

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Martha MI Jo NICKNAME Talbot LAST SUFFIX		<b>OFFICE USE ONLY</b> Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>JUN 8 2016</b>           Local Office          By: Dasha M. Carter       </div> Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 404 E. Grubb Mesquite, TX 75149		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 285-3552		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST Poppy MI M. NICKNAME Airhart LAST SUFFIX		Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2531 Cumberland Dr. Mesquite, TX 75150		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 743-5182		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 4 / 29 / 16    THROUGH    6 / 8 / 16		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description 6 / 28 / 16 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas Community College District Board of Trustees, Place 4	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Martha Jo Talbot 15 Filer ID (Ethics Commission Filers)

16 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  
Martha Jo Talbot for DCCED Board of Trustees Place 4

COMMITTEE ADDRESS  
403 E. Grubb, Mesquite, TX 75149

COMMITTEE CAMPAIGN TREASURER NAME  
Poppy Airhart

COMMITTEE CAMPAIGN TREASURER ADDRESS  
2531 Cumberland Dr, Mesquite, TX 75150

☐ Additional Pages

17 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)	<u>(690.00 this filed)</u> \$ 3565.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 8321.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3565.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7000.00

## 18 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.

Martha Jo Talbot  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Martha Jo Talbot, this the 8th day of June, 2016, to certify which, witness my hand and seal of office.

Donna Y Murley Donna Y Murley Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Martha Jo Talbot</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3565.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>100.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>7000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3565.00</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>594.12</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>4756.64</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

5-18-16

5 Full name of contributor

Elaine Whitlock

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250

Contributor address;

120 Tolen

City;

Mesquite, TX

State;

Zip Code

75149

8 Principal occupation / Job title (See Instructions)

Retired Educator

9 Employer (See Instructions)

Date

5-18-16

Full name of contributor

Peppy Airhant

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$200

Contributor address;

2531 Cumberland Dr., Mesquite, TX

City;

State;

Zip Code

75150

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Date

5-18-16

Full name of contributor

Tanice Houston

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$40

Contributor address;

City;

State;

Zip Code

Mesquite, TX

75149

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Date

6-5-16

Full name of contributor

Greg Everett

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$200

Contributor address;

900 Tiffany, Mesquite 75149

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Plumber

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:	
2 FILER NAME <i>Martha Jo Talbot</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <i>5-18-16</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martha Jo Talbot</i>	9 Loan Amount (\$) <i>\$4000.00</i>	
8 Is lender a financial Institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>404 E. Grubb Mesquite, TX 75149</i>	10 Interest rate <i>-0-</i>	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1 of 2</b>		2 FILER NAME <b>Martha Jo Talbot</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4-29-16</b>		5 Payee name <b>Valentine Direct Marketing</b>			
6 Amount (\$) <b>2943.25</b>		7 Payee address; City; State; Zip Code <b>2344 Farnington, Dallas, TX 75207</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Martha Jo Talbot</b>		Office sought <b>DEED Bd of Trustees, Pl 4</b>	
Date <b>4-29-16</b>		Payee name <b>Painter Communications</b>			
Amount (\$) <b>505.73</b>		Payee address; City; State; Zip Code <b>75 Maple Street Conshohocken, PA 19428</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Martha Jo Talbot</b>		Office sought <b>DEED Bd of Trustees, Pl 4</b>	
Date <b>4-29-16</b>		Payee name <b>White Rock Weekly</b>			
Amount (\$) <b>200.00</b>		Payee address; City; State; Zip Code <b>P.O. Box 601685 Dallas, TX 75360</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2022</b>		2 FILER NAME <b>Martha Jo Talbot</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-18-16</b>		5 Payee name <b>Crumpton's Printing</b>			
6 Amount (\$) <b>318.97</b>		7 Payee address; City; State; Zip Code <b>813 W. Main St., Mesquite, TX 75149</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Martha Jo Talbot</b>		Office sought <b>DECD Bldg Trustees, P14</b>	
Date <b>5-18-16</b>		Payee name <b>Booker Industries</b>			
Amount (\$) <b>108.25</b>		Payee address; City; State; Zip Code <b>2344 Farnington, Dallas 75201</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Martha Jo Talbot</b>		Office sought <b>DECD Bldg Trustees, P14</b>	
Date <b>5-18-16</b>		Payee name <b>Booker Industries</b>			
Amount (\$) <b>250.00</b>		Payee address; City; State; Zip Code <b>2344 Farnington, Dallas 75201</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1 of 1 2 FILER NAME Martha Jo Talbot 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 594.12

5 Date 5-23-16 6 Payee name Crumpton's Printing

7 Amount (\$) 350.50 8 Payee address; City; State; Zip Code 313 W. Main St, Mesquite, TX 75149

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expenses (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Martha Jo Talbot Office sought DEED Bd of Trustees Office held P14

Date 5-23-16 Payee name Booker Industries

Amount (\$) 243.56 Payee address; City; State; Zip Code 2344 Farrington, Dallas 75207

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Martha Jo Talbot Office sought DEED Bd of Trustees Office held P14

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <b>3</b></p>								
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <b>Martha</b> FIRST MI <b>Jo</b> NICKNAME LAST SUFFIX <b>Talbot</b></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <div style="border: 2px solid blue; padding: 5px; margin: 5px;"> <p><b>RECEIVED</b> By: David L. Hay <b>APR 25 2016</b></p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>404 E. Grubb</b> <b>Mesquite, TX 75149</b></p>										
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <b>(972) 285-3552</b></p>										
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR <b>Poppy</b> FIRST MI <b>M.</b> NICKNAME LAST SUFFIX <b>Airhart</b></p>										
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2531 Cumberland Dr. Mesquite, TX 75150</b></p>										
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION <b>(972) 743-5182</b></p>										
<p>9 REPORT TYPE</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
<p>10 PERIOD COVERED</p> <p style="text-align: center;">Month Day Year      Month Day Year</p> <p style="text-align: center;"><b>2 / 12 / 16</b>      THROUGH      <b>4 / 9 / 2016</b></p>											
<p>11 ELECTION</p> <table style="width:100%;"> <tr> <td style="width:40%;"> <p>ELECTION DATE</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;"><b>05 / 7 / 2016</b></p> </td> <td style="width:60%;"> <p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</p> </td> </tr> </table>				<p>ELECTION DATE</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;"><b>05 / 7 / 2016</b></p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</p>						
<p>ELECTION DATE</p> <p style="text-align: center;">Month Day Year</p> <p style="text-align: center;"><b>05 / 7 / 2016</b></p>	<p>ELECTION TYPE</p> <p><input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</p>										
<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p>		<p>13 OFFICE SOUGHT (if known)</p> <p><b>Dallas County Community College District, Trustee</b> <b>Hacey</b></p>									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Martha Jo Talbot 15 Filer ID (Ethics Commission Filers)

16 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 Martha Jo Talbot for School Board of Trustees, Place 4

COMMITTEE ADDRESS 4040 Arroyo Mesquite, Texas 75149

COMMITTEE CAMPAIGN TREASURER NAME Popp & Airhart

COMMITTEE CAMPAIGN TREASURER ADDRESS 2531 Cumberland Dr Mesquite, TX 75150


☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2875.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>3995.44</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3995.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2875.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3000.00</u>

18 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.

Martha Jo Talbot  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Martha Jo Talbot, this the 25th day of April, 2016, to certify which, witness my hand and seal of office.

Donna Y. Murley  
Signature of officer administering oath

Donna Y. Murley  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2975.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3995.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 1220.44
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 5

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

3-21-16

5 Full name of contributor

☐ out-of-state PAC (ID#:

WRA Architects

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

12377 Merit #18 Dallas, TX 75251

8 Principal occupation / Job title (See Instructions)

Architects

9 Employer (See Instructions)

Date

3-20-16

Full name of contributor

☐ out-of-state PAC (ID#:

Rusty Talbot

Amount of contribution (\$)

\$1000

Contributor address;

City; State; Zip Code

404 E. Grubb Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Mesquite ISD

Date

3-28-16

Full name of contributor

☐ out-of-state PAC (ID#:

Robert Seward

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

4632 Sandra Lynn Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

Luminant

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

245

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

4-4-16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Elaine Whitlock

6 Contributor address;

City; State; Zip Code

120 Toler Mesquite, TX 75149

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4-4-16

Full name of contributor

☐ out-of-state PAC (ID#:

Greg Everett

Contributor address;

City; State; Zip Code

900 Tiffany Mesquite, TX 75149

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Plumber

Employer (See Instructions)

Self Employed

Date

4-4-16

Full name of contributor

☐ out-of-state PAC (ID#:

Melissa McBee

Contributor address;

City; State; Zip Code

233 Barnes Bridge Sunnyvale, TX 75182

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Mesquite ISD

Date

4-4-16

Full name of contributor

☐ out-of-state PAC (ID#:

Kevin Carbo

Contributor address;

City; State; Zip Code

1324 High Plains Dr. Mesquite, TX 75149

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Business Operation Analyst

Employer (See Instructions)

City of Dallas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-16

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dr. James Terry

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

2320 Heatherdale Mesquite, TX 75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4-5-16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Judy Zuber

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

700 Parkhaven Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-5-16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Porter

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

2521 Heatherdale Mesquite, TX 75140

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-5-16

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dr. Don Wooley

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

416 Riggs Circle Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Retired

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.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

**Martha Jo Talbot**

3 Filer ID (Ethics Commission Filers)

4 Date

**4-5-16**

5 Full name of contributor

☐ out-of-state PAC (ID#:

**Herman Finley**

6 Contributor address;

City; State; Zip Code

**309 Riggs Circle**

7 Amount of contribution (\$)

**\$ 50**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**4-5-16**

Full name of contributor

☐ out-of-state PAC (ID#:

**Jerry Stroud**

Contributor address;

City; State; Zip Code

**403 Sumner**

Amount of contribution (\$)

**\$ 50**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**4-5-16**

Full name of contributor

☐ out-of-state PAC (ID#:

**Rita Crump**

Contributor address;

City; State; Zip Code

**536 Kathy Dr. Mesquite, TX 75149**

Amount of contribution (\$)

**\$ 50**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**4-5-16**

Full name of contributor

☐ out-of-state PAC (ID#:

**Tony Apel**

Contributor address;

City; State; Zip Code

**1734 Chandlers Lndg Mesquite, TX 75181**

Amount of contribution (\$)

**\$ 50**

Principal occupation / Job title (See Instructions)

**Architect**

Employer (See Instructions)

**WRA Architects**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

395

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Peggy Gray

7 Amount of contribution (\$)

\$50

6 Contributor address;

521 Kathy Dr Mesquite, TX 75149

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4-5-16

Full name of contributor

☐ out-of-state PAC (ID#:

Ray Young

Amount of contribution (\$)

\$25

Contributor address;

720 Bridge Water Ln. Mesquite, TX 75181

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Mesquite ISD

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1481

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3-28-16

6 Full name of contributor

☐ out-of-state PAC (ID#:

Peppy Airhart

7 Contributor address; City; State; Zip Code

2531 Cumberland Mesa TX 75180

8 Amount of Contribution \$

\$100

9 In-kind contribution description

Advertisement in Mesq. Social Services program

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Retired

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

3-20-10

7 Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Martha Jo Talbot

9 Loan Amount (\$)

3000.00

6 Is lender a financial institution?

Y

☒ N

8 Lender address;

City;

State;

Zip Code

404 E. Grubb Mesquite, TX

75149

10 Interest rate

-0-

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

4/1/16

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Martha Jo Talbot

Loan Amount (\$)

0,000.00

Is lender a financial institution?

Y

☒ N

Lender address;

City;

State;

Zip Code

404 E. Grubb Mesquite, TX

75149

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Description of Collateral

☒ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>142</i>	<b>2</b> FILER NAME <i>Martha Jo Talbot</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-17-16</i>	<b>5</b> Payee name <i>Crumpton's Printing</i>	
<b>6</b> Amount (\$) <i>\$2,257.01</i>	<b>7</b> Payee address; City; State; Zip Code <i>313 W. Main St Mesquite, TX 75149</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date <i>4-4-16</i>	Payee name <i>Crumpton's Printing</i>	
Amount (\$) <i>\$913.96</i>	Payee address; City; State; Zip Code <i>813 W. Main St. Mesquite, Tx 75149</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date <i>4-4-16</i>	Payee name <i>Clown Company</i>	
Amount (\$) <i>\$218.69</i>	Payee address; City; State; Zip Code <i>706 E. Kearney St Mesquite, TX 75149</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 2</i>	2 FILER NAME <i>Martha Jo Talbot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-29-16</i>	5 Payee name <i>Booker Industries</i>	
6 Amount (\$) <i>\$ 367.99</i>	7 Payee address; City; State; Zip Code <i>2344 Farnington, Dallas 75201</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date <i>4-13-16</i>	Payee name <i>Booker Industries</i>	
Amount (\$) <i>239.83</i>	Payee address; City; State; Zip Code <i>2344 Farnington, Dallas 75201</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Martha  
Talbot

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

404 E. Grubb  
Mesquite, TX 75149

RECEIVED

By: David L. Hay  
APR 28 2015

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 285-3552

Date Hand-delivered or Date Postmarked

DECD

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Popp  
Airkant

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

2531 Cumberland Dr. Mesquite, TX  
75150

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 743-5182

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

4 / 7 / 16

THROUGH

Month Day Year

4 / 29 / 16

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 16

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Community College  
District, Place 4

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME <i>Martha Jo Talbot</i>		15 Filer ID (Ethics Commission Filers)
16 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Martha Jo Talbot for DCCED Board of Trustees Place 4</i>
		COMMITTEE ADDRESS <i>404 E. Grubb, Mesquite TX 75149</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>Poppy Airhart</i>
		COMMITTEE CAMPAIGN TREASURER ADDRESS <i>2531 Cumberland Dr. Mesquite, TX 75150</i>
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2875.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00

## 18 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.

*Martha Jo Talbot*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Martha Talbot*, this the \_\_\_\_\_ day of *April 28*, 20 *16*, to certify which, witness my hand and seal of office.

*Terry Kinsworthy*  
Signature of officer administering oath

*Terry Kinsworthy*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ - 0 -
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 3000
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 - <i>(on last report)</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 3648.98
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ - 0 -
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>2</b>	2 FILER NAME <b>Martha Jo Talbot</b>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 3648.98</b>
---	-------------------

5 Date <b>4-26-16</b>	6 Payee name <b>Valentine Direct Marketing</b>
--------------------------	---

7 Amount (\$) <b>2,948.25</b>	8 Payee address; City; State; Zip Code <b>2344 Farnington, Dallas, TX 75207</b>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-26-16</b>	Payee name <b>White Rock Lake Weekly</b>
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Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 601685, Dallas, TX 75360</b>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <div style="font-size: 1.5em; font-family: cursive;">2</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Martha Jo Talbot</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date <div style="font-size: 1.2em; font-family: cursive;">4-26-16</div>	<b>6</b> Payee name <div style="font-size: 1.2em; font-family: cursive;">Painter Communications</div>	
<b>7</b> Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">505.73</div>	<b>8</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">75 Maple Street Conshohocken, PA 19428</div>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-family: cursive;">Advertising Expense</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought
Amount (\$)	Payee address; City; State; Zip Code	Office held
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		