CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE NAME	R MS/MRS/MR FIRST	MI	OFFICE USE ONLY
IVAIVIL	NICKNAME J. LAST	SUFFIX	Date Received 2014
	Foreman		DAN DAN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY; Bay DOO! 3701 Dimie	STATE; ZIP CODE	Date Hand-delivered or Postmerked
change of address	Dallas, TX 7520	46	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS MRS / MR FIRST	MI	Date Imaged
NAME	NICKNAME LAST		
	laui		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 2204 Millermore Dallaz TX 752/6	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
	July 15 8th day before election	Exceeded \$500 limit	(officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02/01/14 THROUGH	Month Day 0 4/10/	Year 14
11 ELECTION	ELECTION DATE Day Year Primary	Runoff o	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Board Nallas I	member. SD District 6
	GO TO PAG	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

701	u 7	Toreman	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 OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
-	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	GENERAL				
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3650.00			
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	MIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 3/13. 91					
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 3/13. 9/ 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 536. 9/					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF YOF THE REPORTING PERIOD	THE \$			
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. K. GULLEY Notary Public, State of Texas Comm. Exp. 05-01-14 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Joyce Foreman, this the						
day of Corul, 20 17, to certify which, witness my hand and seal of office.						
Hulley K. Gulley Tolan Coordinator						
Signature of officer administering bath Printed name of officer administering oath T(tle of officer administering oath						

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
Ja	race Foreman		,	
4 Date	Full name of contributor out-of-state PAC (ID#:_)	7 Amount of	8 In-kind contribution
	merideth starr		contribution (\$)	description (if applicable)
2/14/14	6 Contributor address; City; State; Zip Code 6525 Bandra 75		25.00	1
•	6525 Bandera 75	445		
	Dalles, TX		(If travel outside	of Toyon, complete Schodule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
3 Trincipal occu	pation 7 000 title (Ode Mandellong)	10 Employer (See	mandenons)	
Date	Full name of contributor	1	A	I - 13 - 1 1 1 - 1 - 1
Date	Full name of contributor out-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 .1 .	Wanda Huckary			
2/14/14	Contributor address; City; State; Zip Code			
1.1/11	5147 Clover Haven	75227	100.00	
	Dallas TX		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rozaci, complete conteduc ()
Date	Full name of contributor put-of-state PAC (ID#:)	Amount of	In-kind contribution
	Vames Graham		contribution (\$)	description (if applicable)
2/2/1/1	contributor address; City; State; Zip Code		_ 00	
2124/14	4905 Radbrok		500.80	
(' / '	Thomas	. 		
	valles, 1x 7	5220	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution
, ,	Gernice Washington	٠	Contribution (\$)	description (if applicable)
1/20/11	Contributor address; City; State; Zip Code		20000	
904/14	4359 Highlander D	rue	200	
	0110 = 75 200			
	Wills, 1 x 13 781		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
				441
Date	Full name of contributor out-of-state PAC(ID#:)	Amount of	In-kind contribution
72.00	Glassi Oalin son		contribution (\$)	description (if applicable)
0/21/11	Contributor address City; State; Zip Code		1	
2/24/14	16910 CO 60	mie	50000	
/ /	7 110 cetto Chere 10			
	Dallas, TX 75-23 2	8 10	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:				
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)			
So	vice toreman						
4 Date	Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution			
	Kyle Renard		contribution (\$)	description (if applicable)			
2/27/14	6 Contributor address; City; State; Zip Code 11239 Sheberwood		50000				
	Dallas, TX 75229		(If travel outside	of Texas, complete Schedule T)			
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution			
. / / /	Pat Mays		contribution (\$)	description (if applicable)			
3/2/14	Contributor address; City; State; Zip Code		10.00				
, , ,	4212 Osborn		10000				
	Dalles, TX 75227						
	L			of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)				
5-4-	Full name of contributor out-of-state PAC (ID#:_	1	Amount of	In-kind contribution			
Date	V -1 4		contribution (\$)	description (if applicable)			
-111	Jenneth Dugn			ľ			
3/2/14	Contributor address; City; State; Zip Code	ا	10000				
' ' '	300 Will Tarrender		100-	l F			
	Levery, TX 7506	2	(If travel outside	of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)				
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Sam Coats		Contribution (\$)	description (ii applicable)			
ala lul.	Contributor address; City; State; Zip Code	2-					
١٩١١٤	26 Ryddington K	lace	100.00				
' '	0.008 - 75220	100					
D. i. i. i.	Dalle, X 13230	Employer (See I		of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See 1	ristructions)				
Date	Full game of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution			
Date	70 00 000		contribution (\$)	description (if applicable)			
111	shirtly Moore						
3/5/14	Contributor address City; State; Zip Code	dan	100.00	1. [
-1-1	To Social Med	ecen	100.				
	Medato TX 75/1	5	(If travel outside	l of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							

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SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:			
2 FILER NAME	Juge Foreman		3 ACCOUNT # (E	ethics Commission Filers)	
4 Date	5 Foll name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/5/14	6 Contributor address City; State; Zip Code 6823 Staddo W		15000		
	Dallas, TX 15232		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	nation / Job title (See Instructions)	10 Employer (See			
Date	Full name of contributor Gout-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/6/14	Contributor address; City; State; Zip Code		2500		
	Sarland, TX 7504	3	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/11/14	Contributor address; City; State; Zip Code 5708 Meadowick	Lane	5000		
	Nalles, TX 75227		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/12/14	Contributor address; City; State; Zin Code 70 21 Hedge brook		10000		
	Dallas, TX 75249		(If travel outside o	of Texas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/15/14	Contributor address; City; State; Zip Code		10000		
•	Nesato, TX 75/19		(If travel outside o	of Texas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See II			

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:				
			3 ACCOUNT # (Ethics Commission Filers)				
2 FILER NAME	by ce Foreman		3 ACCOUNT# (E	tinics Commission Filers)			
4 Date	Full name of contributor out-of-state PAC(ID#:)	7 Amount of	8 In-kind contribution			
	Read of the		contribution (\$)	description (if applicable)			
2/1	Chauca onion		20	I			
3/15/14	6 Contributor address; City; State; Zip Code 2204 Caglesham		50.	İ			
,	Olney, MD 20832	-	(If travel outside	of Texas, complete Schedule T)			
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution			
	1600 14 14.0		contribution (\$)	description (if applicable)			
11.	W Cluste Stephenson	<u>ی</u>					
3/15/14	Contributor address; City; State; Zip Code		200				
71911	903 Lazy Grove		25000				
				ı I			
	Cedar Hill TX 7510	4	(If travel outside	of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I					
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution			
	4 a mit 1,000		contribution (\$)	description (if applicable)			
, ,	a.a. muche			1			
3/15/14	Contributor address; City; State; Zip Code		00				
5/15/17	L. a. mutchell Contributor address; City; State; Zip Code P. O. Bey 398586		20000				
/	Dallas TX 75339						
	Naccus, 1 x 13 = 5/		(If travel outside	of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution			
	Starley mays		contribution (\$)	description (if applicable)			
./ /	A Caro			I			
4/6/14	Contributor address; City; State; Zip Code		00.00	1			
9 0/17	42/2 Oshori		20000				
	Dullas TX 752	27					
Dississississis				of Texas, complete Schedule T)			
Principal occup	pation / Job title (See Instructions)	Employer (See I	mstructions)				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Kaymond Basue		- σοπαποατίστη (φ)	(ii applicable)			
11 11	Contributor address; City; State; Zp Code		00				
4/6/14	D.D. BOW (24)		100.00				
4 7	10.1307 611164			1			
28	Dallas, TX 75367		(If travel outside	of Texas, complete Schedule T)			
Principal occur	pation / Job title (See Instructions)	Employer (See I		or roxas, complete soliculie 1)			
		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·				

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4/6/14	Lee anderson 6 Contributor address; City; State; Zip Code 1559 Bar Harbon		24		
1/4/17			50	 	
	Dallas, TX 25232	•	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution	
17.	Harriste Ehrhard	t	contribution (\$)	description (if applicable)	
4/6/14	Contributor address; City; State; Zip Code		10000		
1 (' '	5 731 Auuss		100 -		
	Dallas, TX 75214		(If traval autaida	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)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	John Price		(*/	,	
4/6/14	Contributor address; City; State; Zip Code		50000		
	Dallas, TX 75208	?	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
70				1	
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor 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 occup	pation / Job title (See Instructions)	Employer (See I		,	
		L			

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POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Travel In District Concepting Expense Travel Out Of District			an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)	
	The Instruction Guide ex	plains how to	complete this form.		
1 Total pages Schedule F:	2 FIDER NAME Joren	can		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-11-14	5/Jayge name Valentine	J			
5 14.40	7 Payee address: City; State; 2344 Farrington Dallas, TX 75	Zip Code			
8 PURPOSE OF	(a) Category (See categories listed at the top of the	his schedule)	(b) Description (If tr	avel outside of Texas, complete Schedule T)	
EXPENDITURE	consulting				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office held	
Date 2/14/14	Payee name USPS				
Amount (\$)	Payee address; City; State;	Zip Code			
6000	Dallas, TX 7524	46			
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	10 the mail is				
	outer- maring	<u> </u>			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name // H		Office sought	Office held	
Date	Payee name				
3/4/14	Big Bang				
Amount (\$)	Payee address; City; State;	Zip Code			
1500 €	Dentor, TX 7620	05			
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printina				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Data T	Pavee name				
3/5-/14	Big Lats				
Amount (\$)	Payer address; City; State;	Zip Code	70.50		
8.23	2550 W Red Bur	·L 3 7			
PURPOSE	Category (See categories listed at the top of th	is schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office		,		
Complete ONLY if direct expenditure to benefit C/C	Ognelidate / Officeholder name OH		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Glft/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra			payment/Reimbursement tation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District			Contributions/Donations	Made By	
Event Expense Fees	Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental				der/Political Committee	
rees	Printing Expense The Instruction Guid		- 53	OTHER (enter a catego orm.	ory not listed above)	
1 Total pages Schedule F:	2 FILER NAME 7			3 ACCOUNT # (E	thics Commission Filers)	
	for fores	nan				
3-23-14	office may	,				
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code				
53.68	Dallas, TX 75	237				
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, con	mplete Schedule T)	
OF EXPENDITURE	office					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C) Of hadidate / Officeholder name		Office sough	ht	Office held	
3/24/14	Payee name USPS					
Amount (\$)	Payee address: City; St	tate; Zip Code				
19.60	3701 Junius	//				
17.00	Dallas, 1x 7	5246				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas, cor	nplete Schedule T)	
OF EXPENDITURE	other-mailing	_				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt	Office held	
3/28/14	Payee name USPS	1 1000000000000000000000000000000000000				
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
F2000	401 DFW TAKE					
520	Dalla TX 252	60				
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, cor	nplete Schedule T)	
OF EXPENDITURE	other - mails	ng				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	0	Office sough	nt	Office held	
Date 3/31/14	Payee name					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
1/3800	401 DFW TOKE					
450.	Wallas Tr 7526	0				
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, con	nplete Schedule T)	
OF EXPENDITURE	other-maile	ng				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULEAS	NEEDED		