

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1. ACCOUNT #

2. Total pages filed:

13

3. CANDIDATE/
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Jerry

R

NICKNAME

LAST

SUFFIX

Allen

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Legal

Totals

Date Processed

Date Imaged

4. ORIGINAL
REPORT
TYPE

July 15: Semi-Annual 2009

5. ORIGINAL
PERIOD
COVERED

Month

Day

Year

Month

Day

Year

4/30/2009

THROUGH

6/30/2009

6. EXPLANATION OF CORRECTION

Received 8/2/2009 from the Dallas Assoc. Public Safety Committee
PAC a listing of their expenditures supporting my campaign.

7. AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by Mr Jerry R Allen, this the 3rd day of August, 2009, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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:

12

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

FIRST

Jerry

MI

R

NICKNAME

LAST

Allen

SUFFIX

OFFICE USE ONLY

Date Received

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS
C Change of Address

Address/PO BOX; APT / SUITE #;

9426 Dartcrest

CITY;

Dallas TX 75238

STATE;

ZIP CODE

Date Hand-delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(972)

PHONE NUMBER

922 5775

EXTENSION

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr

FIRST

Phil

MI

R

NICKNAME

LAST

Allen

SUFFIX

Date Processed

Date Imaged

7. CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

9723 Maplehill

APT / SUITE #;

CITY;

Dallas TX 75238

STATE;

ZIP CODE

8. CAMPAIGN TREASURER PHONE

AREA CODE

(214)

PHONE NUMBER

348 1919

EXTENSION

9. REPORT TYPE

July 15

10. PERIOD COVERED

4/30/2009 THROUGH

6/30/2009

11. ELECTION

ELECTION DATE

ELECTION TYPE

NA

12. OFFICE

OFFICE HELD (if any)

Council District 10

13. OFFICE SOUGHT (if known)

Not Applicable

14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
C 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 Mr Jerry R Allen	16 ACCOUNT #(Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) C additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate/officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.**	
	COMMITTEE TYPE	COMMITTEE NAME Dallas Firefighters Association Public Safety Committee PAC
	<input checked="" type="checkbox"/> GENERAL	COMMITTEE ADDRESS 2139 Ft. Worth Ave. Dallas, TX 75211
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Robert Russ
		COMMITTEE CAMPAIGN TREASURER ADDRESS 2139 Ft. Worth Ave. Dallas, TX 75211

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 285.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10270.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 19375.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2681.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10000.00

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.

