

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME Pat	FIRST Patrick LAST Fallon	MI E. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX 5647 BUENA VISTA DR. FRISCO, TX 75034		CITY FRISCO
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 507-4861	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS NICKNAME	FIRST KAYLA LAST McKENNON	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 5868 Noble Oak Lane		CITY FRISCO
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 769-6296	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 limit ☐ Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 16 / 09 THROUGH Month Day Year 03 / 30 / 09		
11 ELECTION	ELECTION DATE Month Day Year 5 / 07 / 09		ELECTION TYPE ☐ 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 ☐ additional pages	** 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		

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 Files)

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

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

\$

919⁰³/₁₀₀EXPENDITURE
TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

25,077⁷¹/₁₀₀CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

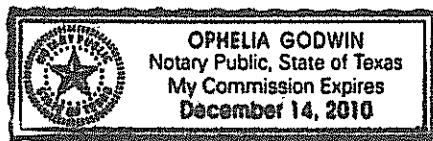
220⁰⁰/₁₀₀OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Patrick Fallon, this the 09 day
of April, 20 09, to certify which, witness my hand and seal of office.

Ophelia Godwin

Signature of officer administering oath

Ophelia Godwin

Printed name of officer administering oath

Admin Asst

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:

1/2

2 FILER NAME

FALLON, Pat (MR.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/24/09

5 Full name of contributor

☐ out-of-state PAC (ID#)

Fisher, Michael

6 Contributor address; City; State; Zip Code

1219 SHADYBROOK LN
FRISCO, TX 75034

7 Amount of contribution (\$)

\$162³²/₁₀₀

8 In-kind contribution description (if applicable)

SANDWICHES
& refreshments

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/03/09

Full name of contributor

☐ out-of-state PAC (ID#)

Milburn, George & Rita

Contributor address; City; State; Zip Code

5651 GADWALL DR.
FRISCO, TX 75034

Amount of contribution (\$)

\$150-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/09

Full name of contributor

☐ out-of-state PAC (ID#)

White, Grier

Contributor address; City; State; Zip Code

5986 CAROLINE DR.
FRISCO, TX 75034

Amount of contribution (\$)

\$50-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/09

Full name of contributor

☐ out-of-state PAC (ID#)

Sydow, Stephen

Contributor address; City; State; Zip Code

5033 SPANISH OAKS
FRISCO, TX 75034

Amount of contribution (\$)

\$20-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/09

Full name of contributor

☐ out-of-state PAC (ID#)

Fisher, Michael

Contributor address; City; State; Zip Code

1219 SHADYBROOK
FRISCO, TX 75034

Amount of contribution (\$)

\$56⁷⁶/₁₀₀

In-kind contribution description (if applicable)

WEB SITE
DOMAIN NAME
FOR CAMPAIGN

(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: 2/2

2 FILER NAME FALLON, Pat (MR.)

3 ACCOUNT # (Ethics Commission filers)

4 Date 03/06/09
5 Full name of contributor ☐ out-of-state PAC (ID#) Heery, Patrick & Kris
6 Contributor address; City; State; Zip Code W 202 N ZSIB DEER HAVEN DR PEWAUKEE, WI 53072

7 Amount of contribution (\$) \$480
8 In-kind contribution description (if applicable) INF & PRINTING OF T-shirts
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
Full name of contributor ☐ out-of-state PAC (ID#)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
Full name of contributor ☐ out-of-state PAC (ID#)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
Full name of contributor ☐ out-of-state PAC (ID#)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
Full name of contributor ☐ out-of-state PAC (ID#)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
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 EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
1/9

2 FILER NAME

FALLON, PAT (MR.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Collin County GOP

8 Amount (\$)

\$200-

6 Payee address; City; State; Zip Code

8416 Stacy Rd.
McKinney, TX 75070

7 Purpose of expenditure (See instructions regarding type of information required.)
VIP Reception tickets
(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

City of Frisco

Amount (\$)

\$304⁴⁴/₁₀₀

Payee address; City; State; Zip Code

6891 Main St
Frisco, TX 75034

Purpose of expenditure (See instructions regarding type of information required.)
Hard copy FY 2009 Annual Budget
(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Bonnie Ruth's

Amount (\$)

\$2,308⁵⁴/₁₀₀

Payee address; City; State; Zip Code

6959 Lebanon Rd. #110
Frisco, TX 75034

Purpose of expenditure (See instructions regarding type of information required.)
Campaign Kick off Event
(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Community News Connection

Amount (\$)

\$750-

Payee address; City; State; Zip Code

206 W. Mc Dermott, Suite 130
Allen, TX 75013

Purpose of expenditure (See instructions regarding type of information required.)
Ad in Del Webb Newsletter
(If travel outside of Texas, complete Schedule T)

☒ Reimbursement from political contributions intended

Date

Payee name

Dallas Baptist University

Amount (\$)

\$1,200-

Payee address; City; State; Zip Code

3211 Intersect Blvd. Suite 100
Frisco, TX 75031

Purpose of expenditure (See instructions regarding type of information required.)
TABLE FOR TOM Landry Dinner
(If travel outside of Texas, complete Schedule T)

☒ 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: 2/9

2 FILER NAME

FALLON, PAT (MR.)

3 ACCOUNT # (Ethics Commission files)

4 Date

03/03/09

5 Payee name

MARILYN Hill

6 Payee address;

City: State: Zip Code
5397 Spicewood
FRISCO, TX 75034

8 Amount (\$)

\$24 ³³/₁₀₀

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

(If travel outside of Texas, complete Schedule T)

Invitation Stationary

☒ Reimbursement from political contributions intended

Date

03/05/09

Payee name

Southwest Signs & Graphics

Payee address;

City: State: Zip Code
7970 MAIN St
FRISCO, TX 75034

Amount (\$)

\$400 -

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

(If travel outside of Texas, complete Schedule T)

MAGNETIC SIGNS

☒ Reimbursement from political contributions intended

Date

03/16/09

Payee name

Southwest Signs & Graphics

Payee address;

City: State: Zip Code
7970 MAIN St.
FRISCO, TX 75034

Amount (\$)

\$479 ⁵³/₁₀₀

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

(If travel outside of Texas, complete Schedule T)

MAGNETIC SIGNS

☒ Reimbursement from political contributions intended

Date

03/10/09

Payee name

FRISCO STYLE MAGAZINE

Payee address;

City: State: Zip Code
P.O. Box 1676
FRISCO, TX 75034

Amount (\$)

\$1,402 ⁵⁰/₁₀₀

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

(If travel outside of Texas, complete Schedule T)

Ad in Frisco Style Magazine

☒ Reimbursement from political contributions intended

Date

03/10/09

Payee name

FIRST GRAPHICS SERVICES

Payee address;

City: State: Zip Code
229 GARVON St.
GARLAND, TX 75040

Amount (\$)

\$800 -

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

(If travel outside of Texas, complete Schedule T)

YARD SIGNS & 'H' FRAMES

☒ 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: 3/9
2 FILER NAME FALLON, PAT (MR.)		3 ACCOUNT # (Ethics Commission files)

4 Date 03/17/09	5 Payee name FIRST GRAPHICS Services	8 Amount (\$) \$720 ⁹¹ / ₁₀₀
	6 Payee address; City: State: Zip Code 229 GAYLON ST. GARLAND, TX 75040	
	7 Purpose of expenditure (See instructions regarding type of information required.) YARD SIGNS & 'H' FRAMES (If travel outside of Texas, complete Schedule T)	☒ Reimbursement from political contributions intended

Date 03/16/09	Payee name Debrah Clark	Amount (\$) \$55 ⁰³ / ₁₀₀
	Payee address; City: State: Zip Code 41 TRANQUIL POND DR. FRISCO, TX 75034	
	Purpose of expenditure (See instructions regarding type of information required.) Sign in Streets & Supplies (If travel outside of Texas, complete Schedule T)	☒ Reimbursement from political contributions intended

Date 03/16/09	Payee name HARTY LAND COMPANY	Amount (\$) \$1,700-
	Payee address; City: State: Zip Code 6991 PECAN ST. Suite 100 FRISCO, TX 75034	
	Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN RENTAL SPACE (If travel outside of Texas, complete Schedule T)	☒ Reimbursement from political contributions intended

Date 03/16/09	Payee name KWIK COPY	Amount (\$) \$27 ⁰⁶ / ₁₀₀
	Payee address; City: State: Zip Code 3411 PRESTON RD. Suite C-13 FRISCO, TX 75034	
	Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN HANDOUTS (If travel outside of Texas, complete Schedule T)	☐ Reimbursement from political contributions intended

Date 03/19/09	Payee name FRISCO ROTARY	Amount (\$) \$560 ⁰⁰ / ₁₀₀
	Payee address; City: State: Zip Code 3211 Internet Blvd FRISCO, TX 75034	
	Purpose of expenditure (See instructions regarding type of information required.) GOLF OUTTING & Hole sponsorship (If travel outside of Texas, complete Schedule T)	☐ 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: 4/9
2 FILER NAME FALLON, PAH (MR.)		3 ACCOUNT # (Ethics Commission file)
4 Date 03/19/09	5 Payee name KWIK COPY 6 Payee address; City: State: Zip Code 3411 PRESTON RD. Suite C-13 FRISCO, TX 75034 7 Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN HANDOUTS (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$75 ⁷⁵ / ₁₀₀ ☒ Reimbursement from political contributions intended
03/27/09	Payee name Recognition Express Payee address; City: State: Zip Code P.O. Box 831514 Richardson, TX 75083 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN NAME TAGS (If travel outside of Texas, complete Schedule T)	Amount (\$) \$37 ³⁵ / ₁₀₀ ☒ Reimbursement from political contributions intended
03/27/09	Payee name Sudden Impact Payee address; City: State: Zip Code 12285 Bethel DR. FRISCO, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN BALLOONS (If travel outside of Texas, complete Schedule T)	Amount (\$) \$268 ⁴⁶ / ₁₀₀ ☒ Reimbursement from political contributions intended
03/27/09	Payee name ACE IMAGING INC. Payee address; City: State: Zip Code 6950 EUBANKS SUITE A-4 FRISCO, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) \$889 ⁵² / ₁₀₀ ☒ Reimbursement from political contributions intended
03/28/09	Payee name All Around Amusements Payee address; City: State: Zip Code 4001 Willow Hills Court PLANO, TX 75024 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) \$276 ⁰³ / ₁₀₀ ☒ 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: 5/9
2 FILER NAME FALLON, PAH (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/23/09	5 Payee name CITY OF FRISCO 6 Payee address: City, State, Zip Code 6101 FRISCO SQUARE Blvd, 5th Floor FRISCO, TX 75035 7 Purpose of expenditure (See instructions regarding type of information required.) Campaign Finance Report For Former OFFICIALS (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$612 ☒ Reimbursement from political contributions intended
01/29/09	Payee name DENTON COUNTY Payee address: City, State, Zip Code 1450 East. McKinney St. Denton, TX 76209 Purpose of expenditure (See instructions regarding type of information required.) CD of 20 photocopies for Voter Records (If travel outside of Texas, complete Schedule T)	Amount (\$) \$52- ☒ Reimbursement from political contributions intended
01/30/09	Payee name Collin County Payee address: City, State, Zip Code 2010 Red Bud Blvd #102 McKinney, TX 75069 Purpose of expenditure (See instructions regarding type of information required.) CD of Voter Files (If travel outside of Texas, complete Schedule T)	Amount (\$) \$40- ☒ Reimbursement from political contributions intended
02/02/09	Payee name City of Frisco Payee address: City, State, Zip Code 6101 Frisco Square Blvd, 5th Floor FRISCO, TX 75035 Purpose of expenditure (See instructions regarding type of information required.) Campaign Finance Report For Former OFFICIALS (If travel outside of Texas, complete Schedule T)	Amount (\$) \$102 ☒ Reimbursement from political contributions intended
02/09/09	Payee name CITY OF FRISCO Payee address: City, State, Zip Code 6101 FRISCO SQUARE Blvd, 5th Floor FRISCO, TX 75035 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) \$102 ☒ 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: 6/9
2 FILER NAME FALLON, Pat (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/10/09	5 Payee name U.S. Postal Service 6 Payee address; City; State; Zip Code FRISCO MPO FRISCO, TX 75034-5671 7 Purpose of expenditure (See instructions regarding type of information required.) STAMPS (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$100³⁰ ☒ Reimbursement from political contributions intended
Date 03/14/09	Payee name KWIK KOPY Payee address; City; State; Zip Code 3411 PRESTON RD. SUITE C-13 FRISCO, TX 75034 Purpose of expenditure (See instructions regarding type of information required.) COPIES FOR CAMPAIGN HANDOUTS (If travel outside of Texas, complete Schedule T)	Amount (\$) \$2706 ☒ Reimbursement from political contributions intended
Date 02/16/09	Payee name FRISCO WEBSITES Payee address; City; State; Zip Code PO BOX 5023 FRISCO, TX 75035 Purpose of expenditure (See instructions regarding type of information required.) Website Hosting Fee (If travel outside of Texas, complete Schedule T)	Amount (\$) \$5407 ☒ Reimbursement from political contributions intended
Date 01/17/09	Payee name FRISCO WEBSITES Payee address; City; State; Zip Code PO BOX 5023 FRISCO, TX 75035 Purpose of expenditure (See instructions regarding type of information required.) Website Hosting Fee (If travel outside of Texas, complete Schedule T)	Amount (\$) \$5407 ☒ Reimbursement from political contributions intended
Date 03/16/09	Payee name FRISCO WEBSITES Payee address; City; State; Zip Code PO BOX 5023 FRISCO, TX 75035 Purpose of expenditure (See instructions regarding type of information required.) Website Hosting Fee (If travel outside of Texas, complete Schedule T)	Amount (\$) \$5407 ☒ 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: 7/9
2 FILER NAME: FALLON, PAT (MR.)		3 ACCOUNT # (Ethics Commission files)

4 Date: 02/10/09	5 Payee name: FRISCO WEBSITES	8 Amount (\$): \$1,732-
	6 Payee address; City: State: Zip Code: PO Box 5023 FRISCO, TX 75035	
	7 Purpose of expenditure (See instructions regarding type of information required.) Website construction (If travel outside of Texas, complete Schedule T)	☒ Reimbursement from political contributions intended

