

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1. ACCOUNT #

2. Total pages filed:

6

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

January 15: Semi-Annual 2009

5. ORIGINAL PERIOD COVERED

Month

Day

Year

Month

Day

Year

7/1/2008

THROUGH

12/31/2008

6. EXPLANATION OF CORRECTION

Correction to CS-2 to enter ending campaign balance as of 12/31/2008.

7. AFFIDAVIT

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

Check ONLY if applicable:

[X] 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 16th day of January, 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

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:

5

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

January 15

10. PERIOD COVERED

7/1/2008

THROUGH

12/31/2008

11. ELECTION

ELECTION DATE

5/9/2009

ELECTION TYPE

Primary

12. OFFICE

OFFICE HELD (if any)

Dallas City Council District 10

13. OFFICE SOUGHT (if known)

Council District 10

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
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2060.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6002.75
OUTSTANDING LOAN TOTALS	6. 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.

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 16th day of January, 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

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
1 of 3

2 FILER NAME

Mr Jerry R Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/03/2008

5 Payee name

Exchange Club of Lake Highlands

7 Amount
(\$)

250.00

6 Payee address; City; State; Zip Code

Dallas, TX 75382

P.O. Box 823725

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

Donation- 4th of July Parade

(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

07/11/2008

Payee name

Hamilton Park United Methodist Church

Amount
(\$)

50.00

Payee address; City; State; Zip Code

Dallas, TX 75243

11881 Schroeder

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

Donation to Youth department

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

09/08/2008

Payee name

Lake Highlands High School Wildcat Club

Amount
(\$)

200.00

Payee address; City; State; Zip Code

Dallas, TX 75238

9449 Church

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

Ad

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

11/10/2008

Payee name

Lake Highlands Womens League

Amount
(\$)

250.00

Payee address; City; State; Zip Code

Dallas, TX 75238

P.O. Box 38011

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

Donation

(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 3

2 FILER NAME

Mr Jerry R Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/2008

5 Payee name

Signage Systems

7 Amount
(\$)

250.00

6 Payee address; City; State; Zip Code

7900 Ferguson Dallas, TX 75228

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

Criminal Trespass Signs for DPD

(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

09/04/2008

Payee name

Forest Meadow Junior High PTA

Amount
(\$)

150.00

Payee address; City; State; Zip Code

9373 Whitehurst Dallas, TX 75243

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

Donation

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

11/15/2008

Payee name

The UPS Store

Amount
(\$)

180.00

Payee address; City; State; Zip Code

9090 Skillman Dallas, TX 75238

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

P.O. Box Rental

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

12/13/2008

Payee name

Candide Guerrero

Amount
(\$)

184.00

Payee address; City; State; Zip Code

1010 South Pearl Expy. Dallas, TX 75201

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

Christmas Thank You Gifts

(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:
3 of 3

2 FILER NAME

Mr Jerry R Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/27/2008

5 Payee name

United States Postal Service

7 Amount (\$)

546.00

6 Payee address; City; State; Zip Code

6520 Abrams Dallas, TX 75231

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

Stamps

(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

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

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