

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: <div style="font-size: 2em; text-align: center;">9</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | (MS) / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Joyce</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Foreman</div> | OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em;">2014 APR 10 11 50 AM</div> 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 <div style="font-size: 1.2em;">P. O. Box D001 3701 Junnie Dallas, TX 75246</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 372-1331</div> | | |
| 6 CAMPAIGN TREASURER NAME | (MS) / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Ester</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Lauri</div> | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">2204 Mullermore Dallas TX 75216</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(214) 376-9000</div> | | |
| 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 <div style="font-size: 1.2em;">02 / 01 / 14 THROUGH 04 / 10 / 14</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="font-size: 1.2em;">5 / 10 / 14</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Board member Dallas ISD District 6</div> | |
| GOTO PAGE 2 | | | |

RECEIVED
BOARD SERVICES
DALLAS ISD

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Joyce Foreman

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

GENERAL

SPECIFIC

COMMITTEE NAME

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)

\$ 3650.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3113.91

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 536.09

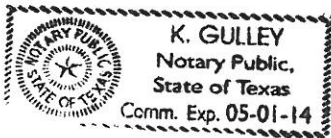
OUTSTANDING LOAN TOTALS

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 10th day of April, 20 14, to certify which, witness my hand and seal of office.

K. Gulley
Signature of officer administering oath

K. Gulley
Printed name of officer administering oath

Notary Coordinator
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Joyce Foreman

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/14/14

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

Merideth Starr

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*6525 Bandera 75225
Dallas, TX*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/14/14

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

Wanda Huckaby

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5147 Clover Haven 75227
Dallas, TX*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/14

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

James Graham

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4905 Radbrook
Dallas, TX 75220*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/14

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

Bernice Washington

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4359 Highlanders Drive
Dallas, TX 75287*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/14

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

Gloria Johnson

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4910 Clear Creek Drive
Dallas, TX 75232*

(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: 5 | |
| 2 FILER NAME <i>Joyce Foreman</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>2/27/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kyle Renard</i> | 7 Amount of contribution (\$) <i>500⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>11239 Sheberwood Dallas, TX 75229</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>3/2/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Mays</i> | Amount of contribution (\$) <i>100⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>4212 Osborn Dallas, TX 75227</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>3/2/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Gwyn</i> | Amount of contribution (\$) <i>100⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>320 Univ. Park Lane Irving, TX 75062</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>3/2/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sam Coats</i> | Amount of contribution (\$) <i>100.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>26 Ryddington Place Dallas, TX 75230</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>3/5/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sherley Moore</i> | Amount of contribution (\$) <i>100.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>408 Golden Meadow De Soto, TX 75115</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

Guyre Foreman

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/5/14

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

Victor Elmire

7 Amount of contribution (\$)

150⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*6823 Braddock
Dallas, TX 75232*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/6/14

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

Marsha Evans

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5218 Alec
Garland, TX 75043*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/14

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

Deane Burdwell

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5708 Meadowick Lane
Dallas, TX 75227*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/14

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

Jean Sims

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*7021 Hedgebrook
Dallas, TX 75249*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/14

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

Kenneth Parker

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*100 Circle Creek
Mesito, TX 75119*

(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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 5 | |
| 2 FILER NAME <i>Joyce Foreman</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>3/15/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Renauld Smith</i> | 7 Amount of contribution (\$) <i>50.00</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>2204 Eaglesham Olney, MD 20832</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>3/15/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>W Elliott Stephenson</i> | Amount of contribution (\$) <i>250.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>903 Lazy Grove Cedar Hill, TX 75104</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>3/15/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>L. A. Mitchell</i> | Amount of contribution (\$) <i>200.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 398586 Dallas, TX 75339</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>4/6/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stanley Mays</i> | Amount of contribution (\$) <i>200.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>4212 Osborn Dallas, TX 75227</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>4/6/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raymond Basye</i> | Amount of contribution (\$) <i>100.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>P.O. Box 671164 Dallas, TX 75367</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 5 | |
| 2 FILER NAME <i>Joyce Foreman</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>4/6/14</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Anderson</i> | 7 Amount of contribution (\$) <i>50⁰⁰</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>1559 Bar Harbor Dallas, TX 75232</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>4/6/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harriette Ehrhardt</i> | Amount of contribution (\$) <i>100⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>5731 Swiss Dallas, TX 75214</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>4/6/14</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Price</i> | Amount of contribution (\$) <i>500⁰⁰</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>610 Fifth Dallas, TX 75208</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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 | 2 FILER NAME <i>Joyce Foreman</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------|--|

| | |
|--------------------------|-------------------------------------|
| 4 Date <i>3-11-14</i> | 5 Payee name <i>Ed Valentine</i> |
|--------------------------|-------------------------------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) <i>514.40</i> | 7 Payee address; City; State; Zip Code <i>2344 Farrington Dallas, TX 75207</i> |
|--------------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Consulting</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------|
| Date <i>2/14/14</i> | Payee name <i>USPS</i> |
|------------------------|---------------------------|

| | |
|---------------------------------------|---|
| Amount (\$) <i>60⁰⁰</i> | Payee address; City; State; Zip Code <i>3701 Junies Dallas, TX 75246</i> |
|---------------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>other - mailing</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------------|-------------------------------|
| Date <i>3/4/14</i> | Payee name <i>Big Bang</i> |
|-----------------------|-------------------------------|

| | |
|---|--|
| Amount (\$) <i>1500⁰⁰</i> | Payee address; City; State; Zip Code <i>1800 Jason Drive Denton, TX 76205</i> |
|---|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Printing</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-----------------------|-------------------------------|
| Date <i>3/5/14</i> | Payee name <i>Big Lots</i> |
|-----------------------|-------------------------------|

| | |
|----------------------------|---|
| Amount (\$) <i>8.23</i> | Payee address; City; State; Zip Code <i>2550 W Red Bird Dallas, TX 75237</i> |
|----------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Office</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 2 FILER NAME <i>Joyce Foreman</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------|--|

| | |
|--------------------------|-----------------------------------|
| 4 Date 3-23-14 | 5 Payee name <i>Office Max</i> |
|--------------------------|-----------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) 53.68 | 7 Payee address; City; State; Zip Code <i>3728 W. Wheatland Dallas, TX 75237</i> |
|-------------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>office</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

| | | | |
|---|---|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Joyce Foreman</i> | Office sought | Office held |
|---|---|---------------|-------------|

| | |
|------------------------|---------------------------|
| Date 3/24/14 | Payee name USPS |
|------------------------|---------------------------|

| | |
|-----------------------------|---|
| Amount (\$) 19.60 | Payee address; City; State; Zip Code <i>3701 Junius Dallas, TX 75246</i> |
|-----------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>other - mailing</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------|
| Date 3/28/14 | Payee name USPS |
|------------------------|---------------------------|

| | |
|------------------------------|--|
| Amount (\$) 520.00 | Payee address; City; State; Zip Code <i>401 DFW Tpke Dallas, TX 75260</i> |
|------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>other - mailing</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------|
| Date 3/31/14 | Payee name USPS |
|------------------------|---------------------------|

| | |
|------------------------------|--|
| Amount (\$) 438.00 | Payee address; City; State; Zip Code <i>401 DFW Tpke Dallas, TX 75260</i> |
|------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>other - mailing</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED