

# 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:

~~11~~ 12

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Patrick Fallon  
Pat

OFFICE USE ONLY

Date Received

RECEIVED

APR 30 2009

City Secretary's Office

Date Hand-delivered or Date Postmarked

EB: 4:36pm

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5647 Buena Vista Dr. Frisco, TX  
75034

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 507-4861

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Kayla McKenmon

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5868 Noble Oak Ln. Frisco, TX 75034

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 769-6296

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 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

THROUGH

Month Day Year

4 / 3 / 09

4 / 30 / 09

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

5 / 9 / 09

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Frisco City Council, Place 3

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Fallon, Pat (Mr)

16 ACCOUNT # (Ethics Commission Filers)

17 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

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3567.33

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 18,943.26

CONTRIBUTION  
BALANCE

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

\$ 1370.00

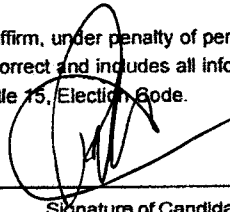
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pat Fallon, this the 30th day of April, 2009, to certify which, witness my hand and seal of office.



Signature of officer administering oath

M. Estela Barroza

Printed name of officer administering oath

St. Admin Assist

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:

1/3

2 FILER NAME

Fallon, Pat (Mrs.)

3 ACCOUNT # (Ethics Commission file)

4 Date

4/3/09

5 Full name of contributor

Debbie & Bob Clark

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

41 Tranquil Pond Dr. FRISCO, TX 75034

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

Dinner & refreshments

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/8/09

Full name of contributor

Katrina Natland

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1242 Timber Ln. FRISCO, TX 75034

Amount of contribution (\$)

135.00

In-kind contribution description (if applicable)

Snacks & refreshments

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/09

Full name of contributor

Craig Allen

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

13439 Torrington Dr. FRISCO, TX 75034

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Sandwiches & refreshments

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/09

Full name of contributor

Chuck Hanebuth

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

7254 Bay Hill Dr. FRISCO, TX 75034

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Dinner & refreshments

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/09

Full name of contributor

~~Mr. & Mrs.~~ Jim Larkin

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

5115 Kiowa Dr. FRISCO, TX 75034

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Snacks & refreshments

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM 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:

2/3

2 FILER NAME

Fallon, Pat (Mr.)

3 ACCOUNT # (Ethics Commission filer)

4 Date

4/26/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Carol & Patrick Brophy

6 Contributor address; City; State; Zip Code

4665 Builmore Frisco, TX 75034

7 Amount of contribution (\$)

135.00

8 In-kind contribution description (if applicable)

Dinner & refreshments

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/09

Full name of contributor

☐ out-of-state PAC (ID#)

David Coates

Contributor address; City; State; Zip Code

5017 Adolphus Dr. Frisco, TX 75034

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Snacks & refreshments

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/09

Full name of contributor

☐ out-of-state PAC (ID#)

Tim Haake

Contributor address; City; State; Zip Code

1301 K Street Frisco, TX 75034

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/09

Full name of contributor

☐ out-of-state PAC (ID#)

Howard & Kathy Rosenberg

Contributor address; City; State; Zip Code

5526 Stone Canyon Dr. Frisco, TX 75034

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/09

Full name of contributor

☐ out-of-state PAC (ID#)

Michael & Linda Woods

Contributor address; City; State; Zip Code

7091 Glen Abbey Ct. Frisco, TX 75034

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM 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: **3/3**

2 FILER NAME **Fallon, Pat (Mr.)**

3 ACCOUNT # (Ethics Commission filers)

4 Date **4/4/09** 5 Full name of contributor **Derek & Crystal Smith** ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$) **400.00** 8 In-kind contribution description (if applicable) **Ink & Printing of T-Shirts**

6 Contributor address; City; State; Zip Code **281 Stephanie Ln. Prosper, TX 75078**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **4/10/09** Full name of contributor **Kevin & Donna Gardner** ☐ out-of-state PAC (ID#)

Amount of contribution (\$) **475.00** In-kind contribution description (if applicable) **Auto Decals**

Contributor address; City; State; Zip Code **4300 Wilay Post Addison, TX 75001**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/12/09** Full name of contributor **Robert & Marilyn Hill** ☐ out-of-state PAC (ID#)

Amount of contribution (\$) **162.33** In-kind contribution description (if applicable) **Ink Cartridges**

Contributor address; City; State; Zip Code **5397 Spicewood Frisco, TX 75034**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/23/09** Full name of contributor **Manish & Sangita Patel** ☐ out-of-state PAC (ID#)

Amount of contribution (\$) **450.00** In-kind contribution description (if applicable) **Campaign handouts**

Contributor address; City; State; Zip Code **271 Sheila Ave Plano, TX 75094**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/15/09** Full name of contributor **Chuck & Carol Hanenbath** ☐ out-of-state PAC (ID#)

Amount of contribution (\$) **330.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code **7254 Bayhill Dr. Frisco, TX 75034**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|                                                           |                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. |                                                                                                                                                                                                                                                                                                                                | 1 Total pages Schedule G <b>1/7</b>                                                                                       |
| 2 FILER NAME <b>Fallon, Pat (Mr.)</b>                     |                                                                                                                                                                                                                                                                                                                                | 3 ACCOUNT # (Ethics Commission filers)                                                                                    |
| 4 Date<br><b>4/20/09</b>                                  | 5 Payee name<br><b>Sudden Impact</b><br>6 Payee address; City; State; Zip Code<br><b>12285 Bethel Dr. Frisco, TX 75034</b><br>7 Purpose of expenditure (See instructions regarding type of information required.)<br><b>(If travel outside of Texas, complete Schedule T)</b>                                                  | 8 Amount (\$)<br><b>748.28</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date<br><b>4/27/09</b>                                    | Payee name<br><b>Brittany H. Byrd</b><br>Payee address; City; State; Zip Code<br><b>110 Millers Ave. Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>reimbursement for stamps from Post Office</b><br><b>(If travel outside of Texas, complete Schedule T)</b> | Amount (\$)<br><b>100.80</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| Date<br><b>4/27/09</b>                                    | Payee name<br><b>Kroger</b><br>Payee address; City; State; Zip Code<br><b>4851 Legacy Dr. Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Supplies for volunteers @ polling sites</b><br><b>(If travel outside of Texas, complete Schedule T)</b>              | Amount (\$)<br><b>52.38</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |
| Date<br><b>4/27/09</b>                                    | Payee name<br><b>Amik Kopy</b><br>Payee address; City; State; Zip Code<br><b>3411 Preston Rd, STE C-13 Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign Hand Copies</b><br><b>(If travel outside of Texas, complete Schedule T)</b>                    | Amount (\$)<br><b>27.06</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |
| Date<br><b>4/27/09</b>                                    | Payee name<br><b>American Cancer Society</b><br>Payee address; City; State; Zip Code<br><b>8900 Carpenter Fwy Dallas, TX 75247</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Donation for Silver Dollar Ball</b><br><b>(If travel outside of Texas, complete Schedule T)</b>  | Amount (\$)<br><b>750.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                                        |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. |                                                                                                                                                                                                                                                                                                                | 1 Total pages Schedule G: <b>2/7</b>                                                                                   |
| 2 FILER NAME: <b>Fallon, Pat (Mr.)</b>                    |                                                                                                                                                                                                                                                                                                                | 3 ACCOUNT # (Ethics Commission filers)                                                                                 |
| 4 Date: <b>4/22/09</b>                                    | 5 Payee name: <b>Post Master</b><br>6 Payee address; City; State; Zip Code: <b>8700 Stonebrook Pkwy Frisco, TX 75034</b><br>7 Purpose of expenditure (See instructions regarding type of information required.)<br><b>Bulk mail-out - Thank you cards</b><br>(If travel outside of Texas, complete Schedule T) | 8 Amount (\$): <b>57.79</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date: <b>4/20/09</b>                                      | Payee name: <b>Suvern Impact</b><br>Payee address; City; State; Zip Code: <b>2285 Bethel Dr. Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign yard signs &amp; frame</b><br>(If travel outside of Texas, complete Schedule T)          | Amount (\$): <b>3732.81</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date: <b>4/16/09</b>                                      | Payee name: <b>Stades</b><br>Payee address; City; State; Zip Code: <b>3333 Preston Rd Frisco, TX 75035</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Labels for Mail-outs</b><br>(If travel outside of Texas, complete Schedule T)                            | Amount (\$): <b>25.96</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| Date: <b>4/22/09</b>                                      | Payee name: <b>Print Place</b><br>Payee address; City; State; Zip Code: <b>1130 Avenue H East Arlington, TX 76011</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign handouts &amp; Mail outs</b><br>(If travel outside of Texas, complete Schedule T)    | Amount (\$): <b>2750.97</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date: <b>4/22/09</b>                                      | Payee name: <b>Print Place</b><br>Payee address; City; State; Zip Code: <b>1130 Avenue H East Arlington, TX 76011</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign handouts</b><br>(If travel outside of Texas, complete Schedule T)                    | Amount (\$): <b>593.39</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|                                                           |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. |                                                                                                                                                                                                                                                                                                                                              | 1 Total pages Schedule G: <b>3/10</b>                                                                                  |
| 2 FILER NAME: <b>Fallon, Pat (Mr.)</b>                    |                                                                                                                                                                                                                                                                                                                                              | 3 ACCOUNT # (Ethics Commission filers)                                                                                 |
| 4 Date: <b>4/13/09</b>                                    | 5 Payee name: <b>Mike Fisher</b><br>6 Payee address; City; State; Zip Code: <b>1219 Shady Brook Frisco, TX 75034</b><br>7 Purpose of expenditure (See instructions regarding type of information required.)<br><b>Reimbursement for copies @ Kim's Copy</b><br>(If travel outside of Texas, complete Schedule T)                             | 8 Amount (\$): <b>56.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date: <b>4/7/09</b>                                       | Payee name: <b>City of Frisco - Parks &amp; Rec. Department</b><br>Payee address; City; State; Zip Code: <b>5828 Nam / Jane Ln. Frisco, TX 75035</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Frisco Commons Park Pavilion Rental</b><br>(If travel outside of Texas, complete Schedule T) | Amount (\$): <b>100.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  |
| Date: <b>4/13/09</b>                                      | Payee name: <b>City of Frisco</b><br>Payee address; City; State; Zip Code: <b>6101 Frisco Square Blvd Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Temporary Health Permit for picnic event</b><br>(If travel outside of Texas, complete Schedule T)                      | Amount (\$): <b>50.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   |
| Date: <b>4/14/09</b>                                      | Payee name: <b>Stucklen Impact</b><br>Payee address; City; State; Zip Code: <b>12235 Bethel Dr. Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Name badges for volunteers</b><br>(If travel outside of Texas, complete Schedule T)                                          | Amount (\$): <b>402.95</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  |
| Date: <b>4/22/09</b>                                      | Payee name: <b>Marilyn Hill</b><br>Payee address; City; State; Zip Code: <b>5397 Spicewood Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Reimbursement for Easter picnic supplies</b><br>(If travel outside of Texas, complete Schedule T)                                 | Amount (\$): <b>187.03</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

|                                                           |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. |                                                                                                                                                                                                                                                                                                                                          | 1 Total pages Schedule G: <b>4/8</b>                                                                                     |
| 2 FILER NAME: <b>Fallon, Pat (Mr.)</b>                    |                                                                                                                                                                                                                                                                                                                                          | 3 ACCOUNT # (Ethics Commission filers)                                                                                   |
| 4 Date: <b>4/23/09</b>                                    | 5 Payee name: <b>Print Place</b><br>6 Payee address; City; State; Zip Code: <b>1130 Avenue H East Arlington, TX 76011</b><br>7 Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign hand outs</b><br>(If travel outside of Texas, complete Schedule T)                                       | 8 Amount (\$): <b>1650.26</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 4/23/09                                                   | Payee name: <b>Print Kopy</b><br>Payee address; City; State; Zip Code: <b>3411 Preston Rd, STE C-13 Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign Hand Out copies</b><br>(If travel outside of Texas, complete Schedule T)                                    | Amount (\$): <b>22.73</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended     |
| 4/18/09                                                   | Payee name: <b>Debbie Clark</b><br>Payee address; City; State; Zip Code: <b>4111 Tranquil Pond Dr. Frisco, TX 75034</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Reimbursement for food for picnic event</b><br>(If travel outside of Texas, complete Schedule T)                      | Amount (\$): <b>222.10</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |
| 4/18/09                                                   | Payee name: <b>Bill Biven (Texas Chef Foods)</b><br>Payee address; City; State; Zip Code: <b>10311 Summit Run Dr. Frisco, TX 75035</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Hamburger/Hot Dog Chef for Picnic in the Park</b><br>(If travel outside of Texas, complete Schedule T) | Amount (\$): <b>100.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |
| 4/18/09                                                   | Payee name: <b>Bounce for Fun</b><br>Payee address; City; State; Zip Code: <b>8112 Burleigh St. Frisco, TX 75035</b><br>Purpose of expenditure (See instructions regarding type of information required.)<br><b>Bounce House for Picnic in the Park Event</b><br>(If travel outside of Texas, complete Schedule T)                       | Amount (\$): <b>807.55</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5/8

2 FILER NAME

Fallon, Pat (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

4/17/09

Tina Fisher

6 Payee address: City: State: Zip Code

1219 Shady Brook Frisco, TX 75034

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement for stamps for bulk mail

☒ Reimbursement from political contributions intended

216.00

Date

Payee name

Amount (\$)

4/16/09

Kwik Kop

Payee address: City: State: Zip Code

3411 Preston Rd. Suite C-B Frisco, TX 75034

Purpose of expenditure (See instructions regarding type of information required.)

Picnic invite cards

☒ Reimbursement from political contributions intended

199.00

Date

Payee name

Amount (\$)

4/16/09

Party America

Payee address: City: State: Zip Code

3333 Preston Rd STE 1200 Frisco, TX 75034

Purpose of expenditure (See instructions regarding type of information required.)

Table coverings & supplies for picnic in the park

☒ Reimbursement from political contributions intended

43.91

Date

Payee name

Amount (\$)

4/16/09

Bebare Clark

Payee address: City: State: Zip Code

41 Tranquil Pond Dr. Frisco, TX 75034

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement for food for picnic in the park

☒ Reimbursement from political contributions intended

379.81

Date

Payee name

Amount (\$)

4/3/09

Sam Klarin

Payee address: City: State: Zip Code

1037 Shady Brook Ln. Frisco, TX 75034

Purpose of expenditure (See instructions regarding type of information required.)

Contract work for campaign

☒ Reimbursement from political contributions intended

200.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **6/7**

2 FILER NAME

**Fallon, Pat (Mr.)**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

**Market Street**

6 Payee address; City; State; Zip Code

**11999 N. Dallas Pkwy Frisco, TX 75034**

7 Purpose of expenditure (See instructions regarding type of information required.)  
**Lunches for Linda Noll**  
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

**47.00**

☒ Reimbursement from political contributions intended

Date

Payee name

**Post Master**

Payee address; City; State; Zip Code

**8811 Teel Frisco, TX 75034**

Purpose of expenditure (See instructions regarding type of information required.)  
**Stamps**  
(If travel outside of Texas, complete Schedule T)

Amount (\$)

**92.90**

☒ Reimbursement from political contributions intended

Date

Payee name

**Point Place**

Payee address; City; State; Zip Code

**1130 Avenue H East Arlington, TX 76011**

Purpose of expenditure (See instructions regarding type of information required.)  
**Campaign handbills & mail outs**  
(If travel outside of Texas, complete Schedule T)

Amount (\$)

**343.57**

☒ Reimbursement from political contributions intended

Date

Payee name

**Point Place**

Payee address; City; State; Zip Code

**1130 Avenue H East Arlington, TX 76011**

Purpose of expenditure (See instructions regarding type of information required.)  
**Campaign handbills & mail outs**  
(If travel outside of Texas, complete Schedule T)

Amount (\$)

**267.90**

☒ Reimbursement from political contributions intended

Date

Payee name

**Point Place**

Payee address; City; State; Zip Code

**1130 Avenue H East Arlington, TX 76011**

Purpose of expenditure (See instructions regarding type of information required.)  
**Campaign handbills & mail outs**  
(If travel outside of Texas, complete Schedule T)

Amount (\$)

**657.43**

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **7/7**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

|                          |                                                                                                                                                                                     |                                                                                         |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 4 Date<br><b>9/15/09</b> | 5 Payee name<br><b>Point Place</b>                                                                                                                                                  | 8 Amount (\$)<br><b>643.14</b>                                                          |
|                          | 6 Payee address; City; State; Zip Code<br><b>1130 AVENUE H EAST ARLINGTON, TX 76011</b>                                                                                             |                                                                                         |
|                          | 7 Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign Handouts &amp; Mailouts</b><br>(If travel outside of Texas, complete Schedule T) | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date<br><b>9/10/09</b>   | Payee name<br><b>Point Place</b>                                                                                                                                                    | Amount (\$)<br><b>1998.59</b>                                                           |
|                          | Payee address; City; State; Zip Code<br><b>1130 AVENUE H EAST ARLINGTON, TX 76011</b>                                                                                               |                                                                                         |
|                          | Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign Handouts &amp; Mailouts</b><br>(If travel outside of Texas, complete Schedule T)   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date<br><b>9/17/09</b>   | Payee name<br><b>Point Place</b>                                                                                                                                                    | Amount (\$)<br><b>1116.42</b>                                                           |
|                          | Payee address; City; State; Zip Code<br><b>1130 AVENUE H. EAST ARLINGTON, TX 76011</b>                                                                                              |                                                                                         |
|                          | Purpose of expenditure (See instructions regarding type of information required.)<br><b>Campaign Handouts &amp; Mailouts</b><br>(If travel outside of Texas, complete Schedule T)   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date                     | Payee name                                                                                                                                                                          | Amount (\$)                                                                             |
|                          | Payee address; City; State; Zip Code                                                                                                                                                |                                                                                         |
|                          | Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)                                              | <input type="checkbox"/> Reimbursement from political contributions intended            |
| Date                     | Payee name                                                                                                                                                                          | Amount (\$)                                                                             |
|                          | Payee address; City; State; Zip Code                                                                                                                                                |                                                                                         |
|                          | Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)                                              | <input type="checkbox"/> Reimbursement from political contributions intended            |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED