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 / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
	Foreman		DAR		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O. Box DOOL 3701 Junus	STATE; ZIP CODE	Date Hand-delivered or Postmärked		
change of address	Dallas jugar 75	246	Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 372-1331	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Date Imaged		
NAME	NICKNAME LAST	SUFFIX			
	Daris				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#; 2204 Millemore Wallas, 1 ex as 75:	CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 376-9000	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 [imit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year O 4/11/14 THROUGH	Month Day //	Year Y		
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff G	eneral Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (#known)			
		Board M Dulles IS	Doist 6		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	· Fore	man	15 ACCOUNT # (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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3390 00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		IIZED \$	
	4. TOTAL POLITICAL EXPENDITURES \$ 2700.02			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 2700.02 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 689.98			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y 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. Commission Expires 01-30-2016 Apr Ce Toruman				
		Signature of Cano	lidate or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said				
day	of Nay	, 20 , to certify which, witness m	y hand and seal of office.	
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administration at the	
		Salimentally State	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A;
2 FILER NAME	yce Foreman		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	Full name of contributorout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/10/14	6 Contributor address; City; State; Zip Code		100.00	1
	Dallas, Texas 7523	L		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/14	Contributor address; City; State; Zip Code 36/1 Hopelbur		25000	
•	Dallas, Terfus 750	729	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Fyll name of contributor 🗆 out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/14	Contributor address City: State: Zip Code 1211 Creek Fork		2000	
Dringing agour	Dollas, Terfas	75230		of Texas, complete Schedule T)
- Timelpai occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Lacquelyn + Muchael	Osborn	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/14	Contributor address; City; State; Zip Code		50.	
	De Sotto, Texas 75/18		(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC(ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/14	Contributor address; City; State; Zip Code		100 00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A:		
2 FILER NAME	YCE FOREMAN		3 ACCOUNT # (E	Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#_CLASSMANN) Multur Sp. 4 Duant Spencer Contributor address; City; State; Zip Code 405 North Balfour	encer Druie	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)		
	Cedar Hell, TX 75/0	4	(If travel outside	of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or revide, complete contended in		
Date	Full name of contributor out-of-state PAC (ID#_Carallely, Muy) Contributor address; City; State, Zip Cade		Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/13/14	5836 Mc Shann Ru	ad	25.00			
	Dallos, Teyas 752	130	(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/15/14	Contributor address; City; State; Zip Code		100.00			
	Dalles, Terfus 7523	32	(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/15/14	Contributor address; City; State, Zip doge		200.00			
	Mesquite, Terfas 75	181	(If travel outside of	of Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/15/14	Contributor address; City; State; Zip Code		5/5.00	Listings Filtreal of Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See II		, roxao, complete ochequie 1)		
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T	ATEGORIES FOR BC alaries/Wages/Contract Lab olicitation/Fundraising Exper ravel In District ravel Out Of District ffice Overhead/Rental Exper coplains how to complete	or Loan Repaym nse Transportation Contributions/ Candidate/ ense OTHER (enter	ent/Reimbursement n Equipment & Related Expense Donations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	non		OUNT # (Ethics Commission Filers)
4 Date 4/14	Fast Segns			
341,40	7 Payee address; City; State; 3107 Camp W	Zip Gode	alles, Tex	va 752 37
8 PURPOSE OF	(a) Category (See categories listed at the top of the	his schedule) (b) Desc	cription (If travel outside o	f Texas, complete Schedule T)
EXPENDITURE	advertising exper	ises		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder hame	Office	e sought	Office held
Date 4/7/14	Payee name USPS			
300,10	Payee address; City; State; 401 DFW TPKE Dallas, Terfus 75			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the mailing	nis schedule) Desc	cription (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought	Office held
Date 4/9/14	Payee name USPS			
389.67	Payee address; City; State; 40/DFWTPKE Dallas, Terfus 7.	Zip Code		
PURPOSE OF	Category (See categories listed at the top of the	is schedule) Desc	cription (If travel outside of	Texas, complete Schedule T)
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Date 4/15/14	Payee name USPS			
Amount (\$)	Payee address; City; State;	Zip Code		
100.00	Dallos, Terfus	75260		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Other Mailen	is schedule) Descr	ription (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

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	EXPENDITUR	E CATEGORIES FOR BOX 8(51	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	PAG-20	i
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Loan Repayment/Rei	
Consulting Expense	Food/Beverage Expense	Travel In District	Transportation Equip	ment & Related Expense
Event Expense	Polling Expense		Contributions/Donatio	ons Made By
Feas		Travel Out Of District		iolder/Political Committee
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
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Event Expense	Polling Expense	Travel In District Travel Out Of District	,	Candidate/Officeho	s made by der/Political Committee
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