Date: 03/06/09	Payee name: CITY OF FRISCO	Amount (\$): \$100
	Payee address; City: State: Zip Code: 6101 FRISCO SQUARE BLVD, 4TH FLOOR FRISCO, TX 75035	
	Purpose of expenditure (See instructions regarding type of information required.) CERTIFICATE OF OCCUPANCY (If travel outside of Texas, complete Schedule T)	☒ Reimbursement from political contributions intended

Date: 03/23/09	Payee name: PRINT PLACE	Amount (\$): \$74 ²¹ / ₁₀₀
	Payee address; City: State: Zip Code: 1130 AVE H. EAST ARLINGTON, TX 76011	
	Purpose of expenditure (See instructions regarding type of information required.) Campaign Business Cards (If travel outside of Texas, complete Schedule T)	☒ Reimbursement from political contributions intended

Date: 03/16/09	Payee name: PRINT PLACE	Amount (\$): \$74 ²¹ / ₁₀₀
	Payee address; City: State: Zip Code: 1130 AVE H. EAST ARLINGTON, TX 76011	
	Purpose of expenditure (See instructions regarding type of information required.) Campaign Business Cards (If travel outside of Texas, complete Schedule T)	☒ Reimbursement from political contributions intended

Date: 03/16/09	Payee name: PRINT PLACE	Amount (\$): \$119 ¹⁶ / ₁₀₀
	Payee address; City: State: Zip Code: 1130 AVE H. EAST ARLINGTON, TX 76011	
	Purpose of expenditure (See instructions regarding type of information required.) Campaign Stationery (If travel outside of Texas, complete Schedule T)	☒ 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: 8/9
2 FILER NAME FALLON, PAT (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/06/09	5 Payee name PRINT PLACE 6 Payee address; City; State; Zip Code 1130 AVE H. EAST ARLINGTON, TX 76011 7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN Flyer mailout (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$949 ⁰⁹ / ₁₀₀ ☒ Reimbursement from political contributions intended
03/06/09	Print Place Payee address: City; State; Zip Code 1130 Ave H. East ARLINGTON, TX 76011 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN Flyer mailout (If travel outside of Texas, complete Schedule T)	Amount (\$) \$2,547 ¹¹ / ₁₀ ☒ Reimbursement from political contributions intended
03/02/09	Print Place Payee address: City; State; Zip Code 1130 Ave H. East ARLINGTON, TX 76011 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN HANDOUT (If travel outside of Texas, complete Schedule T)	Amount (\$) \$404 ⁰⁴ / ₁₀₀ ☒ Reimbursement from political contributions intended
02/09/09	Print Place Payee address: City; State; Zip Code 1130 Ave H. East ARLINGTON, TX 76011 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN BUSINESS CARDS (If travel outside of Texas, complete Schedule T)	Amount (\$) \$94 ³⁹ / ₁₀₀ ☒ Reimbursement from political contributions intended
01/29/09	PRINT PLACE Payee address: City; State; Zip Code 1130 Ave H. East ARLINGTON, TX 76011 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN Post card mailout (If travel outside of Texas, complete Schedule T)	Amount (\$) \$2,152 ²⁷ / ₁₀₀ ☒ 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: 9/9
2 FILER NAME: FALLON, PAT (MR.)		3 ACCOUNT # (Ethics Commission files)
4 Date: 02/28/09	5 Payee name: DRAGON FIRST 6 Payee address: City: State: Zip Code 24607 Kemper Oaks 78260 7 Purpose of expenditure (See instructions regarding type of information required.) LAPEL PINS (If travel outside of Texas, complete Schedule T)	8 Amount (\$): \$1,350- ☒ Reimbursement from political contributions intended
02/24/09	Payee name: 3JG Payee address: City: State: Zip Code 10488 Brockwood Rd. Dallas, TX 75238 Purpose of expenditure (See instructions regarding type of information required.) T-shirt printing (If travel outside of Texas, complete Schedule T)	Amount (\$): \$1,033 ⁴⁴ / ₁₀₀ ☒ Reimbursement from political contributions intended
02/17/09	Payee name: Broder Bros Payee address: City: State: Zip Code PO Box 13760 Newark, NJ 07188 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN T-shirts (If travel outside of Texas, complete Schedule T)	Amount (\$): \$1,957 ²⁶ / ₁₀₀ ☒ Reimbursement from political contributions intended
03/03/09	Payee name: S&S Activewear Payee address: City: State: Zip Code 581 Territorial Dr. Dolansbrook, IL 60440 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$): \$858 ⁴⁰ ☒ Reimbursement from political contributions intended
Date:	Payee name: Payee address: City: State: Zip Code: Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$): ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED