

**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: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: JERRY MI: R NICKNAME: Allen LAST: Allen SUFFIX:	OFFICE USE ONLY Date Received: 2007 APR 12 2:12:11 CITY SECRETARY: DALLAS, TEXAS RECEIVED Date Hand-delivered or Date Postmarked: Receipt #: Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9426 Dartcrest Dallas TX. 75238		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 349-7518		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS. FIRST: Robin MI: M. NICKNAME: NORCROSS LAST: NORCROSS SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10000 Linkwood Dallas TX. 75238		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 662-9133		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 11 / 2007 THROUGH 04 / 02 / 2007		
11 ELECTION	ELECTION DATE Month Day Year 05 / 12 / 2007	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas City Council - District 10	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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: N/A 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

Jerry R. Allen

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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: GENERAL [] SPECIFIC [] COMMITTEE NAME: N/A COMMITTEE ADDRESS: COMMITTEE CAMPAIGN TREASURER NAME: COMMITTEE CAMPAIGN TREASURER ADDRESS:

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ N/A

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,000

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 6,989.07

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5,010.93

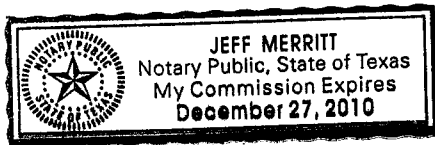
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2,000

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: Jerry R. Allen

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jerry Allen, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath: Jeff Merritt

Title of officer administering oath: Notary Public

**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 11

2 FILER NAME
Jerry R. Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date: 1-25-07
5 Full name of contributor: Robert P. Potts
 out-of-state PAC (ID#: _____)

7 Amount of contribution (\$):
350.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
13840 Rockbend Pl. Dallas, TX 75240

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 1-25-07
Full name of contributor: Mrs. Herb Walne
 out-of-state PAC (ID#: _____)

Amount of contribution (\$):
500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10408 Sunshine Cir. Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 1-25-07
Full name of contributor: Joan Walne
 out-of-state PAC (ID#: _____)

Amount of contribution (\$):
500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10020 Caribou Trl. Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 1-26-07
Full name of contributor: Ebby Halliday Acers
 out-of-state PAC (ID#: _____)

Amount of contribution (\$):
250.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 12348 Dallas, TX 75225

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 1-26-07
Full name of contributor: Michael R. Oglesby
 out-of-state PAC (ID#: _____)

Amount of contribution (\$):
500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
170 St. Michael's Way Rockwall, TX 75082

(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 11

2 FILER NAME
Jerry R. Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date
1-30-07

5 Full name of contributor out-of-state PAC (ID#: _____)
George A. Engelland, III

7 Amount of contribution (\$)
50.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
7627 Marquette St. Dallas TX 75225

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1-31-07

Full name of contributor out-of-state PAC (ID#: _____)
Phil R. Allen

Amount of contribution (\$)
1,000.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9723 Maplehill Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-5-07

Full name of contributor out-of-state PAC (ID#: _____)
Stephen S. Kurth

Amount of contribution (\$)
400.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9306 Canter Dr. Dallas, TX 75231

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-5-07

Full name of contributor out-of-state PAC (ID#: _____)
Kristeen Buaks

Amount of contribution (\$)
50.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9802 Church Circle Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-12-07

Full name of contributor out-of-state PAC (ID#: _____)
Yvonne W. Yielding

Amount of contribution (\$)
100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10424 Trailcliff 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: <i>3 of 11</i>	
2 FILER NAME <i>Jerry R. Allen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-20-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Adams</i>	7 Amount of contribution (\$) <i>250.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9927 Capridge Dr. Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2-23-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Philip Ritter</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10824 Aladdin Dr. Dallas, TX 75229</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-5-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dean Vanderbilt</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1317 Fenway St. Decatur, GA 30030</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-14-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Solomon</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10305 Mosscrest Dr. Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-14-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorian Buford</i>	Amount of contribution (\$) <i>250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8724 Arbor Park Ct. Dallas, TX 75243</i>		(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:
4 of 11

2 FILER NAME *JERRY R. ALLEN*

3 ACCOUNT # (Ethics Commission filers)

4 Date *3-14-07* 5 Full name of contributor out-of-state PAC (ID#: _____)
MARK R. NEWMAN

7 Amount of contribution (\$) *250.-* 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
9553 Dart Ridge Dr Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date *3-14-07* Full name of contributor out-of-state PAC (ID#: _____)
JANE Mc MULLEN ORROCK

Amount of contribution (\$) *50.-* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4424 McFarlin Blvd. Dallas, TX 75205

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *3-14-07* Full name of contributor out-of-state PAC (ID#: _____)
JOHN C. DANISH

Amount of contribution (\$) *50.-* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1117 Capitol Ct. Irving, TX 75060

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *3-14-07* Full name of contributor out-of-state PAC (ID#: _____)
J.C. Killian

Amount of contribution (\$) *25.-* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
829 Melba St. Dallas, TX 75208

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *3-19-07* Full name of contributor out-of-state PAC (ID#: _____)
RICHARD R. LARKINS

Amount of contribution (\$) *100.-* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9951 Tanglevine 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: <i>5 of 11</i>	
2 FILER NAME <i>Jerry R. Allen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-19-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol Baker</i>	7 Amount of contribution (\$) <i>100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9928 Spirehaven Ln. Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TERRI K. HAWKINS</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9026 Meadow Knoll Dallas, TX 75243</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GAYLA ENGEL</i>	Amount of contribution (\$) <i>50.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10036 Windledge Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerald Deats</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9159 Dunmore Dr. Dallas, TX 75231</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fenne Collett</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10110 Ferndale Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORMS 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: <i>6 of 11</i>	
2 FILER NAME <i>Jerry R. Allen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-20-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nancy Barry</i>	7 Amount of contribution (\$) <i>100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9539 Cove Meadow Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jon L. Dooley</i>	Amount of contribution (\$) <i>250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9505 Fieldcrest Ct. Dallas TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TERRI HEARD</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9602 Hilldale Dallas, TX 75231</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stephen M. Adams</i>	Amount of contribution (\$) <i>25.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10005 Parkford Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-20-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Katie Wolfe</i>	Amount of contribution (\$) <i>50.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9965 Larchbrook Dr. Dallas, TX 75238</i>		(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:
7 of 11

2 FILER NAME *Jerry R. Allen*

3 ACCOUNT # (Ethics Commission filers)

4 Date
3-20-07

5 Full name of contributor out-of-state PAC (ID#: _____)
Rosemarie Ewton

7 Amount of contribution (\$)
200.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
950 Windy Knoll Dallas, TX 75243

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
John P. Morrow

Amount of contribution (\$)
500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
*4925 Greenville Ave. Ste 1116
Dallas, TX 75206*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
Pamela Dunlop Gates

Amount of contribution (\$)
100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2209 Briardale Rd. Fr. Worth TX 76119

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
Jo Baggett

Amount of contribution (\$)
250.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
10116 Estate Ln. Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
Margaret Gall

Amount of contribution (\$)
100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9247 Moss Haven Dallas, TX 75231

(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: <i>8 of 11</i>	
2 FILER NAME <i>Jerry R. Allen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-29-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Allen</i>	7 Amount of contribution (\$) <i>100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6043 Park Lane Dallas, TX 75225</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beverly Renkes</i>	Amount of contribution (\$) <i>250.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9610 Hillview Dallas, TX 75231</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brooks Purnell</i>	Amount of contribution (\$) <i>500.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7114 Claybrook Dallas, TX 75231</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Hoxan</i>	Amount of contribution (\$) <i>200.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9005 Gurnison Dallas, TX 75231</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jerry Nagid</i>	Amount of contribution (\$) <i>100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5031 McKinney Ave. Dallas, TX 75205</i>		(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: <i>9 of 11</i>	
2 FILER NAME <i>Jerry R. Allen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-29-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pam Norman</i>	7 Amount of contribution (\$) <i>100.</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10011 Larchbrook Dallas TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Kathryn Bontred</i>	Amount of contribution (\$) <i>100.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9328 Faircrest Dr Dallas TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret R. Hill</i>	Amount of contribution (\$) <i>250.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9702 Trail Hill Dallas TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ted Hill</i>	Amount of contribution (\$) <i>100.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6515 Danbury Dallas TX 75214</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Aughinbaugh</i>	Amount of contribution (\$) <i>100.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9520 Windy Hill Dallas TX 75238</i>		(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:
10 of 11

2 FILER NAME *Jerry R. Allen*

3 ACCOUNT # (Ethics Commission filers)

4 Date
3-29-07

5 Full name of contributor out-of-state PAC (ID#: _____)
Lisa H. Sims

7 Amount of contribution (\$)
50.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
9217 Canter Dallas, TX 75231

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
Jana Boswell

Amount of contribution (\$)
250.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9406 Winding Ridge Ln Dallas TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
Katherine Bell Stewart

Amount of contribution (\$)
100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7935 Square M Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
Thomas E. Nagle

Amount of contribution (\$)
500.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9408 Parkcrest Dallas, TX 75238

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-29-07

Full name of contributor out-of-state PAC (ID#: _____)
Janet Beard

Amount of contribution (\$)
100.-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
9534 Loma Vista Dallas TX 75243

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: <i>11 of 11</i>	
2 FILER NAME <i>Jerry R. Allen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3-22-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward M. Chronister</i>	7 Amount of contribution (\$) <i>100.</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>9215 Middle Glen Dallas, TX 75243</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)	
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)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

N/A

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

1 of 1

2 FILER NAME

Jerry R. Allen

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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.

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form. 1 Total pages Schedule E: 1 of 1

2 FILER NAME Jerry R. Allen 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 3-14-07 7 Name of lender Jerry R. Allen 9 Loan Amount (\$) 2,000.-

6 Is lender a financial institution? Y 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 none

15 GUARANTOR INFORMATION 16 Name of guarantor 17 Guarantor address; City; State; Zip Code 18 Amount Guaranteed (\$)

19 Principal Occupation 20 Employer

Date of loan Name of lender out-of-state PAC (ID#:) Loan Amount (\$) Is lender a financial institution? Lender address; City; State; Zip Code Interest rate Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; Zip Code not applicable

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 *Jerry R. Allen*

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-13-07

5 Payee name
Michael Knapp

7 Amount (\$)
1,025.-

6 Payee address; City; State; Zip Code
439 Rainforest Ct. Murphy, TX 75094

8 Purpose of payment (See instructions regarding type of information required.)
Web site installation
(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
2-4-07

Payee name
Border Books
Payee address; City; State; Zip Code
5500 Greenville Ave. Dallas, TX 75206

Amount (\$)
167.76

Purpose of payment (See instructions regarding type of information required.)
Printed material for event
(If travel outside of Texas, complete Schedule T)

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

Date
3-14-07

Payee name
Graphics Management
Payee address; City; State; Zip Code
5489 Blair Road, Ste 275 Dallas, TX 75231

Amount (\$)
3,396.31

Purpose of payment (See instructions regarding type of information required.)
Yard signs, Fundraiser Invitation Package, Mailing & Postage Expense, Sales Tax
(If travel outside of Texas, complete Schedule T)

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

Date
3-14-07

Payee name
Clayton P. Henry
Payee address; City; State; Zip Code
5489 Blair Road, Ste 400 Dallas, TX 75231

Amount (\$)
2,000.-

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

Jerry R. Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-27-07

5 Payee name

W. Gregg Hill

7 Amount (\$)

400.-

6 Payee address; City; State; Zip Code

915 South Peak Dallas, TX 75223

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

Printing

(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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
10 of 1

2 FILER NAME

Jerry R. Allen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

6 Payee address; City; State; Zip Code

N/A

8 Amount (\$)

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH **SCHEDULE H**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: **1 of 1**

2 FILER NAME **Jerry R. Allen**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5 Business name
6 Business address; City; State; Zip Code

N/A

7 Amount (\$)

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

(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 Business name
Business address; City; State; Zip Code

Amount (\$)

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 Business name
Business address; City; State; Zip Code

Amount (\$)

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 Business name
Business address; City; State; Zip Code

Amount (\$)

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

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:
1 of 1

2 FILER NAME

JERRY R. ALLEN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

8 Amount (\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

10 of 1

2 FILER NAME

JERRY R. ALLEN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

N/A

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1 of 1

2 FILER NAME Jerry R. Allen

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A

5 Contribution / Expenditure reported on:

- Schedule A, B, C, D, F, G, H, N, COH-UC, COH-T, PAC-T, SPAC-T

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A, B, C, D, F, G, H, N, COH-UC, COH-T, PAC-T, SPAC-T

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A, B, C, D, F, G, H, N, COH-UC, COH-T, PAC-T, SPAC-T

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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