

# 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:

13

3. CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

FIRST

Sheffield

MI

A

NICKNAME

Sheffie

LAST

Kadane

SUFFIX

**OFFICE USE ONLY**

Date Received

4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
C Change of Address

Address/PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box: 140910  
Dallas TX 75214

Date Hand-delivered or Date Postmarked

5. CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(214)

PHONE NUMBER

670 4069

EXTENSION

Receipt #

Amount

6. CAMPAIGN TREASURER NAME

MS / MRS / MR

Mrs

FIRST

Reena

MI

P

NICKNAME

LAST

Morris

SUFFIX

Date Processed

Date Imaged

7. CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3755 W. Lawther Dr.

Dallas TX 75214

8. CAMPAIGN TREASURER PHONE

AREA CODE

(214)

PHONE NUMBER

363 0576

EXTENSION

9. REPORT TYPE

July 15

10. PERIOD COVERED

4/30/2009

THROUGH

6/30/2009

11. ELECTION

ELECTION DATE

ELECTION TYPE

NA

12. OFFICE

OFFICE HELD (if any)

City Council District 9

13. OFFICE SOUGHT (if known)

Council District 9

14. NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  
C additional pages

\*\* 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

Mr Sheffield A Kadane Jr.

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

C additional pages

C GENERAL

COMMITTEE ADDRESS

C SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 8150.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 33729.39

CONTRIBUTION BALANCE

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

\$ 21591.81

OUTSTANDING LOAN TOTALS

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

\$ 37000.00

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 Sheffield A Kadane Jr., this the 15th day

of July, 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 6	
2 FILER NAME  Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date  04/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Sullivan	7 Amount of Contribution (\$)  100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10826 Scotspring Lane Dallas, TX 75218		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang Patel & Yerby Inc. PAC	Amount of Contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1820 Regal Row Suite 200 Dallas, TX 75235		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demetria and Vincent Tricomi	Amount of Contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4407 Shadow Oak Dr. Corinth, TX 76208-4809		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Collom	Amount of Contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1110 E. Branch Hollow Suite 553 Carrollton, TX 75007		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald W Cross	Amount of Contribution (\$)  500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 76250 E. 7th Drive Aurora, CO 80011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 2 of 6	
2 FILER NAME  Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date  05/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Albright  6 Contributor address; City; State; Zip Code 3301 Elm St. Dallas, TX 75226	7 Amount of Contribution (\$)  500.00  (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  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherwood E Blount Jr.  Contributor address; City; State; Zip Code 16475 Dallas Parkway Suite 360 Addison, TX 75001	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank and Josephine LaBarba  Contributor address; City; State; Zip Code 6417 Malcom Drive Dallas, TX 75214	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Retired Firefighters Association  Contributor address; City; State; Zip Code P.O. Box 118422 Carrollton, TX 75007	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James B Hobbs  Contributor address; City; State; Zip Code 8333 Douglas Ave. Suite 100 Dallas, TX 75225	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)	

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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 6	
2 FILER NAME  Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date  05/08/2009	5 Full name of contributor C out-of-state PAC (ID#: _____) Frank C Eikenburg  6 Contributor address; City; State; Zip Code 7417 Meadow Rd. Dallas, TX 75230-5451	7 Amount of Contribution (\$)  250.00  (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  05/08/2009	Full name of contributor C out-of-state PAC (ID#: _____) Nancy Ann Hunt  Contributor address; City; State; Zip Code 1900 North Akard Street Dallas, TX 75201	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  05/08/2009	Full name of contributor C out-of-state PAC (ID#: _____) Ray L Hunt  Contributor address; City; State; Zip Code 1900 North Akard Street Dallas, TX 75201	Amount of Contribution (\$)  500.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/14/2009	Full name of contributor C out-of-state PAC (ID#: _____) Sam Gillespie  Contributor address; City; State; Zip Code 6211 Vanderbilt Dallas, TX 75214	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  05/14/2009	Full name of contributor C out-of-state PAC (ID#: _____) Don Wigley  Contributor address; City; State; Zip Code 549 Blanning Dallas, TX 75218	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)	

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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 6	
2 FILER NAME  Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date  05/14/2009	5 Full name of contributor C out-of-state PAC (ID#: _____) Melanie Landay  6 Contributor address; City; State; Zip Code 1510 Sereno Dr. Dallas, TX 75218	7 Amount of Contribution (\$)  100.00  (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  05/15/2009	Full name of contributor C out-of-state PAC (ID#: _____) Kathleen E Irvin  Contributor address; City; State; Zip Code 6620 Ridgemont Drive Dallas, TX 75214-2253	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  05/15/2009	Full name of contributor C out-of-state PAC (ID#: _____) Paige and Jeff Gatlin  Contributor address; City; State; Zip Code P.O. Box 670865 Dallas, TX 75367	Amount of Contribution (\$)  600.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/15/2009	Full name of contributor C out-of-state PAC (ID#: _____) Marcos G Ronquillo  Contributor address; City; State; Zip Code 1201 Elm Street Suite 1700 Dallas, TX 75270	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/18/2009	Full name of contributor C out-of-state PAC (ID#: _____) Jay Forrester  Contributor address; City; State; Zip Code 9911 Ferguson Rd. Dallas, TX 75228	Amount of Contribution (\$)  200.00  (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: 5 of 6	
2 FILER NAME  Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date  05/19/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilma Keller  6 Contributor address; City; State; Zip Code 8522 Garland Rd. Dallas, TX 75218	7 Amount of Contribution (\$)  500.00  (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  05/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Cole  Contributor address; City; State; Zip Code P.O. Box 720006 Dallas, TX 75372	Amount of Contribution (\$)  100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comerica Inc., PAC  Contributor address; City; State; Zip Code P.O. Box 750000 Detroit, MI 48275	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Hargrove  Contributor address; City; State; Zip Code 7576 Benedict Dr. Dallas, TX 75214	Amount of Contribution (\$)  200.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/19/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary McDermott Cook  Contributor address; City; State; Zip Code 10840 Strait Lane Dallas, TX 75229	Amount of Contribution (\$)  250.00  (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: 6 of 6	
2 FILER NAME  Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)	
4 Date  05/19/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Crumbley  6 Contributor address; City; State; Zip Code 5646 Milton Dallas, TX 75206	7 Amount of Contribution (\$)  250.00  (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  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darren & Kathrine Boruff  Contributor address; City; State; Zip Code 6445 Lake Circle Dr. Dallas, TX 75214	Amount of Contribution (\$)  250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank E Martin  Contributor address; City; State; Zip Code 614 N. Interurban Richardson, TX 75081	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)	

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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form		1 Total pages Schedule E: 1 of 1
2 FILER NAME Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      -> -> -> -> -> -> -> ->		\$
5 Date of loan 05/28/2009	7 Name of lender      C out-of-state PAC (ID#: _____) Mr Sheffield A Kadane Jr.	9 Loan Amount (\$) 5000.00
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address;      City;      State;      Zip Code P.O. Box 140910      Dallas, TX 75214	10 Interest rate %
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral C none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address;      City;      State;      Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender      C 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 C none		
GUARANTOR INFORMATION  C not applicable	Name of guarantor  ..... Guarantor address;      City;      State;      Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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 4

2 FILER NAME

Mr Sheffield A Kadane Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/29/2009

5 Payee name

Elettore, Inc.

7 Amount  
(\$)

541.19

6 Payee address; City; State; Zip Code

Dallas, TX 75222-2195

P.O. Box 222195

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

Website

(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

05/17/2009

Payee name

Tina Peyton Consulting

Amount  
(\$)

1000.00

Payee address; City; State; Zip Code

Dallas, TX 75225

P.O. Box 12609

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

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

05/15/2009

Payee name

Tina Peyton Consulting

Amount  
(\$)

2361.83

Payee address; City; State; Zip Code

Dallas, TX 75225

P.O. Box 12609

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

Consulting/Supplies

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/08/2009

Payee name

Booker Industries, Inc.

Amount  
(\$)

409.23

Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230

Dallas, TX 75235

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

Printing

(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 4

2 FILER NAME

Mr Sheffield A Kadane Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/18/2009

5 Payee name

Booker Industries, Inc.

7 Amount  
(\$)

647.00

6 Payee address; City; State; Zip Code

5415 Maple Ave. Suite 230

Dallas, TX 75235

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

Printing

(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

05/28/2009

Payee name

Graphics Management

Amount  
(\$)

5412.50

Payee address; City; State; Zip Code

9322 Moss Trail

Dallas, TX 75231

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

Design

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/26/2009

Payee name

Graphics Management

Amount  
(\$)

12429.47

Payee address; City; State; Zip Code

9322 Moss Trail

Dallas, TX 75231

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

Graphics/Art/Mailings

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/06/2009

Payee name

Booker Industries, Inc.

Amount  
(\$)

3174.10

Payee address; City; State; Zip Code

5415 Maple Ave., Suite 230

Dallas, TX 75235

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

Mailings

(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 4

2 FILER NAME

Mr Sheffield A Kadane Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/08/2009

5 Payee name

Valentine Direct Marketing, LLC

7 Amount  
(\$)

2100.72

6 Payee address; City; State; Zip Code

5414 Maple Ave., Suite 230 Dallas, TX 75235

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

Printing/Postage

(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

05/06/2009

Payee name

The Dallas Post Tribune

Amount  
(\$)

150.00

Payee address; City; State; Zip Code

Dallas, TX 75376-3939

P.O. Box 763939

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

Advertising

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/08/2009

Payee name

Raymond Turco &amp; Associates

Amount  
(\$)

3250.00

Payee address; City; State; Zip Code

6729 Meadowcrest Dr. Arlington, TX 76002

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

Professional 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

05/08/2009

Payee name

Countdown Courier

Amount  
(\$)

16.36

Payee address; City; State; Zip Code

Dallas, TX 75380

P.O. Box 803474

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

Delivery

(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**

<b>The Instruction Guide explains how to complete this form</b>		1 Total pages Schedule F: 4 of 4
2 FILER NAME Mr Sheffield A Kadane Jr.		3 ACCOUNT # (Ethics Commission filers)
4 Date  05/18/2009	5 Payee name Dialing Services, LLC  6 Payee address; City; State; Zip Code 5149 Cotton Rd. Roswell, NM 88201	7 Amount (\$)  304.56
8 Purpose of payment (See instructions regarding type of information required.) Auto Dialing (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  05/08/2009	Payee name Dialing Services, LLC  Payee address; City; State; Zip Code 5149 Cotton Rd. Roswell, NM 88201	Amount (\$)  507.75
Purpose of payment (See instructions regarding type of information required.) Automated Calls (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name    Office sought    Office held
Date  05/09/2009	Payee name Matts Restaurant  Payee address; City; State; Zip Code 6332 LaVista Drive Dallas, TX 75214	Amount (\$)  1424.68
Purpose of payment (See instructions regarding type of information required.) Watch Party (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name    Office sought    Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name    Office sought    Office held

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