy Ave.
Dallas TX 75205

\$2,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Software CEO

Employer (See Instructions)

Date
02/05/2015

Full name of contributor out-of-state PAC (ID# _____)
Hobson, H. Lee (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
4237 Armstrong Parkway
Dallas TX 75205

\$2,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)

Date
02/04/2015

Full name of contributor out-of-state PAC (ID# _____)
Myers, Mike A. (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code
6310 Lemmon Ave., #200
Dallas TX 75209

\$1,500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Single family lot development

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 02/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scovell, John Field (Mr.)	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code 6322 DeLoache Dallas TX 75225		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Hotel development		10 Employer (See Instructions)	
Date 02/13/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCabe, Elizabeth Crutcher (Ms.)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 9346 Hathaway St. Dallas TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions)	
Date 02/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marshall, Dustin (Mr.)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 6464 Mimosa Lane Dallas TX 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Hazelshot	
Date 02/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Catherine M. (Ms.)	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 4608 Meadowood Road Dallas TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Community volunteer		Employer (See Instructions)	
Date 02/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raymond, Robert W. (Mr.)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code 4111 W. Lawther Dr. Dallas TX 75214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Architect		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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 02/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Harlan R. (Mr.)	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 3819 Maple Ave. Dallas TX 75219		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Real estate investor			10 Employer (See Instructions)	
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Katherine Raymond (Mrs.)	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4700 Preston Road Dallas TX 75205		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 02/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Trammell S. (Mr.)	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4000 Rock Creek Dr. Dallas TX 75204		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Investor			Employer (See Instructions)	
Date 02/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crow, Stuart M. (Mr.)	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6310 Mercedes Ave. Dallas TX 75214		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 03/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cavanaugh, William T., Jr. (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 3817 Centenary Ave. Dallas TX 75225		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Attorney			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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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
03/25/2015

5 Full name of contributor out-of-state PAC (ID# _____)
Texas Democratic Party

7 Amount of
contribution (\$)

\$900.00

8 In-kind contribution
description (if applicable)

Voter file access

6 Contributor address: City: State: Zip Code

4818 E. Ben White, Suite 104
Austin TX 78741

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
03/17/2015

Full name of contributor out-of-state PAC (ID# _____)
Black Family Capital Trust

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

751 Kessler Lake Drive
Dallas TX 75208-3941

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/07/2015

Full name of contributor out-of-state PAC (ID# _____)
Addy, Lydia (Mrs.)

Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

3805 Normandy Ave.
Dallas TX 75205

(If travel outside of Texas, complete Schedule T)

Principal occupation / 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

(If travel outside of Texas, complete Schedule T)

Principal occupation / 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

(If travel outside of Texas, complete Schedule T)

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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E.
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⅁ ⅁ ⅁ ⅁ ⅁ ⅁			\$
5 Date of loan 02/07/2015	7 Name of lender Dan Mlciche <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$9,000.00	
6 Is lender a financial Institution? Y N	8 Lender address: City: State: Zip Code 1140 Bally Mote Dr. Dallas TX 75218	10 Interest rate 0%	
		11 Maturity date 03/01/2025	
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Akin Gump Strauss Hauer & Feld LLP	
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address: City: State: Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address: City: State: Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: City: State: Zip Code	Amount Guaranteed (\$)	
Principal Occupation (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MICCICHE, DAN (MR.)	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/31/2015	5 Payee name The Pivot Group, Inc.
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6 Amount (\$) \$2,150.00	7 Payee address; City; State; Zip Code 1720 1 St. NW, Suite 550 Washington DC 20006
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing expense	(b) Description (If travel outside of Texas, complete Schedule T) Card printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/23/2015	Payee name Texas Democratic Party
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Amount (\$) \$650.00	Payee address; City; State; Zip Code 505 West 12th Street, Suite 200 Austin TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Voter File	Description (If travel outside of Texas, complete Schedule T) Voter file/data access <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/21/2015	Payee name Wells Fargo
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Amount (\$) \$9.00	Payee address; City; State; Zip Code 9508 Garland Road Dallas TX 75218
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Check fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/30/2015	Payee name U.S. Post Office
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Amount (\$) \$99.00	Payee address; City; State; Zip Code 1351 Buckner Blvd. Dallas TX 75218
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Postage	Description (If travel outside of Texas, complete Schedule T) P.O. box and stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED