Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 5

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt #
Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
NAME PREFIX: Mr.
FIRST: John
MI: R.
NICKNAME: Bob
LAST: Ferguson
SUFFIX: III

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted]
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE:
PHONE NUMBER: [redacted]
EXTENSION:

6 CAMPAIGN TREASURER NAME
NAME PREFIX: Mr.
FIRST: Terry
MI:
NICKNAME:
LAST: Kelley
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 8201 Preston Road, Suite 200
APT / SUITE #:
CITY: Dallas,
STATE: TX
ZIP CODE: 75225

8 CAMPAIGN TREASURER PHONE
AREA CODE: (972)
PHONE NUMBER: 348-6196
EXTENSION:

9 REPORT TYPE
☐ January 15
☐ 30th day before election
☐ Runoff
☐ 10th 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: 01 / 01 / 10
THROUGH
Month / Day / Year: 06 / 30 / 10

11 ELECTION
ELECTION DATE: Month / Day / Year
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): DECCD Trustee, District 2

13 OFFICE SOUGHT (if known)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
John R. (Bob) Ferguson III

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.

☐ additional pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL ☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4. TOTAL POLITICAL EXPENDITURES	$ 1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,882.45
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.

John R. (Bob) Ferguson III

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John R. Ferguson, III, this the 2nd day of November, 20 10, to certify which, witness my hand and seal of office.

Jana Goulet

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

JANA GOULET
Notary Public
STATE OF TEXAS
My Comm. Exp. April 27, 2013

Texas Ethics Commission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received: JAN 2011 received DCCCD

Date Hand-delivered or Date Postmarked

Receipt #

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: Bill MI: M.
NICKNAME LAST: Metzger SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE
☐ Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER [redacted] EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST: Hon. Martha Sanchez Metzger MI
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] APT / SUITE #: CITY: STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER [redacted] EXTENSION

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: 7 16 2010 THROUGH Month Day Year: 1 14 2011

11 ELECTION
ELECTION DATE Month Day Year:
ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): DCCCD Trustee

13 OFFICE SOUGHT (if known)

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

Revised 07/2010

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78712070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT SUPPORT TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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. "

☐ additional pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 249.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2076.50

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	TOTAL POLITICAL EXPENDITURES	$ 815.47

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3035.03

OUTSTANDING LOAN TOTALS

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

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/Officeholder

AFFIX NOTARY STAMP/ SEAL ABOVE

Sworn to and subscribed before me, by the said Notary Public, this the 25 day of January, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Wanda Johnson

Printed name of officer administering oath — Printed title of officer administering oath

Revised 11/2/2009

WANDA JOHNSON
Notary Public, State of Texas
My Commission Expires
January 25, 2014

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor ☐ out-of-state PAC (Full Name):	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-16-2010	Hon. Greg Noschese 6 Contributor address; City; State; Zip Code Mesquite, TX 75181	232.50 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)	10 Employer (See instructions)		

Date	Full name of contributor ☐ out-of-state PAC (Full Name):	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Hon. Cindy Burkett Contributor address; City; State; Zip Code Mesquite, TX 75149	100.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)	Employer (See instructions)		

Date	Full name of contributor ☐ out-of-state PAC (Full Name):	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Hon. Elvira Reyna Contributor address; City; State; Zip Code 14805 Riverside, Little Elm, TX 75068	300.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)	Employer (See instructions)		

Date	Full name of contributor ☐ out-of-state PAC (Full Name):	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Hon. Randall Dunning Contributor address; City; State; Zip Code 257 Bellwood, Garland, TX 75040	50.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)	Employer (See instructions)		

Date	Full name of contributor ☐ out-of-state PAC (Full Name):	Amount of contribution ($)	In-kind contribution description (if applicable)
7-17-2010	Danny & Arlene Alexander Contributor address; City; State; Zip Code 2325 Penrose, Mesquite, TX 75150	25.00 (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 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; St ate; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-18-2010	Bill & Linda Russell	9016 Maguires Bridge Dr.; Dallas, TX 75231	50.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; St ate; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Raul Siao	417 Ranchero; Sunnyvale, TX 75182	50.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; St ate; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Robert & LuANN Nelson	4307 Live Oak; Mesquite, TX 75150	25.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; St ate; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Tom Brashear	1417 Panola, Mesquite, TX 75150	100.00	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; St ate; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-19-2010	Don Riggs	618 Creek Bend; Mesquite, TX 75149	250.00	(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 foradditional reporting requirements.

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78712070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-18-2010	David G. Luther Jr. 6 Contributor address; City; St ate; Zip Code 1106 Meadow Run; Duncanville, TX 75137	100.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Robert Richmond Contributor address; City; St ate; Zip Code 6904 Tokalon Dr; Dallas, TX 75214	100.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Dale & Elva Christiansen Contributor address; City; St ate; Zip Code 4946 Military Dr. W; San Antonio 78242	30.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employe(SeeInstructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-19-2010	Georgeann Moss Contributor address; City; St ate; Zip Code 453 Stone Canyon, Sunnyvale, TX 75182	50.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employe(SeeInstructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-19-2010	Mike Slaton Contributor address; City; St ate; Zip Code 305 Brookwood Forest Dr; Sunnyvale, TX 75182	100.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employe(SeeInstructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-18-2010	Hon. George Venner 6 Contributor address; City; St ate; Zip Code 612 Parkhaven Dr; Mesquite, TX 75149	50.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Mary Fleming Contributor address; City; St ate; Zip Code 4114 Stone Haven Dr; Garland, TX 74043	100.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Orethann Price Contributor address; City; St ate; Zip Code 7111 Dillon Dr; Dallas, TX 75227	50.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Gloria Sanchez Contributor address; City; St ate; Zip Code 1320 Garden; Laredo, TX 78040	65.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; St ate; 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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
7-16-2010	Booker Industries Dallas, TX 75235	441.23

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

(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 / Payee address: City; State; Zip Code	Amount ($)
7-18-2010	Sunnyvale News Sunnyvale, TX 75182	58.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
7-20-2010	LAZ PARKING 951 Dallas, TX	7.00

Purpose of payment (See instructions regarding type of information required.): GOP Convention Parking Lot

(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 / Payee address: City; State; Zip Code	Amount ($)
7-21-2010	LAZ PARKING 951 Dallas, TX	10.00

Purpose of payment (See instructions regarding type of information required.): GOP Convention Parking Lot

(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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	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
7-24-2010	USPS Postage Mesquite, TX 75149	17.60	Stamps	
7-28-2010	Jodie Laubenberg Campaign Sunnyvale, TX 75182	30.00	contribution	
7-26-2010	TRINITY PARKING 6212 Dallas, TX	6.00	GDHCC Parking	
7-29-2010	Kroger 0209 Mesquite, TX 75149	5.08	Drinks	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 This page's Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filed)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
7-20-2010	Texans For Rick Perry Austin, TX	50.00

8 Purpose of payment (See instructions regarding type of information required.)
Contribution
(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 / Payee address: City; State; Zip Code	Amount ($)
7-22-2010	Jeb Hensarling Campaign Dallas, TX	100.00

Purpose of payment (See instructions regarding type of information required.)
contribution
(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 / Payee address: City; State; Zip Code	Amount ($)
10-6-2010	Sonoma Grill Flower Mound, TX	35.01

Purpose of payment (See instructions regarding type of information required.)
Lunch Supporter
(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 / Payee address: City; State; Zip Code	Amount ($)
10-6-2010	Olive Garden Flower Mound, TX	30.55

Purpose of payment (See instructions regarding type of information required.)
Lunch Supporter
(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 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12-11-2010	Greater Garland Repub. Organiz. Garland, TX	25.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name; Office sought; Office held
Contribution (If travel outside of Texas, complete Schedule T)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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
(If travel outside of Texas, complete Schedule T)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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
(If travel outside of Texas, complete Schedule T)	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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
(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: Bill MI: M.
NICKNAME: LAST: Metzger SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE:

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: [redacted] PHONE NUMBER: EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Hon. FIRST: Martha MI: Sanchez
NICKNAME: LAST: Metzger SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] APT / SUITE #: CITY: STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE
AREA CODE: [redacted] PHONE NUMBER: EXTENSION:

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

10 PERIOD COVERED
Month: 7 Day: 16 Year: 2010 THROUGH Month: 1 Day: 14 Year: 2011

11 ELECTION
ELECTION DATE — Month: Day: Year:
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): DCCCD Trustee

13 OFFICE SOUGHT (if known):

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

OFFICE USE ONLY
JAN 2011
Received DCCCD
Date Received:
Received by:
Amount:
Date Processed:
Date Imaged:

GO TO PAGE 2

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78712070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT SUPPORT &OTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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	$ 249.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2076.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 815.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3035.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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 / Officeholder

AFFIX NOTARY STAMP/ SEAL ABOVE

Sworn to and subscribed before me, by the said Notary Public, this the 25 day of January, 2011, to certify which, witness my hand and seal of office.

Wanda Johnson — Wanda Johnson

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

WANDA JOHNSON
Notary Public, State of Texas
My Commission Expires
January 25, 2014

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-16-2010	Hon. Greg Noschese 6 Contributor address; City; State; Zip Code Mesquite, TX 75181	232.50 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Hon. Cindy Burkett Contributor address; City; State; Zip Code Mesquite, TX 75149	100.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) Amount if	contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Hon. Elvira Reyna Contributor address; City; State; Zip Code 14805 Riverside, Little Elm, TX 75068	300.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Amount if	contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Hon. Randall Dunning Contributor address; City; State; Zip Code 257 Bellwood, Garland, TX 75040	50.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) Amount if	contribution ($)	In-kind contribution description (if applicable)
7-17-2010	Danny & Arlene Alexander Contributor address; City; State; Zip Code 2325 Penrose, Mesquite, TX 75150	25.00 (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 foradditional 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-18-2010	Bill & Linda Russell 6 Contributor address; City; State; Zip Code 9016 Maguires Bridge Dr.; Dallas, TX 75231	50.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Raul Siao Contributor address; City; State; Zip Code 417 Ranchero; Sunnyvale, TX 75182	50.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Robert & LuANN Nelson Contributor address; City; State; Zip Code 4307 Live Oak; Mesquite, TX 75150	25.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-16-2010	Tom Brashear Contributor address; City; State; Zip Code 1417 Panola, Mesquite, TX 75150	100.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-19-2010	Don Riggs Contributor address; City; State; Zip Code 618 Creek Bend; Mesquite, TX 75149	250.00 (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 foradditional 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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-18-2010	David G. Luther Jr. 6 Contributor address; City; State; Zip Code 1106 Meadow Run; Duncanville, TX 75137	100.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Robert Richmond Contributor address; City; State; Zip Code 6904 Tokalon Dr; Dallas, TX 75214	100.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Dale & Elva Christiansen Contributor address; City; State; Zip Code 4946 Military Dr. W; San Antonio 78242	30.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-19-2010	Georgeann Moss Contributor address; City; State; Zip Code 453 Stone Canyon, Sunnyvale, TX 75182	50.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-19-2010	Mike Slaton Contributor address; City; State; Zip Code 305 Brookwood Forest Dr; Sunnyvale, TX 75182	100.00 (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 foradditional 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 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-18-2010	Hon. George Venner 6 Contributor address; City; State; Zip Code 612 Parkhaven Dr; Mesquite, TX 75149	50.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Mary Fleming Contributor address; City; State; Zip Code 4114 Stone Haven Dr; Garland, TX 74043	100.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Orethann Price Contributor address; City; State; Zip Code 7111 Dillon Dr; Dallas, TX 75227	50.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
7-18-2010	Gloria Sanchez Contributor address; City; State; Zip Code 1320 Garden; Laredo, TX 78040	65.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor 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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-16-2010	Booker Industries Dallas, TX 75235	441.23

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

(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 / Payee address; City; State; Zip Code	Amount ($)
7-18-2010	Sunnyvale News Sunnyvale, TX 75182	58.00

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

(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-20-2010	LAZ PARKING 951 Dallas, TX	7.00

Purpose of payment (See instructions regarding type of information required.): GOP Convention Parking Lot

(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 / Payee address; City; State; Zip Code	Amount ($)
7-21-2010	LAZ PARKING 951 Dallas, TX	10.00

Purpose of payment (See instructions regarding type of information required.): GOP Convention Parking Lot

(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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-24-2010	USPS Postage Mesquite, TX 75149	17.60

8 Purpose of payment (See instructions regarding type of information required.): Stamps
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-28-2010	Jodie Laubenberg Campaign Sunnyvale, TX 75182	30.00

Purpose of payment (See instructions regarding type of information required.): contribution
(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 / Payee address; City; State; Zip Code	Amount ($)
7-26-2010	TRINITY PARKING 6212 Dallas, TX	6.00

Purpose of payment (See instructions regarding type of information required.): GDHCC Parking
(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 / Payee address; City; State; Zip Code	Amount ($)
7-29-2010	Kroger 0209 Mesquite, TX 75149	5.08

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-20-2010	Texans For Rick Perry Austin, TX	50.00

8 Purpose of payment (See instructions regarding type of information required.): Contribution
(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 / Payee address; City; State; Zip Code	Amount ($)
7-22-2010	Jeb Hensarling Campaign Dallas, TX	100.00

Purpose of payment (See instructions regarding type of information required.): contribution
(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 / Payee address; City; State; Zip Code	Amount ($)
10-6-2010	Sonoma Grill Flower Mound, TX	35.01

Purpose of payment (See instructions regarding type of information required.): Lunch Supporter
(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 / Payee address; City; State; Zip Code	Amount ($)
10-6-2010	Olive Garden Flower Mound, TX	30.55

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12-11-2010	Greater Garland Repub. Organiz. Garland, TX	25.00

8 Purpose of payment (See instructions regarding type of information required.)
Contribution
(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 / Payee 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	Payee name / Payee 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	Payee name / Payee 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

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: Bill MI: M.
NICKNAME LAST: Metzger SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[redacted]
☐ Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
[redacted]

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST: Hon. Martha Sanchez Metzger MI
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[redacted]

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
[redacted]

OFFICE USE ONLY
Date Received
JUL 2011
Date Hand-delivered or Date Postmarked
Received DCCCD
Receipt # Amount
Date Processed
Via Image Received by David L. Hay

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: 1 / 1 / 2011 THROUGH Month Day Year: 7 / 15 / 2011

11 ELECTION
ELECTION DATE Month Day Year: 5 / 8 / 2010
ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
DCCCD Trustee

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

Texas Ethics Commission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT SUPPORT TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
BILL METZGER

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	$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15175.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	TOTAL POLITICAL EXPENDITURES	$ 2579.73

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4,936.29

OUTSTANDING LOAN TOTALS

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

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/Officeholder

AFFIX NOTARY STAMP/ SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Metzger, this the 19th day of July, 2011, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath: MARILYN HERRIDGE

Title of officer administering oath: Notary Public, State of Texas

My Commission Expires: June 19, 2015

Revised 08/26/2009

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4-1-2011	Dwayne Horner Texas	2500.00	political consulting

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-21-2011	Bill Metzger, Sr [redacted]	8000.00	postage printing

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Amount if Contributor address; City; State; Zip Code	contribution ($)	In-kind contribution description (if applicable)
	see attached spreadsheet	4675.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Amount if Contributor address; City; State; Zip Code	contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:) Amount if Contributor address; City; State; Zip Code	contribution ($)	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 FORM AS NEEDED

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

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-6-2011	Mesquite Republican Women Club Mesquite, TX 75150	15.00

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

(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 / Payee address; City; State; Zip Code	Amount ($)
1-6-2011	Mesquite Republican Women Club Mesquite, TX 75150	75.00

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

(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 / Payee address; City; State; Zip Code	Amount ($)
1-28-2011	Paypal California	30.00

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

(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 / Payee address; City; State; Zip Code	Amount ($)
2-16-2011	USPS Mesquite, TX 75149	132.00

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

(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

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2-17-2011	Dwayne Horner Texas	234.00

8 Purpose of payment (See instructions regarding type of information required.)
mail list
(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 / Payee address; City; State; Zip Code	Amount ($)
3-7-2011	James Knight Rowlett, TX	75.00

Purpose of payment (See instructions regarding type of information required.)
photography
(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 / Payee address; City; State; Zip Code	Amount ($)
3-8-2011	Paypal California	25.00

Purpose of payment (See instructions regarding type of information required.)
website services
(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 / Payee address; City; State; Zip Code	Amount ($)
3-14-2011	Greater Garland Republican Organization Garland, Texas	15.00

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

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78712070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-29-2011	Jalapeno Tree Mesquite, TX 75150	481.27

8 Purpose of payment (See instructions regarding type of information required.): fundraising event
(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 / Payee address; City; State; Zip Code	Amount ($)
3-30-2011	Jalapeno Tree Mesquite, TX 75150	92.46

Purpose of payment (See instructions regarding type of information required.): fundraising 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	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-29-2011	Jalapeno Tree Mesquite, TX 75150	850.00

Purpose of payment (See instructions regarding type of information required.): fundraising 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	Payee name / Payee address; City; State; Zip Code	Amount ($)
3-31-2011	Sunnyvale ISD Sunnyvale , Texas 75182	50.00

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

TexasEthicsCommission P .O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-5-2011	Gerry Cooper Justice of the Peace Garland, Texas	100.00

8 Purpose of payment (See instructions regarding type of information required.)
fundraising event
(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 / Payee address; City; State; Zip Code	Amount ($)
2-17-2011	Dwayne Horner Texas	300.00

Purpose of payment (See instructions regarding type of information required.)
mail list
(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 / Payee address; City; State; Zip Code	Amount ($)
6-11-2011	PLAT PARKING LOT 165 Dallas, Texas	5.00

Purpose of payment (See instructions regarding type of information required.)
Parking GDHCC 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	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-17-2011	Dallas County Republican Party Dallas, Texas	100.00

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

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

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME Bill Metzger

3 ACCOUNT # (Ethics Commission Filers)

4 Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	8 Amount ($)
	5 Payor name: Mesquite Credit Union 6 Payor address; City; State; Zip Code: 1510 N. Galloway, Mesquite, TX 75149 7 Reason for credit: Dividend for Acct	.44
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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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:

2 FILER NAME Mr. Bill Metzger

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
Metzger Awards

5 Contribution / Expenditure reported on:

☒ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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, exhibit or event)

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

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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, exhibit or event)

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

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

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, exhibit or event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED