P.O. Box 12070

# **CORRECTION AFFIDAVIT**

		COR-	$\sim$ $^{\prime}$	$\sim$ 1
_ (	16/1	1110		' 1

	CANE		OR OFFICEHO	DLDER		
1. ACCOUNT #			2. Total p	pages filed:		
3. CANDIDATE/	MS / MRS / MR		RST	MI	OFFIC	CE USE ONLY
OFFICEHOLDER NAME	Mr  NICKNAME	Jerry LA	ST	R SUFFIX	· · · Date Received	
4. ORIGINAL REPORT TYPE	July 15: Semi-Annual	2009			Date Hand-delieve	ered or Date Postmarked
	outy 10. Octili 7 militari	2000			Receipt #	Amount
5. ORIGINAL PERIOD COVERED	Month Day Year 4/30/2009	THROUGH	Month Day 6/30/2009		Legal  Date Processed	Totals
OOVERED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,00,200		Date Imaged	
	PAC a listing of their	r expenditures	s supporting my ca	ampaign.		
7. AFFIDAVIT  AFFIX NOTARY STA			Check ONLY if apple I swear, or affirm later than the 14t that the report as I swear, or affirm originally filed wa	plicable:  , that I am filing th business day a s originally filed is , that any error o s made in good f  Electronically Cer ture of Candidate o	this corrected rep fter the date I lea s inaccurate or inc or omission in the faith. tified * * *	arned complete. report as
Sworn to and subscribed to certify which, witness	before me, by Mr Jerry R and my hand and seal of office.	Allen		, this the 3rd	day of _ August _	, <sub>20_</sub> 0 <del>9</del> ,
Signature of officer adminster	ing oath	Printed name of o	officer administering oath		Title of officer admi	inistering oath

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

### 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. ACCOUI	NT # imission filers)	2. Total Pages Filed:	
3. CANDIDATE /	MS / MRS / MR	FIRST	MI		
OFFICEHOLDER	Mr	Jerry	R	OFFICE USE	ONLY
NAME		•		Date Received	
	NICKNAME	LAST	SUFFIX		
		Allen			
				-	
4. CANDIDATE / OFFICEHOLDER	Address/PO BOX; APT / SUITE #; 9426 Dartcrest	CITY; STA	TE; ZIP CODE		
MAILING ADDRESS	9420 Dariciesi	Dallas TX	75238	Date Hand-delievered	or Date Postmarked
C Change of Address				Date Hand-delievered	or Date rostmarked
5. CANDIDATE /	AREA CODE PHON	IE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(972) 922	5775		Receipt #	Amount
THONE	(012)	0110		Receipt #	Allount
6. CAMPAIGN	MS / MRS / MR	FIRST	MI	Date Processed	
TREASURER	Mr	Phil	R	Date Imaged	
NAME	NICKNAME	LAST	SUFFIX	Date imaged	
		Allen	0011111		
7. CAMPAIGN	STREET ADDRESS (NO PO BOX PLEA		CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	9723 Maplehill		Dallas TX 7523	38	
(Residence or business)					
8. CAMPAIGN TREASURER		NE NUMBER	EXTENSION		
PHONE	(214) 348	1919			
9. REPORT TYPE	July 15				
10. PERIOD COVERED	4/30/20	09 THROUGH	6/30/2009		
11. ELECTION	ELECTION DATE	ELECTION TYPE			
		NA			
12. OFFICE	OFFICE HELD (if any)		13. OFFICE SOUGHT (if kn	own)	
	Council District 10		Not Applicable		
14. NOTICE OF DIRECT CAMPAIGN	** Direct campaign expenditures are Candidates are required to disclose t		-		
EXPENDITURE BY OTHER INDIVIDUALS	NAME				
INDIVIDUALS					
	ADDRESS / PO BOX; APT /	SUITE #; CITY;	STATE; ZIP CODE		
C additional pages					
C additional pages					
		GO <sup>-</sup>	TO PAGE 2		
			- <del>-</del>		

## 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 polithe candidate/officeholder. The consent. Candidates and officel expenditures. **	tical contributions accepted or political expenditures see expenditures may have been made without the holders are required to report this information only	s made by political committees to support candidate's or officeholder's knowledge or if they receive notice of such
301111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME  Dallas Firefighters Association Public Safety	Committee PAC
C additional pages	X GENERAL	COMMITTEE ADDRESS 2139 Ft. Worth Ave.	Dallas, TX 75211
	c SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Robert Russ	
		COMMITTEE CAMPAIGN TREASURER ADDRESS 2139 Ft. Worth Ave.	Dallas, TX 75211
18 CONTRIBUTION TOTALS		BUTIONS OF \$50 OR LESS (OTHER THAN RANTEES OF LOANS), UNLESS ITEMIZED	\$ 285.00
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LI	BUTIONS OANS, OR GUARANTEES OF LOANS)	\$ 10270.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPEND	ITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 19375.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAST DAY	\$ 2681.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	F OF ALL OUTSTANDING LOANS AS OF THE ING PERIOD	\$ 10000.00
19 AFFIDAVIT		I swear, or affirm, under penalty of perju is true and correct and includes all inform me under Title 15, Election code.	ory, that the accompanying report nation required to be reported by
		***ELECTRONICALLY CE	
AFFIX NOTARY STAM	P / SEAL ABOVE	Signature of Candidate or (	Officeholder
Sworn to and subscribed b	efore me, by the said <u>Mr Jerr</u>	y R Allen, t	his the <u>3rd</u> day
of <u>August</u> , 20	_ <b>09</b> , to certify which, w	itness my hand and seal of office.	
Signature of officer adn	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 Sched	dule A:
			1 of 6	
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#: Harold Poole	;	7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
05/08/2009	Harold Foole		100.00	
03/06/2009	6 Contributor address; City; State; Zip C	ode	100.00	
	9730 Sanshire Dallas, TX 75231			
			(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)
05/09/2000	Phoebe Perlman			
05/08/2009	Contributor address; City; State; Zip C		1000.00	
	1019 Forrest Cathage, TX 75633			
			(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
			<b>1</b>	
Date	Full name of contributor c out-of-state PAC (ID#: Jo Baggett		Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009	Jo Buggett		500.00	
	Contributor address; City; State; Zip C	ode		
	10116 Estate Dallas, TX 75238		(If travel outside of Texa	s complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(See Instructions)	s, complete sureduce 1)
Date	Full name of contributor C out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
0.5 (0.0 (5.0.0)	Erle Nye			description (if applicable)
05/08/2009	Contributor address; City; State; Zip C	ode	1000.00	
	12211 Creek Forrest Dallas, TX 75230			
			(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	Alan Walne		Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009			1000.00	
	Contributor address; City; State; Zip C	ode		
	10020 Caribou Trail Dallas, TX 75238		(If travel outside of Texa	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 repo	rting requirements.

#### SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched	dule A:
			2 of 6	j
O ELLED MANAE			2 ACCOUNT // (Ethica	Commission filoso)
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#: Chiang Patel & Yerby Inc PAC		7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
05/08/2009	Calaning ration of rotor, and ratio		500.00	
	6 Contributor address; City; State; Zip C 1820 Regal Row Dallas, TX 75235	ode	-	-
	1620 Regal Row Danas, 174 73233		(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#:	<del>.</del>	Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009	James Sowell		1000.00	
03/00/2009	Contributor address; City; State; Zip C		1000.00	
	1601 Elm Street Suite 300 Dallas, TX 75201		(If travel outside of Texa	s complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	o, complete conseque ()
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009	Dallas Retired Firefighters Association PAC Fund		400.00	
03/00/2009	Contributor address; City; State; Zip C		400.00	
	P.O. Box 118422 Carrollton, TX 750	007	(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	In-kind contribution
Date	Carol Avery		Contribution (\$)	description (if applicable)
05/08/2009	Contributor address; City; State; Zip C	ode	500.00	
	9480 Gatetrail Dallas, TX 75238			l
Principal occupa	ation / Job title (See Instructions)	Employer (	(If travel outside of Texa (See Instructions)	s, complete Schedule T)
Trinoipal occupe	Mon , 300 title (600 mon deticins)	Employer	(dee man denoms)	
Date	Full name of contributor C out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009	Joan Walne		500.00	description (ii applicable)
03/08/2009	Contributor address; City; State; Zip C	ode	300.00	
	10020 Caribou Trail Dallas, TX 75238		(If travel outside of Texa	l s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(See Instructions)	
If contribut	ATTACH ADDITIONAL COPIES ( tor is out-of-state PAC, please see instru			rtina requirements
ı ıı continbu	ior is out-or-state FAC, piedse see IIIstiu'	ction galae K	n auurrioriai repol	ung regulienients.

#### SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched	lule A:
			3 of 6	
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
	S. W. Killion		Contribution (\$)	description (if applicable)
05/08/2009	( October 1981)		100.00	
	6 Contributor address; City; State; Zip C 9804 Tanglevine Dallas, TX 75238	oae		
			(If travel outside of Texa	s, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (	(See Instructions)	
	·		,	
Data	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Barry Owens		Contribution (\$)	description (if applicable)
05/08/2009			50.00	
	Contributor address; City; State; Zip C 9770 Wisterwood Dallas, TX 75238	ode		•
	9770 Wisterwood Danas, 1X 73238		(If travel outside of Texa	s complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	o, complete consequent,
	,	,	(,	
Date	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
	Miguel Del Valle		Contribution (\$)	description (if applicable)
05/08/2009	Operation to a solution of the Challes 71's O		100.00	
	Contributor address; City; State; Zip C 9469 Estate Dallas, TX 75238	ode		
	Danas, 17 73230		(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(See Instructions)	
			<b>.</b>	
Date	Full name of contributor c out-of-state PAC (ID#: Richard Orrock		Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009			100.00	
	Contributor address; City; State; Zip C	ode		
	4424 McFarlin Blvd Dallas, TX 75205		(If two val autoida of Tava	o complete Cahadula T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(If travel outside of Texa (See Instructions)	s, complete schedule 1)
Trincipal occupa	nion / 300 title (300 mandetions)	Limployer	(Jee man denons)	
	Full name of contributor c out-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Sherwood Blount		Contribution (\$)	description (if applicable)
05/08/2009			250.00	
	Contributor address; City; State; Zip C 16475 Dallas Parkway Suite 360	ode		
	Addison, TX 7500	1	(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.

#### SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched 4 of 6	
2 FILER NAME			3 ACCOUNT # (Ethics	Commission filers)
Mr Jerry R Allen				
4 Date 05/08/2009	5 Full name of contributor c out-of-state PAC (ID#:		7 Amount of Contribution (\$) 25.00	8 In-kind contribution description (if applicable)
	9502 Shady Valley Dallas, TX 75238		(If trough outside of Tayo	a complete Schodula T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (	(If travel outside of Texas See Instructions)	s, complete Schedule 1)
7 Trincipal occupa	mon / 300 title (See Histractions)	To Employer (	See manuchons)	
Date	Full name of contributor C out-of-state PAC (ID#: Marcos Ronquillo	)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/14/2009	Contributor address; City; State; Zip C 1201 Elm Street Suite 1700 Dallas, TX 75270		250.00	 
Principal occupa	ation / Job title (See Instructions)	Employeer	(If travel outside of Texas (See Instructions)	s, complete Schedule 1)
	(	py	(0.00	
Date	Full name of contributor C out-of-state PAC (ID#: Brian Klammer	)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009	Contributor address; City; State; Zip C 10510 Chesterton Dallas, TX 75238	ode	25.00 (If travel outside of Texa:	s. complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	See Instructions)	,
	5 11 25 25 25 25 25 25 25 25 25 25 25 25 25		Amount of	In-kind contribution
Date	Full name of contributor c out-of-state PAC (ID#: Jo Ann Cameron		Contribution (\$)	description (if applicable)
05/08/2009	Contributor address; City; State; Zip C	ode	50.00	
	9308 Mill Hollow Dallas, TX 75243		(If travel outside of Texas	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#: Nancy Primeaux	)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009	Contributor address; City; State; Zip C 9028 Green Oaks Circle Dallas, TX 75243	ode	100.00 (If travel outside of Texa:	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	See Instructions)	
If contribut	ATTACH ADDITIONAL COPIES ( tor is out-of-state PAC, please see instru			ting requirements.

#### SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched	dule A:
			5 of 6	j
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 Contribution (\$)	8 In-kind contribution description (if applicable)
05/08/2009	Stuart Barab		50.00	
03/06/2009	6 Contributor address; City; State; Zip C	ode	30.00	
	9132 Branch Hollow Dallas, TX 75243			l
O Principal accura	ation / lob title (See Instructions)	10 Employer (	(If travel outside of Texa (See Instructions)	is, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	TO Employer (	(See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Claudia Ann McAnelly		Contribution (\$)	description (if applicable)
05/08/2009	Contributor address; City; State; Zip C	nde	100.00	
	9629 Fallbrook Dallas, TX 75243	oue		
Duly six all a server	Aller / Lab Phile (Con Landworthern)	Formlesses	(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
Date	Full name of contributor C out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Sandra Standefer		Contribution (\$)	description (if applicable)
05/08/2009	Contributor address; City; State; Zip C	ode	100.00	
	9507 Winding Ridge Dallas, TX 75238		46	
Principal occupa	ation / Job title (See Instructions)	Employer (	(If travel outside of Texa (See Instructions)	s, complete Schedule 1)
	(	1 -55 - (		
Date	Full name of contributor C out-of-state PAC (ID#: Cynthia Woolley	)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
05/08/2009	Cymma rrooney		50.00	
	Contributor address; City; State; Zip C 9215 Meadowglen Dallas, TX 75238	ode		
	9215 Meadowglen Dallas, TX 75238		(If travel outside of Texa	l s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(See Instructions)	
Data	Full name of contributor C out-of-state PAC (ID#:	)	Amount of	In-kind contribution
Date	Piyush Patel		Contribution (\$)	description (if applicable)
05/08/2009	Contributor address; City; State; Zip C	ode	250.00	
	529 Greenridge Coppell, TX 75019	)	(If travel outside of Texa	s, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(See Instructions)	·
	ATTACH ADDITIONAL CODICS		A AC NEEDED	
If contribut	ATTACH ADDITIONAL COPIES ( tor is out-of-state PAC, please see instru			rtina requirements.

#### SCHEDULE A

The Instruction	Guide explains how to complete this form		1 Total pages Sched	
			<u> </u>	
2 FILER NAME		J	3 ACCOUNT # (Ethics	s Commission filers)
Mr Jerry R Allen				
4 Date	5 Full name of contributor c out-of-state PAC (ID#: Karen Brown	)	7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
05/08/2009			25.00	<u> </u>
	6 Contributor address; City; State; Zip C			
	9636 Spring Branch Dallas, TX 75238	1	(If traval autaido of Toys	as, complete Schedule T)
C. Principal occupy	-ti ( lab title (Can Instructions)	10 Employer (		is, complete schedule 1)
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	In-kind contribution
Date	Vance Detwiler	J	Contribution (\$)	description (if applicable) Fundraiser Expense
06/30/2009			930.00	
	Contributor address; City; State; Zip C 6323 Meadow Road Dallas, TX 75230		!	! !
	0323 Meddow 100dd 2 daines, 212 122 1	1	(If travel outside of Texa	as, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
		· -	·	
Date	Full name of contributor c out-of-state PAC (ID#:	)	) Amount of Contribution (\$)	In-kind contribution description (if applicable)
	Judson Pankey	ļ		Fundraiser Expense
06/30/2009	Contributor address; City; State; Zip C	nde	930.00	i
	3435 Wendy Lane Dallas, TX 75214		•	i
			(If travel outside of Texa	ıs, 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	In-kind contribution
		!	Contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip C	?ode	1	İ
		7040	<u> </u>	İ
			(If travel outside of Texa	as, 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	Tuil hame of contributor C		Contribution (\$)	description (if applicable)
			]	<u>'</u>
	Contributor address; City; State; Zip C	Code	•	<b>'</b>
		!	(If travel outside of Texa	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	action auide fo	or additional repo	rtina requirements.

**Texas Ethics Commission** 

				SCHEDULE E
The Instruction Guid	le explains how to complete this form		1 Total pages	
				1 of 1
FILER NAME Mr Jerry R Allen			3 ACCOUNT #	(Ethics Commission filers)
TOTAL OF UN	ITEMIZED LOANS: -> -	> -> -> -> -	> -> ->	\$
Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
05/15/2009	Jerry Allen			10000.00
Is lender a financial Institution?	8 Lender address; City; State	e: Zip Code		10 Interest rate %
	9426 Dartcrest Dallas, T		-	11 Maturity date
Υ (Ŋ				
2 Principal occupation	on / Job title (See Instructions)	13 Employe	r (See Instruction	ns)
4 Description of Col	ateral	<b>I</b>		
GUARANTOR	16 Name of guarantor			18 Amount Guaranteed (\$)
INFORMATION	Jerry Allen			10000.00
				10000.00
C not applicable	17 Guarantor address; City; 9426 Dartcrest Dallas,	State; Zip Code TX 75238		10000.00
	17 Guarantor address; City; S 9426 Dartcrest Dallas,	State; Zip Code	r	10000.00
	17 Guarantor address; City; 9426 Dartcrest Dallas,	State; Zip Code TX 75238	· · · · · · · · · · · · · · · · · · ·	Loan Amount (\$)
Principal Occupati  Date of Ioan  Is lender a	17 Guarantor address; City; 9426 Dartcrest Dallas, on  Name of lender	State; Zip Code TX 75238  20 Employer cout-of-state PAC (ID#:	)	
Principal Occupati	17 Guarantor address; City; 9426 Dartcrest Dallas, on  Name of lender	State; Zip Code TX 75238 20 Employer	)	Loan Amount (\$)
Principal Occupation  Date of loan  Is lender a financial Institution?	17 Guarantor address; City; 9426 Dartcrest Dallas, on  Name of lender	State; Zip Code TX 75238  20 Employer  cout-of-state PAC (ID#:	See Instructions)	Loan Amount (\$)  Interest rate
Date of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collat	17 Guarantor address; City; 9426 Dartcrest Dallas, on  Name of lender Control Lender address; City; State, / Job title (See Instructions)	State; Zip Code TX 75238  20 Employer  cout-of-state PAC (ID#:	)	Loan Amount (\$)  Interest rate
Date of Ioan  Is lender a financial Institution?  Y N  Principal occupation  Description of Collat C none	17 Guarantor address; City; 9426 Dartcrest Dallas, on  Name of lender Control Lender address; City; State, / Job title (See Instructions)	State; Zip Code TX 75238  20 Employer  cout-of-state PAC (ID#:	)	Loan Amount (\$)  Interest rate
9 Principal Occupation  Is lender a financial Institution?  Y N  Principal occupation  Description of Collat C none  GUARANTOR	17 Guarantor address; City; 9426 Dartcrest Dallas, on  Name of lender City; State  Lender address; City; State  / Job title (See Instructions)  eral  Name of guarantor	State; Zip Code TX 75238  20 Employer  cout-of-state PAC (ID#:	)	Loan Amount (\$)  Interest rate  Maturity date

1-800-325-8506

#### SCHEDULE F POLITICAL EXPENDITURES The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 1 of 2 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Mr Jerry R Allen Date 5 Payee name 7 Amount (\$) Graphics Management 05/18/2009 16591.61 City; State; Zip Code 6 Payee address; 9322 Moss Trail Dallas, TX 75231 Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held Various campaign material, phone banks and consultant fees (If travel outside of Texas, complete Schedule T) Date Payee name Amount (\$) Highlands Cafe 05/09/2009 500.00 City; State; Zip Code Payee address; 9661 Audelia Suite 105 Dallas, TX 75238 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 Victory Party (If travel outside of Texas, complete Schedule T) Payee name **Amount** Date (\$) **Funraising Solutions** 05/27/2009 1000.00 City; State; Zip Code Payee address; 1500 Jackson Suite 817 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 Fundraising (If travel outside of Texas, complete Schedule T) Date Payee name **Amount** (\$) Ellen Morrow 06/04/2009 Payee address; City; State; Zip Code 400.00 9512 Faircrest Dallas, TX 75238 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 Record keeping (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

#### SCHEDULE F POLITICAL EXPENDITURES The Instruction Guide explains how to complete this form 1 Total pages Schedule F: 2 of 2 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Mr Jerry R Allen Date 5 Payee name 7 Amount (\$) **UPS Store** 06/18/2009 4.00 6 Payee address; City; State; Zip Code 9090 Skillman Suite 182 Dallas, TX 75238 Purpose of payment (See instructions regarding type of information required.) \*\* Complete if direct expenditure to benefit C/OH \*\* Candidate / Officeholder name Office sought Office held Additional Keys for PO Box (If travel outside of Texas, complete Schedule T) Payee name Amount Date (\$) Valentine Direct Marketing 06/20/2009 879.93 Payee address; City; State; Zip Code 5415 Maple Ave. Suite 230 Dallas, TX 75235 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 Fundraising (If travel outside of Texas, complete Schedule T) Payee name **Amount** Date (\$) Payee address; City; State; Zip Code \*\* 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 (If travel outside of Texas, complete Schedule T) Date **Amount** Payee name (\$) Payee address; City; State; Zip Code 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 (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED