CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages file	d:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MQ . MGGGT. NICKNAME LAST	MI E SUFFIX	OFFICE L	JSE ONLY BO		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	SITY; STATE; ZIP CODE		OARD DALL		
OFFICEHOLDER MAILING ADDRESS Change of Address	2500 BENNETT AV			SERVIC AS ISD		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 571-3018	EXTENSION	Date Hand-delivered o	or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	(C)	Receipt #	Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	-M. SULTE 500	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 957-8387	EXTENSION				
9 REPORT TYPE	January 15 30th day before el		15th day afte treasurer app (Officeholder	ointment		
10 PERIOD COVERED	Month Day Year	THROUGH 7/	Day Year			
11 ELECTION	ELECTION DATE Month Day Year Primary General	Runoff Other Description Special				
12 OFFICE	DAMAS ISD BEARS OF TWIFFES DISTANCE &	13 OFFICE SOUGHT (if known))			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)			
MICON COUS			0000008			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ %			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 100.00					
	4. TOTAL	\$ 2109.00				
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 20,939.54				
OUTSTANDING LOAN TOTALS						
18 AFFIDAVIT						
Dianna Thompson Commission Expires 01-30-2016 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 / SEALABOVE						
Sworn to and subscribed before me, by the said Mguel Sols , this the 15th						
day of July 20_15, to certify which, witness my hand and seal of office.						
Slyming from Durin Thompson notary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
1001	Micro Sons	>	00000008			
4 Date	5 Payee name					
2/11/15 6 Amount (\$)	DMAR NARWEZ	carp and)			
6 Amount (\$)	/ Payee address; City; State; Zip Code					
000.00	PO BOX 190522					
1,000	Druge TX 75219					
8	(a) Category (See categories listed at the top of this schedule)	(b) Description				
PURPOSE	CoveriBarons	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
OF						
EXPENDITURE	MOSE BY					
	CAND DATE					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	ompr narratez	DAMES COUNTY				
Date	Payee name					
2/5/15	AD ON MEDIANO	CAMPAIC	٠.			
Amount (\$)	Payee address; City; State; Zip Code					
	2338 DOUGLAC					
1,000,00	DAWS .TX 75219					
	Category (See categories listed at the top of this schedule)	Description				
PURPOSE	Coron Buttery	Check if travel outside of Texas, complete Schedule T				
OF EXPENDITURE	MADE Q7	Check if Austin,	Check if Austin, TX, officeholder living expense			
	Carol SATE					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	som morare	Con Con	n City Come			
Date	Payee name					
	•					
Amount (\$)	Payee address; City; State; Zip Code					
	•					
	Octobra 100 control 100 contro	T				
DUDD C T	Category (See categories listed at the top of this schedule)	Description Charles it travels	autoido of Tours			
PURPOSE OF			putside of Texas, complete Schedule T			
EXPENDITURE		Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH		C.,,CS GOUGHT	Office field			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						