

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

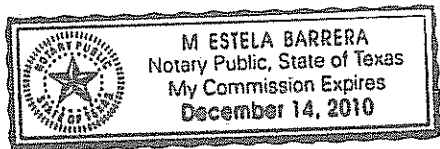
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: 5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Patrick	OFFICE USE ONLY Date Received RECEIVED JUL 15 2009 City Secretary's Office Date Hand-delivered or Date Postmarked 4:58 PM EB Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
	NICKNAME PAT	LAST Fallon		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5647 Buena Vista Dr. FRISCO TX 75034			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 507-4861		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST Karla		
	NICKNAME	LAST McKennon		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5808 Noble Oak Ln FRISCO TX 75034			
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 5 / 1 / 09 THROUGH Month Day Year 7 / 15 / 09			
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special	
	12 OFFICE OFFICE HELD (if any) City of Frisco, TX Council Member		13 OFFICE SOUGHT (if known)	
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 <u>Fallon, Pat (MR.)</u>		16 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S) ☐ additional pages	.. 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		
	☐ SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>250-</u>
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>3,597.25</u>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,620-</u>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 15th day of July, 2009, to certify which, witness my hand and seal of office.

M. Estela Barrera

Signature of officer administering oath

M. Estela Barrera

Printed name of officer administering oath

Dr. 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: 1/1

2 FILER NAME FALLON, PAT (MR.)

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/8/01 5 Full name of contributor ☐ out-of-state PAC (ID#) Natalie & Robert Medigovich

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
8657 Woodstream DR.
FRISCO, TX 75034

\$250

(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#)

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 ☐ 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 ☐ 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 ☐ 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 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:
2 FILER NAME <i>Fallow, Pat (MR.)</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>5/1/09</i>	5 Payee name <i>Kwik Copy</i> 6 Payee address; City; State; Zip Code <i>3411 Preston Rd., STE C-13 Frisco, TX 75034</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Literature</i> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>\$135⁵⁹</i> ☒ Reimbursement from political contributions intended
Date <i>5/1/09</i>	Payee name <i>Kwik Copy</i> Payee address; City; State; Zip Code <i>3411 Preston Rd. STE C-13 Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>48⁷¹</i> ☒ Reimbursement from political contributions intended
Date <i>5/1/09</i>	Payee name <i>Marilyn Hill</i> Payee address; City; State; Zip Code <i>5397 Spicewood Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Office & Paper Supplies</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>424^{08/100}</i> ☒ Reimbursement from political contributions intended
Date <i>5/7/09</i>	Payee name <i>US Postmaster</i> Payee address; City; State; Zip Code <i>8700 Stonebrook Pkwy Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Stamps for mailers</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>966⁻</i> ☒ Reimbursement from political contributions intended
Date <i>5/7/09</i>	Payee name <i>Kwik Copy</i> Payee address; City; State; Zip Code <i>3411 Preston Rd. Ste C-13 Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Copies for mailers</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>17³²</i> ☒ 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:
2 FILER NAME <i>Fallon, Pat (MR.)</i>		3 ACCOUNT # (Ethics Commission files)
4 Date <i>5/5/09</i>	5 Payee name <i>Print Place</i> 6 Payee address; City; State; Zip Code <i>1130 Ave. H East Arlington, TX 76011</i> 7 Purpose of expenditure (See instructions regarding type of information required.) <i>Mailers</i> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <i>1,009²⁶</i> ☒ Reimbursement from political contributions intended
Date <i>5/7/09</i>	Payee name <i>Kwik Copy</i> Payee address; City; State; Zip Code <i>3411 Preston Rd, Ste C-13 Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>161²⁹</i> ☒ Reimbursement from political contributions intended
Date <i>5/11/09</i>	Payee name <i>Tony Gordon</i> Payee address; City; State; Zip Code <i>110 Myers Ave. Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Contract Labor</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>160-</i> ☒ Reimbursement from political contributions intended
Date <i>5/11/09</i>	Payee name <i>Sam Kharin</i> Payee address; City; State; Zip Code <i>1037 Shadybrook Ln. Frisco, TX 75034</i> Purpose of expenditure (See instructions regarding type of information required.) <i>Contract Labor</i> (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>300-</i> ☒ Reimbursement from political contributions intended
Date <i>5/14/09</i>	Payee name <i>Community News Connection</i> Payee address; City; State; Zip Code <i>206 W. McDermott Dr. # 30 Allen, TX 75013-2750</i> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <i>- 375</i> ☒ Reimbursement from political contributions intended

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