

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00000001	<b>2 PAGE #</b> 1 of 4								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                                      Dan	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b> </div> <div style="text-align: center; border: 1px solid black; padding: 5px;">                     Date Received  <span style="font-size: small; color: gray;">RECEIVED BOARD SERVICES DALLAS TX 2013 JAN 14 PM 6:25</span> </div> <div style="text-align: center; border: 1px solid black; padding: 5px;">                     Date Hand-delivered or Date Postmarked                 </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed	Date Imaged				
Receipt #	Amount										
Date Processed	Date Imaged										
NICKNAME                      LAST                      SUFFIX Micciche											
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  1140 Bally Mote Drive Dallas, TX 75218										
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Ms.                                      Sara	NICKNAME                      LAST                      SUFFIX Wahl									
(Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  6434 Malcolm Drvie Dallas, TX 75214										
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  (214) 575-9887	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;"><input checked="" type="checkbox"/> January 15</td> <td style="width:25%; padding: 2px;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%; padding: 2px;"><input type="checkbox"/> Runoff</td> <td style="width:25%; padding: 2px;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> July 15</td> <td style="padding: 2px;"><input type="checkbox"/> 8th day before election</td> <td style="padding: 2px;"><input type="checkbox"/> Exceeded \$500 limit</td> <td style="padding: 2px;"><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>		<input checked="" type="checkbox"/> January 15	<input 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)
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<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)								
<b>8 REPORT TYPE</b>	Month                      Day                      Year                      Month                      Day                      Year  07/01/2012                      THROUGH                      12/31/2012										
<b>9 PERIOD COVERED</b>	ELECTION DATE Month                      Day                      Year 11/06/2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
<b>10 ELECTION</b>	OFFICE HELD (if any) DISD School Trustee District 3	<b>12 OFFICE SOUGHT (if known)</b>									
<b>GO TO PAGE 2</b>											

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

13 C/OH NAME Micciche, Dan (Mr.)

14 ACCOUNT # (Ethics Commission filers)  
00000001

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	600.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	392.55
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	382.25
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,000.00
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17 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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAN Micciche, this the 14<sup>th</sup> day of JANUARY, 2013, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

DELISA PROCTOR

Print name of officer administering oath

Notary Public

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/4	
2 FILER NAME Micciche, Dan (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  07/30/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kids First  6 Contributor address; City; State; Zip Code 4447 North Central Expressway Suite 110 Dallas, TX 75205	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  07/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Outenreath, Alyson (Ms.)  Contributor address; City; State; Zip Code 1140 Bally Mote Drive Dallas, TX 75218	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Professor		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Texas Tech University School of Law			

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/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 form.

<b>1 PAGE #</b> Schedule: 1/1 Report: 4/4		<b>2 FILER NAME</b> Micciche, Dan (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> 00000001	
<b>4 Date</b> 07/30/2012		<b>5 Payee name</b> Internal Revenue Service			
<b>6 Amount (\$)</b> \$69.19		<b>7 Payee address City; State; Zip Code</b> 4050 Alpha Road Farmers Branch, TX 75244			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Tax Payment	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/27/2012		<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$9.00		<b>Payee address City; State; Zip Code</b> 2211 North First Street San Jose, CA 95131			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Credit Card Fee	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 07/30/2012		<b>Payee name</b> Texas Workforce Commission			
<b>Amount (\$)</b> \$311.36		<b>Payee address City; State; Zip Code</b> 3402 North Buckner Blvd., #308 Dallas, TX 75228			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Workforce Commission Payment	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/08/2012		<b>Payee name</b> Wells Fargo			
<b>Amount (\$)</b> \$3.00		<b>Payee address City; State; Zip Code</b> 9508 Garland Rd. Dallas, TX 75218			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Accounting/Banking		<b>Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/></b> Bank Fee	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	