*****ELECTRONICALLY CERTIFIED*****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Jerry R Allen, this the 3rd day of August, 20 09, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 6	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Poole	7 Amount of Contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9730 Sanshire Dallas, TX 75231		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phoebe Perlman	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1019 Forrest Cathage, TX 75633		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Baggett	Amount of Contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10116 Estate Dallas, TX 75238		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erle Nye	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12211 Creek Forrest Dallas, TX 75230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Walne	Amount of Contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10020 Caribou Trail Dallas, TX 75238		(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 of 6	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang Patel & Yerby Inc PAC 6 Contributor address; City; State; Zip Code 1820 Regal Row Dallas, TX 75235	7 Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Sowell Contributor address; City; State; Zip Code 1601 Elm Street Suite 300 Dallas, TX 75201	Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Retired Firefighters Association PAC Fund Contributor address; City; State; Zip Code P.O. Box 118422 Carrollton, TX 75007	Amount of Contribution (\$) 400.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Avery Contributor address; City; State; Zip Code 9480 Gatetrail Dallas, TX 75238	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Walne Contributor address; City; State; Zip Code 10020 Caribou Trail Dallas, TX 75238	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 of 6	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. W. Killion 6 Contributor address; City; State; Zip Code 9804 Tanglevine Dallas, TX 75238	7 Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Owens Contributor address; City; State; Zip Code 9770 Wisterwood Dallas, TX 75238	Amount of Contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Del Valle Contributor address; City; State; Zip Code 9469 Estate Dallas, TX 75238	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Orrock Contributor address; City; State; Zip Code 4424 McFarlin Blvd Dallas, TX 75205	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherwood Blount Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 360 Addison, TX 75001	Amount of Contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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: 4 of 6	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/08/2009	5 Full name of contributor C out-of-state PAC (ID#: _____) John Thomas 6 Contributor address; City; State; Zip Code 9502 Shady Valley Dallas, TX 75238	7 Amount of Contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/14/2009	Full name of contributor C out-of-state PAC (ID#: _____) Marcos Ronquillo Contributor address; City; State; Zip Code 1201 Elm Street Suite 1700 Dallas, TX 75270	Amount of Contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor C out-of-state PAC (ID#: _____) Brian Klammer Contributor address; City; State; Zip Code 10510 Chesterton Dallas, TX 75238	Amount of Contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor C out-of-state PAC (ID#: _____) Jo Ann Cameron Contributor address; City; State; Zip Code 9308 Mill Hollow Dallas, TX 75243	Amount of Contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor C out-of-state PAC (ID#: _____) Nancy Primeaux Contributor address; City; State; Zip Code 9028 Green Oaks Circle Dallas, TX 75243	Amount of Contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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: 5 of 6	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Barab	7 Amount of Contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9132 Branch Hollow Dallas, TX 75243		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Ann McAnelly	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9629 Fallbrook Dallas, TX 75243		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Standefer	Amount of Contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9507 Winding Ridge Dallas, TX 75238		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Woolley	Amount of Contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9215 Meadowglen Dallas, TX 75238		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piyush Patel	Amount of Contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 529 Greenridge Coppell, TX 75019		(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: 6 of 6	
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/08/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Brown 6 Contributor address; City; State; Zip Code 9636 Spring Branch Dallas, TX 75238	7 Amount of Contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance Detwiler Contributor address; City; State; Zip Code 6323 Meadow Road Dallas, TX 75230	Amount of Contribution (\$) 930.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Fundraiser Expense
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judson Pankey Contributor address; City; State; Zip Code 3435 Wendy Lane Dallas, TX 75214	Amount of Contribution (\$) 930.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Fundraiser Expense
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form		1 Total pages Schedule E: 1 of 1
2 FILER NAME Mr Jerry R Allen		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: -> -> -> -> -> -> -> ->		\$
5 Date of loan 05/15/2009	7 Name of lender C out-of-state PAC (ID#: _____) Jerry Allen	9 Loan Amount (\$) 10000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 9426 Dartcrest Dallas, TX 75238	10 Interest rate %
	11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral C none		
15 GUARANTOR INFORMATION C not applicable	16 Name of guarantor Jerry Allen 17 Guarantor address; City; State; Zip Code 9426 Dartcrest Dallas, TX 75238	18 Amount Guaranteed (\$) 10000.00
19 Principal Occupation		20 Employer
Date of loan	Name of lender C out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
	Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral C none		
GUARANTOR INFORMATION C not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
1 of 2

2 FILER NAME

Mr Jerry R Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/18/2009

5 Payee name

Graphics Management

7 Amount
(\$)

16591.61

6 Payee address; City; State; Zip Code

9322 Moss Trail Dallas, TX 75231

8 Purpose of payment (See instructions regarding type of information required.)

Various campaign material, phone banks and consultant fees

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/09/2009

Payee name

Highlands Cafe

Amount
(\$)

500.00

Payee address; City; State; Zip Code

9661 Audelia Suite 105
Dallas, TX 75238

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

Victory Party

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

05/27/2009

Payee name

Funraising Solutions

Amount
(\$)

1000.00

Payee address; City; State; Zip Code

1500 Jackson Suite 817
Dallas, TX 75201

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

Fundraising

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

06/04/2009

Payee name

Ellen Morrow

Amount
(\$)

400.00

Payee address; City; State; Zip Code

9512 Faircrest Dallas, TX 75238

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

Record keeping

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
2 of 2

2 FILER NAME

Mr Jerry R Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/18/2009

5 Payee name

UPS Store

7 Amount (\$)

4.00

6 Payee address; City; State; Zip Code

9090 Skillman Suite 182

Dallas, TX 75238

8 Purpose of payment (See instructions regarding type of information required.)

Additional Keys for PO Box

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

06/20/2009

Payee name

Valentine Direct Marketing

Amount (\$)

879.93

Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230

Dallas, TX 75235

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

Fundraising

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED