

CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1. ACCOUNT #		2. Total pages filed: 16	
3. COMMITTEE NAME	Keep the Dollars in Dallas		OFFICE USE ONLY
4. TREASURER NAME	FIRST MI LAST Gary Huddleston	Date Received	
5. ORIGINAL REPORT TYPE	October 3: 30th Day Before General Election 2010		Date Hand-delivered or Date Postmarked
6. ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Legal Totals
	7/1/2010	THROUGH 9/23/2010	Receipt # Amount
			Date Processed
			Date Imaged
7. EXPLANATION OF CORRECTION			
<p>Report is being amended to show correct report type as 30 Day Before Main Election. Y</p>			
8. AFFIDAVIT			
<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <p><input checked="" type="checkbox"/> I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</p> <p style="text-align: center;">*** Electronically Certified ***</p> <p style="text-align: center;">_____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by <u>Gary Huddleston</u>, this the <u>25th</u> day of <u>October</u>, 20<u>10</u>, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath</p> <p style="text-align: center;">Printed name of officer administering oath</p> <p style="text-align: right;">Title of officer administering oath</p>			
<p>Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections</p>			

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total Pages Filed:

15

3 COMMITTEE NAME

Keep the Dollars in Dallas

OFFICE USE ONLY

Date Received

4 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

3232 McKinney Ave 660
Dallas TX 75204

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Gary

NICKNAME

LAST

SUFFIX

Huddleston

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER'S
STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5665 E Mockingbird Ln
Dallas TX 75206

7 CAMPAIGN
TREASURER'S
MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5665 E Mockingbird Ln
Dallas TX 75206

Change of Address

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

670 6814

9 REPORT TYPE

30th Day Before Main Election

10 PERIOD COVERED

7/1/2010

THROUGH

9/23/2010

11 ELECTION

ELECTION DATE

11/2/2010

ELECTION TYPE

General

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Keep the Dollars in Dallas		ACCOUNT #(Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # ELECTION DATE Prop 1 and Prop 2 11/02/2010 DESCRIPTION Support of ballot measures to allow retail sales of beer and wine, and eliminate private club requirements.
	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)	
EXPENDITURE TOTALS		
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		
4. TOTAL POLITICAL EXPENDITURES		
CONTRIBUTION BALANCE		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		
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.

ELECTRONICALLY CERTIFIED

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Gary Huddleston, this the 25th day of October, 2010, to certify which, witness my hand and seal of office.

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 4	
2 FILER NAME Keep the Dollars in Dallas		3 ACCOUNT # (Ethics Commission filers)	
4 Date 07/07/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber & Company 6 Contributor address; City; State; Zip Code 16000 Dallas Parkway Suite 300 Dallas, TX 75248	7 Amount of Contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Progress Dallas Contributor address; City; State; Zip Code 5665 Mockingbird Dallas, TX 75206	Amount of Contribution (\$) 54700.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprouts Farmers Market Contributor address; City; State; Zip Code 9600 Cuyamaca St Suite 102 Santee, CA 92071	Amount of Contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert McCoy Contributor address; City; State; Zip Code 1035 N Winnetka Ave Dallas, TX 75208	Amount of Contribution (\$) 20.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Tucker Contributor address; City; State; Zip Code 1300 Kings Hwy Dallas, TX 75208	Amount of Contribution (\$) 20.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 2 of 4	
2 FILER NAME Keep the Dollars in Dallas		3 ACCOUNT # (Ethics Commission filers)	
4 Date 08/18/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Kowalski 6 Contributor address; City; State; Zip Code 2218 Kessler Pkwy Dallas, TX 75208	7 Amount of Contribution (\$) 20.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/07/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centergy Retail LLC Contributor address; City; State; Zip Code 8235 Douglas Ave Suite 900 Dallas, TX 75225	Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Acevedo Contributor address; City; State; Zip Code 5521 Ash Creek Lane Plano, TX 75093	Amount of Contribution (\$) 2500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer/Real Estate		Employer (See Instructions) North American Development Group	
Date 09/09/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilliland Properties Ltd Contributor address; City; State; Zip Code 5956 Sherry Lane Suite 1000 Dallas, TX 75225	Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) New Pepper Squares SC Ltd Contributor address; City; State; Zip Code 5001 Spring Valley Rd Suite 1100W Dallas, TX 75244	Amount of Contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 3 of 4	
2 FILER NAME Keep the Dollars in Dallas		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/13/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) New Central Forest S/C Ltd 6 Contributor address; City; State; Zip Code 5001 Spring Valley Rd Suite 1100W Dallas, TX 75244	7 Amount of Contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/13/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Trail Plaza Ltd Contributor address; City; State; Zip Code 5001 Spring Valley Rd Suite 1100W Dallas, TX 75230	Amount of Contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/14/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop Street Partners Contributor address; City; State; Zip Code 1350 Manufacturing Suite 101 Dallas, TX 75207	Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Royal Realty Company Contributor address; City; State; Zip Code 5959 Royal Lane Ste 634-202 Dallas, TX 75230	Amount of Contribution (\$) 10000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc A Marrocco Contributor address; City; State; Zip Code 3201 San Jacinto St Dallas, TX 75204	Amount of Contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer/Real Estate		Employer (See Instructions) The Weitzman Group	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 4 of 4	
2 FILER NAME Keep the Dollars in Dallas		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/21/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry R Montesi 6 Contributor address; City; State; Zip Code 301 Commerce St Suite 3635 Fort Worth, TX 76102	7 Amount of Contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Developer/Real Estate		10 Employer (See Instructions) Trademark Property	
Date 09/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barak Epstein Contributor address; City; State; Zip Code 5322 Victor St Dallas, TX 75214	Amount of Contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form		1 Total pages Schedule C: 1 of 2	
2 FILER NAME Keep the Dollars in Dallas		3 ACCOUNT #(Ethics Commission filers)	
4 Date 08/18/2010	5 Corporation / Labor Organization name United Commercial Realty 6 Corporation / Labor Organization address; City; State; Zip Code 7001 Preston Rd Suite 222 Dallas, TX 75205	7 Amount of contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
Date 07/19/2010	Corporation / Labor Organization name VLO Holdings Inc. Corporation / Labor Organization address; City; State; Zip Code P.O. Box 69600 San Antonio, TX 78269-6000	Amount of Contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 07/22/2010	Corporation / Labor Organization name Brinker International Corporation / Labor Organization address; City; State; Zip Code 6820 LBJ Freeway Dallas, TX 75240	Amount of contribution (\$) 25000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 08/18/2010	Corporation / Labor Organization name Miranda Realty Company Corporation / Labor Organization address; City; State; Zip Code 6116 North Central Expwy Dallas, TX 75206	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 08/18/2010	Corporation / Labor Organization name John T Evans Co Inc Corporation / Labor Organization address; City; State; Zip Code 8350 North Central Expwy Suite 1300 Dallas, TX 75206	Amount of contribution (\$) 2000.00 (If travel outside of Texas, complete Schedule T)	In-kind Contribution description (if applicable)
Date 09/07/2010	Corporation / Labor Organization name Texas Retailers Association Corporation / Labor Organization address; City; State; Zip Code 504 W 12th St Austin, TX 78701	Amount of contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form		1 Total pages Schedule C: 2 of 2	
2 FILER NAME Keep the Dollars in Dallas		3 ACCOUNT #(Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name Cencor Realty Services Inc	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/07/2010	6 Corporation / Labor Organization address; City; State; Zip Code 3102 Maple Ave Suite 500 Dallas, TX 75201	6500.00	
<small>(If travel outside of Texas, complete Schedule T)</small>			
Date	Corporation / Labor Organization name Rosebriar Holding Corporation	Amount of Contribution (\$)	In-kind contribution description (if applicable)
09/21/2010	Corporation / Labor Organization address; City; State; Zip Code 1331 E Airport Freeway Irving, TX 75062	5000.00	
<small>(If travel outside of Texas, complete Schedule T)</small>			
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind Contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
<small>(If travel outside of Texas, complete Schedule T)</small>			

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:
1 of 7

2 FILER NAME

Keep the Dollars in Dallas

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/22/2010

5 Payee name

Paypal

7 Amount
(\$)

1.03

6 Payee address; City; State; Zip Code

2211 North First St. San Jose, CA 95131

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

Service Charge

(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

08/10/2010

Payee name

Dodd Communications

Amount
(\$)

1500.00

Payee address; City; State; Zip Code

5538 Ridgedale Ave. Dallas, TX 75206

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

Video Production

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

08/10/2010

Payee name

Dodd Communications

Amount
(\$)

5000.00

Payee address; City; State; Zip Code

5538 Ridgedale Ave. Dallas, TX 75206

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

Media Consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/13/2010

Payee name

Dodd Communications

Amount
(\$)

10000.00

Payee address; City; State; Zip Code

5538 Ridgedale Ave. Dallas, TX 75206

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

Media Consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
2 of 7

2 FILER NAME

Keep the Dollars in Dallas

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/13/2010

5 Payee name

FedEx Office

7 Amount
(\$)

5.40

6 Payee address; City; State; Zip Code

5500 Greenville Ave. Dallas, TX 75206

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

Copies - reimburse Dodd Communications

(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

08/10/2010

Payee name

FedEx Office

Amount
(\$)

76.24

Payee address; City; State; Zip Code

5500 Greenville Ave. Dallas, TX 75206

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

Copies - reimburse Dodd Communications

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/13/2010

Payee name

FedEx Office

Amount
(\$)

117.49

Payee address; City; State; Zip Code

5500 Greenville Ave. Dallas, TX 75206

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

Copies - reimburse Dodd Communications

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

08/04/2010

Payee name

Brittain & Crawford LLC

Amount
(\$)

7305.00

Payee address; City; State; Zip Code

3908 South Freeway Fort Worth, TX 76110

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

Research

(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:
3 of 7

2 FILER NAME

Keep the Dollars in Dallas

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/04/2010

5 Payee name

Texas Petition Strategies

7 Amount
(\$)

5000.00

6 Payee address; City; State; Zip Code

1201 West Abram Arlington, TX 76013

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

Petition Campaign Consulting

(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

09/13/2010

Payee name

Allyn Media

Amount
(\$)

7543.15

Payee address; City; State; Zip Code

3232 McKinney Ave. Suite 660
Dallas, TX 75204

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

Campaign Consulting & Media 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

08/10/2010

Payee name

Allyn Media

Amount
(\$)

24917.93

Payee address; City; State; Zip Code

3232 McKinney Ave. Suite 660
Dallas, TX 75204

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

Campaign Consulting & Media 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

08/10/2010

Payee name

JBJ Marketing

Amount
(\$)

3000.00

Payee address; City; State; Zip Code

1001 Belleview Suite 1001
Dallas, TX 75215

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

Campaign & Grassroots Consulting

(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:
4 of 7

2 FILER NAME

Keep the Dollars in Dallas

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/13/2010

5 Payee name

JBJ Marketing

7 Amount
(\$)

6000.00

6 Payee address; City; State; Zip Code

1001 Belleview Suite 1001

Dallas, TX 75215

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

Campaign & Grassroots Consulting

(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

09/13/2010

Payee name

Gardere Wynne Sewell LLP

Amount
(\$)

19573.49

Payee address; City; State; Zip Code

1601 Elm St. Suite 3000

Dallas, TX 75201-4761

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

Legal 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

09/13/2010

Payee name

Taste of Greenville Avenue

Amount
(\$)

350.00

Payee address; City; State; Zip Code

P.O. Box 720173

Dallas, TX 75372

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

Booth rental fee

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/13/2010

Payee name

Atchley & Associates LLP

Amount
(\$)

239.50

Payee address; City; State; Zip Code

6850 Austin Center Blvd. Suite 180

Austin, TX 78731-3129

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

Accounting & compliance reporting services

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
5 of 7

2 FILER NAME

Keep the Dollars in Dallas

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/12/2010

5 Payee name

Atchley & Associates LLP

7 Amount
(\$)

869.60

6 Payee address; City; State; Zip Code

6850 Austin Center Blvd. Suite 180

Austin, TX 78731-3129

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

Accounting & compliance reporting services

(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

09/13/2010

Payee name

The King Group Inc.

Amount
(\$)

10000.00

Payee address; City; State; Zip Code

243 W. Pleasant Run

DeSoto, TX 75115

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

Campaign & Grassroots Consulting

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

08/12/2010

Payee name

Comerica Bank

Amount
(\$)

22.07

Payee address; City; State; Zip Code

P.O. Box 650282

Dallas, TX 75265

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

Bank Service Charge

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/14/2010

Payee name

Comerica Bank

Amount
(\$)

21.22

Payee address; City; State; Zip Code

P.O. Box 650282

Dallas, TX 75265

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

Bank Service Charge

(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:
6 of 7

2 FILER NAME

Keep the Dollars in Dallas

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/10/2010

5 Payee name

AT&T Mobility

7 Amount (\$)

48.70

6 Payee address; City; State; Zip Code

Dallas, TX 75265-0553
P.O. Box 650553

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

Telephone Expense - reimburse Allyn Media

(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

08/10/2010

Payee name

Mattitos Tex Mex

Amount (\$)

23.51

Payee address; City; State; Zip Code

3011 Routh St Dallas, TX 75204

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

Meeting Expense - reimburse Allyn Media

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/13/2010

Payee name

U S Postal Service

Amount (\$)

26.40

Payee address; City; State; Zip Code

2825 Oak Lawn Ave Dallas, TX 75219-9998

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

Postage Expense - reimburse Allyn Media

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

09/13/2010

Payee name

FAAAX Couriers

Amount (\$)

30.50

Payee address; City; State; Zip Code

218 Mistletoe Richardson, TX 75081

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

Delivery Expense - reimburse Allyn Media

(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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
7 of 7

2 FILER NAME

Keep the Dollars in Dallas

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/13/2010

5 Payee name

Interology, LLC

7 Amount (\$)

9.95

6 Payee address; City; State; Zip Code

151 W 46th ST Suite 902

New York, NY 10036

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

Website Hosting - reimburse Allyn Media

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

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