

# 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 filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Joyce Foreman</i>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3701 Junius, D001 Dallas, TX 75232</i>		
	AREA CODE PHONE NUMBER EXTENSION <i>(214) 372-1331</i>	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	RECEIVED BOARD SERVICES DALLAS TX SD		
	MS / MRS / MR FIRST MI <i>Ester Davis</i>	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	Date Processed		
	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2201 Mullemore Dallas, TX 75216</i>		
	AREA CODE PHONE NUMBER EXTENSION <i>(214) 376-9000</i>		
8 CAMPAIGN TREASURER PHONE	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 <i>1 / 16 / 17    3 / 27 / 17</i>		
	11 ELECTION		ELECTION TYPE
ELECTION DATE Month Day Year <i>/ /</i>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)	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 Joyce Foreman 15 Filer ID (Ethics Commission Filers)

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

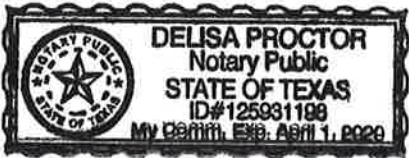
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9878
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9878
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Joyce Foreman  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOYCE FOREMAN, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.

Delisa Proctor Signature of officer administering oath  
DELISA PROCTOR Printed name of officer administering oath  
NOTARY Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Joyce Foreman*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/4/17*

5 Full name of contributor

*Jeff Mason*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*100.00*

6 Contributor address;

City; State; Zip Code

*517 Palo Duro De Soto, TX 75115*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/4/17*

Full name of contributor

*Albert Block*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*500.00*

Contributor address;

City; State; Zip Code

*751 Kessler Dallas 75208*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/4/17*

Full name of contributor

*Michael Williams*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*750.00*

Contributor address;

City; State; Zip Code

*1111 Mockingbird Dallas*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/4/17*

Full name of contributor

*Mary Ann Climer*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*100.00*

Contributor address;

City; State; Zip Code

*1322 Rainbow Drive Dallas 75208*

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda Fields</i> 6 Contributor address; City; State; Zip Code <i>7716 Kaywood Dallas 75209</i>	7 Amount of contribution (\$) <i>200.<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bernice Washington</i> Contributor address; City; State; Zip Code <i>4359 Highlander Dallas 75287</i>	Amount of contribution (\$) <i>100.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Graham</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>200.<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charmaine + Duane Spencer</i> Contributor address; City; State; Zip Code <i>405 N. Balfour Cedar Hill 75104</i>	Amount of contribution (\$) <i>150.<sup>00</sup></i>
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.		

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1 Total pages Schedule A1:

2 FILER NAME

*Joyce Foreman*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/13*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Michael + Jacquelyn Osborne*

6 Contributor address;

City; State; Zip Code

*628 Spacewood De Soto 75115*

7 Amount of contribution (\$)

*50.<sup>00</sup>*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/13*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Randy Luster*

Contributor address;

City; State; Zip Code

*3843 Belton Dallas 75287*

Amount of contribution (\$)

*100.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/13*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Jeff Mason*

Contributor address;

City; State; Zip Code

*517 Palo Duro De Soto, TX 75115*

Amount of contribution (\$)

*100.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/13*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Ruel Hamilton*

Contributor address;

City; State; Zip Code

*325 N. St Paul Dallas 75201*

Amount of contribution (\$)

*5000.<sup>00</sup>*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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1 Total pages Schedule A1:

2 FILER NAME

*Joyce Foreman*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/13*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*F. Eugene Mayo*

7 Amount of contribution (\$)

*150.<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*P.O. Box 801352 Dallas 75280*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/13*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Sarah L. Weir*

Amount of contribution (\$)

*100.<sup>00</sup>*

Contributor address; City; State; Zip Code

*431 Wintergreen Resata 75715*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/13*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Carl Shields*

Amount of contribution (\$)

*200.<sup>00</sup>*

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/13*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Sam Bates*

Amount of contribution (\$)

*50.<sup>00</sup>*

Contributor address; City; State; Zip Code

*P.O. Box 150042 75315*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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