

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: 4
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Tiffinni	MI A
	NICKNAME	LAST Young	SUFFIX
OFFICE USE ONLY			
Date Received			
Date Hand-delivered or Date Postmarked			
5. CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (214)	PHONE NUMBER 607 7008
		EXTENSION	
		Receipt #	Amount
6. CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Louis	MI
	NICKNAME	LAST Laurent	SUFFIX
Date Processed			
Date Imaged			
7. CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 6960 Marvin D. Love Frwy		APT / SUITE #; CITY; STATE; ZIP CODE Dallas TX 75237
8. CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION
9. REPORT TYPE	January 15		
10. PERIOD COVERED	12/8/2008 THROUGH 12/31/2008		
11. ELECTION	ELECTION DATE	ELECTION TYPE General	
12. OFFICE	OFFICE HELD (if any)		13. OFFICE SOUGHT (if known) Council District 5
14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <small>C additional pages</small>	** 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		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Ms Tiffinni A Young

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

COMMITTEE ADDRESS

c GENERAL

c SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

c additional pages

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)

\$ 100.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 18.00

CONTRIBUTION BALANCE

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

\$ 82.00

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT

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

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms Tiffinni A Young, this the 15th 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

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 1	
2 FILER NAME Ms Tiffinni A Young		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/10/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr Bob Walker 6 Contributor address; City; State; Zip Code P.O. Box 793822 Dallas, TX 75379	7 Amount of Contribution (\$) 50.00 (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 12/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anitha Oliver Contributor address; City; State; Zip Code 920 N. W. Naito Pkwy Portland, OR 97209	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)		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)	
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

Ms Tiffinni A Young

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/30/2008

5 Payee name

Rudys Chicken

7 Amount (\$)

18.00

6 Payee address; City; State; Zip Code

0 Lancaster Dallas, TX 75216

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

food for volunteer meeting

(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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED