

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:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Timothy H.
NICKNAME LAST SUFFIX
Nelson

OFFICE RECEIVED

Date Received
MAY 06 2011
City Secretary's Office

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
10412 Noel Dr. Frisco TX 75035

1:41pm Jst
Date Hand-delivered or Postmarked

change of address

Receipt # Amount

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 898-8461

Date Processed

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. David H.
NICKNAME LAST SUFFIX
Paul

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
623 Dogwood Tr. McKinney TX 75070

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 562-7248

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4 / 5 / 2011 THROUGH 5 / 4 / 2011

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 14 / 2011 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Frisco City Council (Place 5)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Timothy H. Nelson

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 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

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

\$ ~~1,200.00~~ ²

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

\$ 3,120.00

EXPENDITURE TOTALS

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

\$ 250.00

4. TOTAL POLITICAL EXPENDITURES

\$ 10835.95

CONTRIBUTION BALANCE

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

\$ ~~4570.00~~

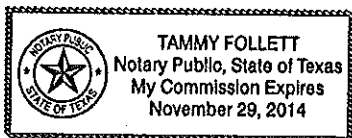
OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Timothy H. Nelson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy H. Nelson, this the 16th day of May, 20 11, to certify which, witness my hand and seal of office.

Tammy Follett Tammy Follett Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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 2**

2 FILER NAME
Timothy H. Nelson

3 ACCOUNT # (Ethics Commission Filers)

4 Date
5/1/2011

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

Sharon Born

6 Contributor address; City; State; Zip Code

**7241 Reflection Bay Dr.
FRISCO, TX 75034**

7 Amount of contribution (\$) **100.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
5/1/2011

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

Robert Sharp

Contributor address; City; State; Zip Code

**7614 Pasatiempo Dr.
FRISCO, TX 75034**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/29/2011

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

Howard Rosenberg

Contributor address; City; State; Zip Code

**5526 Stone Canyon Dr.
FRISCO, TX 75034**

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

owner

AARC

Date
4/27/2011

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

Frisco Police Officers Association

Contributor address; City; State; Zip Code

**P.O. Box 2263
FRISCO, TX 75034**

Amount of contribution (\$) **300.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/27/2011

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

Sharon Van Antwerpen

Contributor address; City; State; Zip Code

**10082 Summit Run Dr.
FRISCO, TX 75035-4725**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 2	
2 FILER NAME Timothy H. Nelson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Royer	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5759 Stillwater Tr. Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Hogsett	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1217 Carlisle Ct. Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salme Ronderos	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1798 Torrey Pines Frisco, TX 75034-6926		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mac Hopkin	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8400 Hickory St. #1302 Frisco, TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Ricketts	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2151 Landings Dr., Bldg. T 2nd Fl Mountain View, CA 94043		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1/5	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/1/2011	5 Payee name TMO SPORTSWEAR, LP
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6 Amount (\$) 600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 5604 FRISCO TX 75035
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BRUNCH
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Date 4/22/2011	Payee name FIRST GRAPHIC SERVICES
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Amount (\$) 646.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 229 GARVON ST. GARLAND TX 75040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIGNS/MAGNETS
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Date 4/8/2011	Payee name PRINT PLACE
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Amount (\$) 75.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H. EAST ARLINGTON TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS
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Date 4/8/2011	Payee name PRINT PLACE
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Amount (\$) 306.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H. EAST ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FLYER/MAILER POSTAGE
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2/5	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/8/2011	5 Payee name PRINT PLACE
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6 Amount (\$) 280.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1130 AVE H, EAST ARLINGTON, TX 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FLYER/MAILER
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Date 4/11/2011	Payee name PRINT PLACE
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Amount (\$) 1043.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H, EAST ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FLYER/MAILER
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Date 4/12/2011	Payee name PRINT PLACE
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Amount (\$) 1455.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H, EAST ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FLYER/MAILER POSTAGE
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Date 5/2/2011	Payee name PRINT PLACE
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Amount (\$) 1189.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1130 AVE H, EAST ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING/PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FLYER MAILER
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center;">3/5</p>	2 FILER NAME <p style="text-align:center;">TIMOTHY J. NELSON</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center;">5/3/2011</p>	5 Payee name <p style="text-align:center;">PRINT PLACE</p>	
6 Amount (\$) <p style="text-align:center;">1824.34</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center;">1130 AVE D. EAST ARLINGTON, TX 76011</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center;">ADVERTISING / PRINTING EXPENSE</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">FLYER / MAILER / POSTAGE</p>
Date <p style="text-align:center;">4/20/2011</p>	Payee name <p style="text-align:center;">ALVIN HUERTA</p>	
Amount (\$) <p style="text-align:center;">350.00</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">4163 PENCE DR. FRISCO, TX, 75034</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">EVENT EXPENSE</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">FORUM</p>
Date <p style="text-align:center;">4/5/2011</p>	Payee name <p style="text-align:center;">FRISCO WEBSITES</p>	
Amount (\$) <p style="text-align:center;">1948.18</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">P.O. BOX 5023 FRISCO, TX 75035</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">ADVERTISING EXPENSE</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">WEBSITE</p>
Date <p style="text-align:center;">\$ 178.94</p>	Payee name <p style="text-align:center;">LOWES</p>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center;">3360 PRESTON RD FRISCO TX 7503</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">ADVERTISING EXPENSE</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center;">POLES/TIES FOR SIGNS</p>

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4/5	2 FILER NAME TIMOTHY H. NELSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/1/2011	5 Payee name EB BBQ BOOTS
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6 Amount (\$) 109.48 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code #5 STONEBRIAR WAY, FRISCO TX 75034
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 3/15/2011	Payee name FRISCO ROTARY
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Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7020 MAIN ST. FRISCO TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) PADDY DASH REGISTRATION
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Date 4/20/2011	Payee name OFFICE DEPOT
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Amount (\$) 7.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2930 PRESTON RD #700 FRISCO TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
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Date 4/15/2011	Payee name TOOTIE TAE CO
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Amount (\$) 8.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6959 LEBANON RD FRISCO TX 75034
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) RIBBON CUTTING
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>5/5</i>	2 FILER NAME <i>TIMOTHY H. NELSON</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/31/2011</i>	5 Payee name <i>AMERICAN AIRLINES</i>	
6 Amount (\$) <i>361.90</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>4255 AMON CARTER BLVD. FT WORTH, TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>TRAVEL</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>TRAVEL BACK TO DALLAS TO ^{FRISCO} CAMPAIGN</i>
Date <i>5/3/2011</i>	Payee name <i>THE WINE MAVEN</i>	
Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1806 PORT ISABEL DR. ALLEN, TX 75013</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>VIDEO</i>
Date <i>5/4/2011</i>	Payee name <i>TED HART</i>	
Amount (\$) <i>50.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>6703 CANYON LAKE DR. FRISCO TX 75034</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE GOLF TOURNAMENT</i>	Description (If travel outside of Texas, complete Schedule T) <i>GOLF TOURNAMENT SPON.</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED