

# 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:

14

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

FIRST

Tom

MI

C

NICKNAME

LAST

Leppert

SUFFIX

**OFFICE USE ONLY**

Date Received

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
C Change of Address

Address/PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

3232 McKinney Ave.

Dallas TX 75204

Apt/Suite: 855

Date Hand-delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

871 0783

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr

FIRST

Albert

MI

C

NICKNAME

Al

LAST

Black

SUFFIX

Jr.

Date Processed

Date Imaged

7. CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1133 South Madison Ave.

Dallas TX 75208

8. CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

944 1100

9. REPORT TYPE

January 15

10. PERIOD COVERED

7/1/2008

THROUGH

12/31/2008

11. ELECTION

ELECTION DATE

ELECTION TYPE

NA

12. OFFICE

OFFICE HELD (if any)

Mayor, City of Dallas

13. OFFICE SOUGHT (if known)

Mayor

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

C additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Mr Tom C Leppert

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

COMMITTEE NAME

Friends of Tom Leppert

additional pages

GENERAL

COMMITTEE ADDRESS

3232 McKinney Ave.  
Apt/Suite: 855

Dallas, TX 75204

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Mr Ronald G Steinhart

COMMITTEE CAMPAIGN TREASURER ADDRESS

25 Robledo

Dallas, TX 75230

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)

\$ 61900.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10740.46

CONTRIBUTION BALANCE

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

\$ 52832.82

OUTSTANDING LOAN TOTALS

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

\$ 922000.00

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 Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Tom C Leppert, this the 14th day

of January, 20 09, 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2 - A

The Instruction Guide explains how to complete this form	1 Total pages:  1
2 FILER NAME Mr Tom C Leppert	3 ACCOUNT #(Ethics Commission filers)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE  C GENERAL	COMMITTEE NAME Re-Elect Tom Leppert
	C GENERAL	COMMITTEE ADDRESS 3232 McKinney Ave. Apt/Suite: 855 Dallas, TX 75204
	X SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Mr Albert C Black Jr.
		COMMITTEE CAMPAIGN TREASURER ADDRESS 1133 South Madison Ave. Dallas, TX 75208

NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

NOTICE FROM POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME
	C GENERAL	COMMITTEE ADDRESS
	C SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  12/31/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrington Coleman  6 Contributor address; City; State; Zip Code 901 Main Street Suite 5500 Dallas, TX 75202	7 Amount of Contribution (\$)  1500.00  (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  09/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Fire Fighters Public Safety Committee  Contributor address; City; State; Zip Code P.O. Box 225437 Dallas, TX 75222	Amount of Contribution (\$)  1500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deloitte & Touche Texas PAC  Contributor address; City; State; Zip Code P.O. Box 13042 Austin, TX 78711	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)		Employer (See Instructions)	
Date  10/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernst & Young LLP  Contributor address; City; State; Zip Code 1201 Main Street Suite 2000 Dallas, TX 75202	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)		Employer (See Instructions)	
Date  11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feihang Wu  Contributor address; City; State; Zip Code 7601 Churchill Way Suite 3534 Dallas, TX 75251	Amount of Contribution (\$)  150.00  (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: 2 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  10/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freese and Nichols, Inc. PAC  6 Contributor address; City; State; Zip Code 4055 International Plaza Suite 200 Fort Worth, TX 76109	7 Amount of Contribution (\$)  2500.00  (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  09/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulbright & Jaworski L.L.P.  Contributor address; City; State; Zip Code 2200 Ross Avenue Suite 2800 Dallas, TX 75201	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)		Employer (See Instructions)	
Date  10/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruber Hurst Johansen & Hail, LLP  Contributor address; City; State; Zip Code 1445 Ross Avenue Suite 4800 Dallas, TX 75202	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)		Employer (See Instructions)	
Date  11/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates State PAC  Contributor address; City; State; Zip Code 8616 NW Plaza Drive Dallas, TX 75225	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)		Employer (See Instructions)	
Date  11/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hispanic PAC of Dallas  Contributor address; City; State; Zip Code 7726 Marquette Dallas, TX 75225	Amount of Contribution (\$)  1500.00  (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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# 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 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  09/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Walker, LLP PAC  6 Contributor address; City; State; Zip Code 901 Main Street Suite 6000 Dallas, TX 75202	7 Amount of Contribution (\$)  2500.00  (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  09/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K Strategies Group LLC  Contributor address; City; State; Zip Code 3523 McKinney Ave. Suite 204 Dallas, TX 75204	Amount of Contribution (\$)  750.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L.A. Partnership  Contributor address; City; State; Zip Code 2800 Henderson Ave. Suite 200 Dallas, TX 75206	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)		Employer (See Instructions)	
Date  09/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord Bissell & Liddell LLP  Contributor address; City; State; Zip Code 2200 Ross Avenue Suite 2200 Dallas, TX 75201-6776	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)		Employer (See Instructions)	
Date  09/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCall, Parkhurst & Horton L.L.P.  Contributor address; City; State; Zip Code 717 N. Harwood Suite 900 Dallas, TX 75201	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)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 4 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  11/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Arrvel Wilson	7 Amount of Contribution (\$)  150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2404 Poinciana Place Dallas, TX 75212		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Bob T Brendle	Amount of Contribution (\$)  150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6207 Monticelo Ave. Dallas, TX 75214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Emmitt J Smith III	Amount of Contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15601 N. Dallas Parkway Suite 400 Addison, TX 75001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Kenneth Menges Jr	Amount of Contribution (\$)  300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1700 Pacific Ave. Suite 4100 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Jere W Thompson Jr	Amount of Contribution (\$)  1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5542 Wenonah Dr. Dallas, TX 75209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 5 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  09/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr John L Denman Jr	7 Amount of Contribution (\$)  500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4208 Versailles Ave. Dallas, TX 75205		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Ken E Benson Jr	Amount of Contribution (\$)  300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 325 North Sait Paul Suite 2450 Dallas, TX 75201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Larry V Smith	Amount of Contribution (\$)  1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4701 Kelsey Rd. Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Mark Bowers	Amount of Contribution (\$)  150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5509 Nueces Bay Rowlett, TX 75089		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Milton P Levy Jr	Amount of Contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11249 Shelterwood Lane Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 6 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  11/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Nestor I Infanzon  6 Contributor address; City; State; Zip Code 8319 San Leandro Dr. Dallas, TX 75218	7 Amount of Contribution (\$)  150.00  (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  09/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Robert L Trimble  Contributor address; City; State; Zip Code 8333 Douglas Avenue Suite 1650 Dallas, TX 75225	Amount of Contribution (\$)  1500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Scott A Myers  Contributor address; City; State; Zip Code 6615 Meadow Rd. Dallas, TX 75230	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)		Employer (See Instructions)	
Date  10/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Stephen Butt  Contributor address; City; State; Zip Code 2777 Stemmons Freeway Suite 1084 Dallas, TX 75207	Amount of Contribution (\$)  1500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Stephen N Barnes  Contributor address; City; State; Zip Code 3629 Haynie Ave. Dallas, TX 75205	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)	

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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: 7 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  11/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Steven R Janeway  6 Contributor address; City; State; Zip Code 2808 McKinney Ave. Suite 541 Dallas, TX 75204	7 Amount of Contribution (\$)  150.00  (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  10/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Alexa L Spears  Contributor address; City; State; Zip Code 401 N. Houston Street Dallas, TX 75202	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)		Employer (See Instructions)	
Date  11/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Ann Margolin  Contributor address; City; State; Zip Code 10515 Lennox Ln. Dallas, TX 75229-5415	Amount of Contribution (\$)  300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Caren H Prothro  Contributor address; City; State; Zip Code 3929 Potomac Ave. Dallas, TX 75205	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  09/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Caren H Prothro  Contributor address; City; State; Zip Code 3929 Potomac Ave. Dallas, TX 75205	Amount of Contribution (\$)  1500.00  (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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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 8 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  11/12/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Cecilia Rojas  6 Contributor address; City; State; Zip Code 6551 Prairie Flower Trail Dallas, TX 75204	7 Amount of Contribution (\$)  150.00  (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  09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Deedie Rose  Contributor address; City; State; Zip Code 5 Willow Wood Street Dallas, TX 75205	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)		Employer (See Instructions)	
Date  10/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Jane A Weempe  Contributor address; City; State; Zip Code 1316 Canterbury Court Dallas, TX 75208	Amount of Contribution (\$)  1500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Kimberly B Burke  Contributor address; City; State; Zip Code 7906 Glade Creek Court Dallas, TX 75218	Amount of Contribution (\$)  300.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/07/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Kimberly S Hogan  Contributor address; City; State; Zip Code 701 N. Waterview Richardson, TX 75080	Amount of Contribution (\$)  300.00  (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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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 9 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  11/07/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Laura V Estrada	7 Amount of Contribution (\$)  150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1339 Cedar Hill Avenue Dallas, TX 75208		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Mary M Cook	Amount of Contribution (\$)  2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10840 Strait Ln. Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Suzanne Charriere	Amount of Contribution (\$)  750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7209 Lupton Circle Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms Suzanne Harvey	Amount of Contribution (\$)  100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9510 Alva Ct. Dallas, TX 75220		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Real Estate Council PAC	Amount of Contribution (\$)  2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5430 LBJ Freeway Suite 100 Dallas, TX 75240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 10 of 10	
2 FILER NAME  Mr Tom C Leppert		3 ACCOUNT # (Ethics Commission filers)	
4 Date  10/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC  6 Contributor address; City; State; Zip Code 2001 Ross Ave. Suite 3700 Dallas, TX 75201	7 Amount of Contribution (\$)  2500.00  (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  10/01/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead, Sechrest, & Minick PAC  Contributor address; City; State; Zip Code 1201 Elm St. Suite 5400 Dallas, TX 75270	Amount of Contribution (\$)  1500.00  (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.**

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:  
1 of 1

2 FILER NAME

Mr Tom C Leppert

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/03/2008

5 Payee name

Chase

7 Amount  
(\$)

27.00

6 Payee address; City; State; Zip Code

3610 McKinney Dallas, TX 75204

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

Bank Service Charges

(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

09/03/2008

Payee name

Chase

Amount  
(\$)

193.53

Payee address; City; State; Zip Code

3610 McKinney Dallas, TX 75204

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

Bank Service Charges

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

11/28/2008

Payee name

Chase

Amount  
(\$)

519.93

Payee address; City; State; Zip Code

3610 McKinney Dallas, TX 75204

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

Bank Service Charges

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

09/17/2008

Payee name

Thomas C Leppert

Amount  
(\$)

10000.00

Payee address; City; State; Zip Code

9525 Alva Ct. Dallas, TX 75220

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

Loan Repayment

(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**