CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH Cover Sheet pg 1

The C/OH Instruction this form.	n Guide explains how to co	omplete 1. ACCC (Ethics C	DUNT # Commission filers)	2. Total Pages Filed:	
3. CANDIDATE /	MS / MRS / MR	FIRST	MI	OFFICE USE	ONI V
OFFICEHOLDER NAME	Mr	Jerry	R	Date Received	ONLT
	NICKNAME	LAST	SUFFIX	Date Received	
		Allen			
				4	
4. CANDIDATE / OFFICEHOLDER	Address/PO BOX; APT / SUITE #; 9426 Dartcrest	CITY; S	STATE; ZIP CODE		
MAILING ADDRESS	5420 Bartorest	Dallas T	TX 75238	Date Hand-delievered	l or Date Postmarked
C Change of Address					
= 0.11515.75	ADEA CODE SUC	UE AUUADED	EVIENCION	4	
5. CANDIDATE / OFFICEHOLDER		NE NUMBER	EXTENSION		T
PHONE	(214) 349	7518		Receipt #	Amount
6. CAMPAIGN	MS / MRS / MR	FIRST	MI	Date Processed	
TREASURER NAME	Mr	Phil	R	Date Imaged	
INAIVIE	NICKNAME	LAST	SUFFIX	Date imaged	
		Allen			
7. CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEA	ASE); APT / SUITE #		STATE; ZIP CODE	
ADDRESS	9723 Maplehill		Dallas TX 7523	88	
(Residence or business)					
8. CAMPAIGN TREASURER		NE NUMBER	EXTENSION		
PHONE	(214) 348	1918			
9. REPORT TYPE	January 15				
10. PERIOD COVERED	7/1/200	9 THROUGH	12/31/2009		
11. ELECTION	ELECTION DATE	ELECTION TYPE			
		NA			
12. OFFICE	OFFICE HELD (if any)		13. OFFICE SOUGHT (if knd	own)	
	Dallas City Councilman - Di	strict 10	Council District 10		
14. NOTICE OF DIRECT			s made by others without the candic hey receive notification of the direct		
CAMPAIGN EXPENDITURE	NAME				
BY OTHER INDIVIDUALS					
	ADDRESS / PO BOX; APT ,	/ SUITE #; CITY	/; STATE; ZIP CODE		
	ADDRESS / FO BOX, APT /	OTTE #, CITE	, STATE, ZIP CODE		
C additional pages					
		GC) 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)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of political contributions accepted or political expenditures made by political common the candidate/officeholder. <i>These expenditures may have been made without the candidate's or officehold consent</i> . Candidates and officeholders are required to report this information only if they receive notice of expenditures.**			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
C additional pages	c GENERAL	COMMITTEE ADDRESS		
	c SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		BUTIONS OF \$50 OR LESS (OTHER THAN RANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LO	BUTIONS DANS, OR GUARANTEES OF LOANS)	\$ 9325.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 0	
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 3466.12	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAST DAY	\$ 8540.77	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF THE	\$ 10000.00	
19 AFFIDAVIT		I swear, or affirm, under penalty of perjur is true and correct and includes all informa me under Title 15, Election code.		
		***ELECTRONICALLY CER Signature of Candidate or O		
AFFIX NOTARY STAM	P / SEAL ABOVE	Signature of Canadate of C	Michael	
Sworn to and subscribed b	efore me, by the said <u>Mr Jerry</u>	y R Allen, th	is the <u>7th</u> day	
of <u>January</u> , 20 <u>10</u> , to certify which, witness my hand and seal of office.				
Signature of officer adr	ninistering oath Pri	nted name of officer administering oath	Title of officer administering oath	

SCHEDULE A

			_	
The Instruction	Guide explains how to complete this form		1 Total pages Schedule A:	
			1 of 5	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Mr Jerry R Allen				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:_ Ruth Ann Johnstone		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
07/03/2009	Ruth Allii Johnstone		25.00	
27, 22, 232	6 Contributor address; City; State; Zip C	Code		
	5940 Waggoner Dallas, TX 75230		(If travel outside of Texa	s complete Schodule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	s, complete scriedule 1)
7 Timespar occupe	anon', sob title (see mandenons)	To Employer (See mandenons,	
Date	Full name of contributor C out-of-state PAC (ID#:_	;	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/02/2000	Don Glendenning			description (ii applicable)
07/03/2009	Contributor address; City; State; Zip C	Code	100.00	
	2200 ROSS AVE. Suite 2200 DALLAS, TX 752			
Dringing occupa	ation / Job title (See Instructions)		(If travel outside of Texa (See Instructions)	s, complete Schedule T)
Рипсіраї оссира	ation 7 Job title (See Histractions)	Litiployeei	(See Histractions)	
Date	Full name of contributor C out-of-state PAC (ID#:_	,	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/02/2000	Randall Goss			description (if applicable)
07/03/2009	Contributor address; City; State; Zip C	Code	500.00	
	10210 N. Central Expressway Suite 500 Dallas, TX 75231		(If travel outside of Texa	s complete Schodule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	s, complete scriedule 1)
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/03/2009			100.00	
	Contributor address; City; State; Zip C P.O. Box 29188 DALLAS, TX 752		1	
	DALLAG, 174 / 32		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	Full name of contributor c out-of-state PAC (ID#:_	,	Amount of	In-kind contribution
Date	Political Action Committee of Winstead PC		Contribution (\$)	description (if applicable)
07/03/2009	Contributor address; City; State; Zip C	`nde	500.00	
	1201 Elm St. Suite 5400	, ouc		l <u>-</u>
Dringing occupa	Dallas, TX 75270	Employer ((If travel outside of Texa	s, complete Schedule 1)
етнитрат оссира	ation / Job title (See Instructions)	Employer ((See Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS FORM	M AS NEEDED	
If contribut	tor is out-of-state PAC, please see instru			rting requirements.

SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched	dule A:
			2 of 5	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
36.7 5.411				
Mr Jerry R Allen				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
07/03/2009	Wary Webermon Cook		100.00	
0770372009	6 Contributor address; City; State; Zip C	ode	100.00	
	10840 Strait Ln. Dallas, TX 75229			
			(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/03/2009	Steve Baker		250.00	
07/03/2009	Contributor address; City; State; Zip C	ode	230.00	
	9928 Spirehaven Dallas, TX 75238			
			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
			A	Los Islands a surfather Albana
Date	Full name of contributor c out-of-state PAC (ID#: Robert Hsueh) Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/03/2009			500.00	
	Contributor address; City; State; Zip C	ode		
	6815 Bert Lane Dallas, TX 75240		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
Date	Full name of contributor c out-of-state PAC (ID#:	<u>-</u>	Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/03/2009	Caren Prothro		500.00	accomplian (ii applicable)
07/03/2009	Contributor address; City; State; Zip C	ode	300.00	
	3929 Potomac Avenue Dallas, TX 75205		46	1. 6
Principal occupa	ation / Job title (See Instructions)	Employer /	(If travel outside of Texa (See Instructions)	s, complete Schedule 1)
ттпстрат оссира	mon 7 Job title (See matructions)	Litiployer	(See mistractions)	
	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Diane Scovell		Contribution (\$)	description (if applicable)
07/03/2009	Contributor address: City State: 7in C		500.00	
	Contributor address; City; State; Zip C 6322 De Loache Dallas, TX 75225	ode		
	<u> </u>		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	ATTACH ADDITIONAL COPIES (
If contribut	tor is out-of-state PAC, please see instru	ction guide fo	or additional repo	rting requirements.

SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched	dule A:
			3 of 5	5
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Mr Jerry R Allen				
4 Date	5 Full name of contributor C out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Pete Schenkel		Contribution (\$)	description (if applicable)
07/03/2009	6 Contributor address; City; State; Zip C	ode	200.00	
	2515 McKinney Suite 1200	ouc		
	Dallas, TX 75201		(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#: Mrs Ronald Steinhart		Amount of Contribution (\$)	In-kind contribution description (if applicable)
07/03/2009	Mas Rolland Stellmark		250.00	
	Contributor address; City; State; Zip C	ode		
	25 Robledo Dallas, TX 75230		(If travel outside of Texa	s. complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	-, -
	(1, -5	(**************************************	
Date	Full name of contributor C out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
00/00/0000	Ray Hunt			description (if applicable)
08/03/2009	Contributor address; City; State; Zip C	ode	500.00	
	1900 North Akard Dallas, TX 75201		(16 housed autolds of Tour	
Principal occupa	ation / Job title (See Instructions)	Employer ((If travel outside of Texa (See Instructions)	s, complete schedule 1)
	(2000)			
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
08/03/2009	Halff Associates State PAC		250.00	
00/03/2009	Contributor address; City; State; Zip C		250.00	
	1201 North Bowser Richardson, TX 75	081	(If travel outside of Texa	s. complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	, ,
Date	Full name of contributor C out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
08/03/2009	Steve Hargrove		200.00	
06/03/2007	Contributor address; City; State; Zip C	ode	200.00	
	P.O. Box 566077 DALLAS, TX 753.	56	(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
•				
	ATTACH ADDITIONAL COPIES O	OF THIS FORM	M AS NEEDED	
If contribut	tor is out-of-state PAC, please see instru	ction guide fo	or additional repo	rting requirements.

Texas Ethics Commission

SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched	lule A:
			4 of 5	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
M., I., D. Alla.,				
Mr Jerry R Allen				
4 Date	5 Full name of contributor c out-of-state PAC (ID#: Arthur Hollingsworth		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
08/03/2009	Audia Hollingsworth		250.00	
00,00,00	6 Contributor address; City; State; Zip C	ode		
	1 Coventry Court Dallas, TX 75230			
			(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#: Lawrence Hamilton	;	Amount of Contribution (\$)	In-kind contribution description (if applicable)
08/03/2009	Lawrence Hammon		100.00	
08/03/2009	Contributor address; City; State; Zip C	ode	100.00	
	251 S Garfield St. Suite F			
	Denver, CO 80209		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
				Los laboratores della calcina
Date	Full name of contributor c out-of-state PAC (ID#: Vinson & Elkins Texas PAC	;	Amount of Contribution (\$)	In-kind contribution description (if applicable)
08/21/2009	VIIISON & BAKINS TOKUS TITE		1000.00	
00, = 0, = 0,	Contributor address; City; State; Zip C	ode		
	2001 Ross Ave. Suite 3700 Dallas, TX 75201		(If travel outside of Texa	s complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	s, complete schedule 1)
	, ,		,	
Date	Full name of contributor C out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
00 10= 1000	Richard Rogers		` ,	description (if applicable)
09/07/2009	Contributor address; City; State; Zip C	ode	250.00	
	16251 Dallas Parkway Addison, TX 7500	1		
<u> </u>			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	Full name of contributor c out-of-state PAC (ID#:		Amount of	In kind contribution
Date	Jackson Walker L.L.P. PAC		Amount of Contribution (\$)	In-kind contribution description (if applicable)
10/16/2009			500.00	
	Contributor address; City; State; Zip C	ode		
	901 Main Suite 6000 Dallas, TX 75202		(If travel outside of Texa	i s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer ((See Instructions)	
	ATTACH ADDITIONAL COPIES (OF THIS FORM	M AS NEEDED	
If contribut	tor is out-of-state PAC, please see instru	ction guide fo	or additional repor	rtina requirements.

SCHEDULE A

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The Instruction	Guide explains how to complete this form		1 Total pages Schedule A:	
			5 of 5	
2 FILED NAME			3 ACCOUNT # (Ethics	c Commission filars)
2 FILER NAME			3 ACCOUNT # (Etnics	s commission filers)
Mr Jerry R Allen				
4 Date	5 Full name of contributor c out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
10/16/2000	Dave Andres			description (ii applicable)
10/16/2009	6 Contributor address; City; State; Zip C		1000.00	
	2800 N. Henderson Ave. Suite 200 Dallas, TX 75206			
	·		(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer ((See Instructions)	
			I	
Date	Full name of contributor c out-of-state PAC (ID#:_ Apartment Association of Greater Dallas PAC		Amount of Contribution (\$)	In-kind contribution description (if applicable)
10/16/2009	repartment resolution of Greater Bunds Free		1000.00	
	Contributor address; City; State; Zip C	Code		
	4230 LBJ Frwy. Suite 140 Dallas, TX 75244		(If travel outside of Texa	s complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	s, complete serieuale 1)
· ·				
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution
	Howard Hallam			description (if applicable)
10/16/2009	Contributor address; City; State; Zip C	Code	250.00	
	5330 S. Dentwood Dr. Dallas, TX 75220			
Principal occups	ation / Job title (See Instructions)	Employer ((If travel outside of Texa See Instructions)	s, complete Schedule T)
РППСТРАТ ОССИРА	ation 7 Job title (See Histractions)	Employer (See mstructions)	
Date	Full name of contributor c out-of-state PAC (ID#:_	,	Amount of	In-kind contribution
07/02/2000	Alice Nye		Contribution (\$)	description (if applicable)
07/03/2009	Contributor address; City; State; Zip C	Code	500.00	
	12211 Creek Forest Dallas, TX 75230			
Principal occupa	ation / Job title (See Instructions)	Employer ((If travel outside of Texa See Instructions)	s, complete Schedule 1)
Timeipai occupe	anon 7 300 title (See Histiactions)	Employer	Joe man denons)	
	Full name of contributor c out-of-state PAC (ID#:_		Amount of	In-kind contribution
Date			Contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip C	 Code		
	, , , , , , , , , , , , , , , , , , ,		46.	
Dringinal accura	ation / lob title (See Instructions)	Employer ((If travel outside of Texa	s, complete Schedule 1)
нтпстрат оссира 	ation / Job title (See Instructions)	Employer ((See Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS FORM	A AS NEEDED	
If contribut	tor is out-of-state PAC, please see instru			rting requirements.
		g		. 3 4

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 SCHEDULE F POLITICAL EXPENDITURES The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 1 of 4 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Mr Jerry R Allen Date 5 Payee name 7 Amount (\$) Exchange Club of Lake Highlands 07/01/2009 250.00 6 Payee address; City; State; Zip Code Dallas, TX 75382 P.O. Box 823725 Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Fourth of July Parade Donation for Best Float awards (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Lake Highlands Womens League 09/11/2009 250.00 City; State; Zip Code Payee address; Dallas, TX 75238 P.O. Box 38011 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Donation to annual Tour of Homes (If travel outside of Texas, complete Schedule T) Payee name **Amount** Date (\$) Forest Meadow Junior High PTA 10/02/2009 150.00 Payee address; City; State; Zip Code 9373 Whitehurst Dallas, TX 75243 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Donation to Market in the Meadow (If travel outside of Texas, complete Schedule T)

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

Payee address;

9426 Dartcrest

Payee name

Jerry Allen

Drinks for Thurgood Marshall Elementary Teacher Luncheon

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Amount (\$)

31.30

(If travel outside of Texas, complete Schedule T)

Date

08/21/2009

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Dallas, TX 75238

......

City; State; Zip Code

The Instruction	n Guide explains how to complete this form	1 Total pages 2 of 4	Schedule F:
2 FILER NAME Mr Jerry R Alle	n	3 ACCOUNT #	≠ (Ethics Commission filers)
1 Date	5 Payee name Lake Highlands Area Choir Booster Club		7 Amount (\$)
11/09/2009	6 Payee address; City; State; Zip Code 9449 Church Road Dallas, 7	TX 75238	160.00
information re Ad in Espree Pr	ogram	9 ** Complete if direct of Candidate / Officeholder nar	expenditure to benefit C/OH ** ne Office sought Office held
	ide of Texas, complete Schedule T)		1
Date	Payee name Lake Highlands Junior Womens League		Amount (\$)
12/15/2009	Payee address; City; State; Zip Code Dallas, 7 P.O. Box 38225	TX 75238	250.00
information re Donation to Rur		** Complete if direct of Candidate / Officeholder nar	expenditure to benefit C/OH ** ne Office sought Office held
Date	Payee name Lake Highlands Wildcat Club		Amount (\$)
07/03/2009	Payee address; City; State; Zip Code 9449 Church Road Dallas, 7	TX 75238	450.00
Purpose of parinformation re Senior Class Of	· · · · ·	** Complete if direct e Candidate / Officeholder nar	expenditure to benefit C/OH ** ne Office sought Office held
(If travel outs	ide of Texas, complete Schedule T)		
Date	Payee name Funding Raising Solutions		Amount (\$)
07/14/2009	Payee address; City; State; Zip Code 1500 Jackson Suite 817 Dallas, 7	ГХ 75201	1000.00
Purpose of pa information re Fund raising	yment (See instructions regarding type of quired.)	** Complete if direct e Candidate / Officeholder nar	expenditure to benefit C/OH ** ne Office sought Office held

Texas Ethics Commission Austin, Texas 78711-2070 SCHEDULE F POLITICAL EXPENDITURES The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 3 of 4 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Mr Jerry R Allen Date 7 Amount 5 Payee name (\$) Gaytha Davis 08/17/2009 148.94 6 Payee address; City; State; Zip Code 1500 Marilla Suite 5FS Dallas, TX 75201 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Willie B Johnson Senior Christmas Program Gifts (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Subway 08/21/2009 155.88 City; State; Zip Code Payee address; 9730 Abrams Suite 109 Dallas, TX 75243 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Appreciation lunch for Thurgood Marshall Elementary School (If travel outside of Texas, complete Schedule T) Payee name **Amount** Date (\$) Capital Grille 08/31/2009 100.00 Payee address; City; State; Zip Code 500 Crescent Ct. Suite 135 Dallas, TX 75201 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Donation of Gift Card to the Ebby Halliday Auction (If travel outside of Texas, complete Schedule T) Date Payee name **Amount** (\$) Moss Haven Elementary PTA 10/23/2009 Payee address; City; State; Zip Code 200.00 9202 Moss Farm Dallas, TX 75243 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Donation to Annual Auction (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1-800-325-8506

Texas Ethics Commission

POLITICAL	. EXPENDITURES			SCHEDUL	E F
The Instruction	Guide explains how to complete this form		1 Total pages Sc 4 of 4	hedule F:	
2 FILER NAME Mr Jerry R Allen			3 ACCOUNT # (Et	thics Commission filers)	
4 Date 12/15/2009	Mark Rice 2/15/2009			7 Amount (\$)	
		TX 75238		320.00	
To purchase 16 of	ment (See instructions regarding type of juired.) f Mr. Rice's book on the history of Dallas to be spresents be of Texas, complete Schedule T)		plete if direct expo Officeholder name	enditure to benefi Office sought	t C/OH ** Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)	
information req	ment (See instructions regarding type of juired.) de of Texas, complete Schedule T)		plete if direct expo Officeholder name	enditure to benefi Office sought	t C/OH ** Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)	
information req	ment (See instructions regarding type of juired.) de of Texas, complete Schedule T)		pplete if direct expo Officeholder name	enditure to benefi Office sought	t C/OH ** Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)	
information req	ment (See instructions regarding type of juired.) de of Texas, complete Schedule T)		plete if direct expo Officeholder name	enditure to benefi Office sought	t C/OH ** Office held
(ii traver outsio	ATTACH ADDITIONAL COPIES	OF THIS FORM	AS NEEDED		