

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: 32		
3 COMMITTEE NAME Citizens Against The Taxpayer-Owned Hotel				OFFICE USE ONLY Date Received		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Dallas TX 75222 PO Box: 227196				Date Hand-de ivered or Date Postmarked
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr	FIRST Vance	MI C	Receipt #	Amount
		NICKNAME	LAST Miller	SUFFIX	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 5001 Spring Valley Road 1100W Dallas TX 75244				
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5001 Spring Valley Road 1100W Dallas TX 75244				
8 CAMPAIGN TREASURER PHONE		AREA CODE (214)	PHONE NUMBER 890 0952	EXTENSION		
9 REPORT TYPE		July 15				
10 PERIOD COVERED		4/30/2009		THROUGH		6/30/2009
11 ELECTION		ELECTION DATE 5/9/2009		ELECTION TYPE Special		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Citizens Against The Taxpayer-Owned Hotel	ACCOUNT #(Ethics Commission filers)
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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	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
		BALLOT IDENTIFICATION / # Proposition 1
		ELECTION DATE 5/9/2009 12:00:00 AM
	<input checked="" type="checkbox"/> MEASURE	DESCRIPTION Support charter amendment restricting City from owning, constructing, financing or operating a hotel.

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 468072.04
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 687197.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6912.59
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 campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Vance C Miller, this the 16th day of July, 2009, 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 3	
2 FILER NAME Citizens Against The Taxpayer-Owned Hotel		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/05/2009	5 Full name of contributor C out-of-state PAC (ID#: _____) Anatole Partners III LLC 6 Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	7 Amount of Contribution (\$) 200000.00 (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 C out-of-state PAC (ID#: _____) Anatole Partners III LLC Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	Amount of Contribution (\$) 70000.00 (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#: _____) Anatole Partners III LLC Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	Amount of Contribution (\$) 60000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/01/2009	Full name of contributor C out-of-state PAC (ID#: _____) Sarah Puckett Contributor address; City; State; Zip Code 605 Armadillo Court Cedar Hill, TX 75104	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 05/01/2009	Full name of contributor C out-of-state PAC (ID#: _____) Trammell Crow Interests Company Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	Amount of Contribution (\$) 2062.04 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Accounting, Office space and supplies for consultants
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 3	
2 FILER NAME Citizens Against The Taxpayer-Owned Hotel		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anatole Partners III LLC 6 Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	7 Amount of Contribution (\$) 25000.00 (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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Anatole Partners III LLC Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	Amount of Contribution (\$) 65000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darryl Berger Contributor address; City; State; Zip Code 4333 East McDonald Drive Phoenix, AZ 85018	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 05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anatole Partners III LLC Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	Amount of Contribution (\$) 15000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anatole Partners III LLC Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	Amount of Contribution (\$) 20000.00 (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 3	
2 FILER NAME Citizens Against The Taxpayer-Owned Hotel		3 ACCOUNT # (Ethics Commission filers)	
4 Date 06/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anatole Partners III LLC 6 Contributor address; City; State; Zip Code 3819 Maple Avenue Dallas, TX 75219	7 Amount of Contribution (\$) 10000.00 (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	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 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

148.26

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Federal Express

(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

05/13/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

183.63

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Federal express

(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

Dresner, Wickers Associates LLC

Amount
(\$)

342.36

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Dallas Morning News Ad

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

513.53

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Artwork for mailers

(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 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/06/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

576.86

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

TV Production

(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

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

722.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Radio 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

05/06/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

826.53

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

TV 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

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

841.53

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

TV Production

(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 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

992.60

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Consultant Travel

(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

Dresner, Wickers Associates LLC

Amount
(\$)

1102.95

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Artwork for mailers

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

1343.96

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

TV 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

05/06/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

1667.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Radio Production

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/13/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

1965.55

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Consultant travel

(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

Dresner, Wickers Associates LLC

Amount
(\$)

2202.50

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Radio 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

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

2282.36

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Logo 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

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

2495.06

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Voter Data

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/06/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

3500.00

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Polling

(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

Dresner, Wickers Associates LLC

Amount
(\$)

3500.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Survey

(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

Dresner, Wickers Associates LLC

Amount
(\$)

3651.38

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Dallas Morning News Ad

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/13/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

3800.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Build Database

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/04/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

4197.33

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

TV Production

(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

05/11/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

4420.50

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Survey

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

5000.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

5047.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Phone Bank

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/06/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount (\$)

6743.14

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Consultant Travel; Phone Bank

(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

05/29/2009

Payee name

Dresner, Wickers Associates LLC

Amount (\$)

8447.02

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Consultant travel

(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

Dresner, Wickers Associates LLC

Amount (\$)

9825.50

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

TV 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

05/04/2009

Payee name

Dresner, Wickers Associates LLC

Amount (\$)

13000.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Survey

(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:
8 of 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/04/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

13478.40

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Radio Buy

(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

05/04/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

14649.11

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(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

Dresner, Wickers Associates LLC

Amount
(\$)

14700.00

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Phone Bank

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

14863.80

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Phone Bank

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/04/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

16918.40

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(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

05/04/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

18997.77

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

22916.99

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

04/30/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

38541.22

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/30/2009

5 Payee name

Dresner, Wickers Associates LLC

7 Amount
(\$)

45303.83

6 Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(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

05/04/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

47742.14

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/04/2009

Payee name

Dresner, Wickers Associates LLC

Amount
(\$)

78286.59

Payee address; City; State; Zip Code

655 Third Street San Francisco, CA 94107

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

Mailer

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/07/2009

Payee name

Federal Express

Amount
(\$)

18.35

Payee address; City; State; Zip Code

P.O. Box 660481 Dallas, TX 75266

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

Mail

(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:
11 of 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/14/2009

5 Payee name

Federal Express

7 Amount
(\$)

29.03

6 Payee address; City; State; Zip Code

Dallas, TX 75266

P.O. Box 660481

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

Mail

(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

05/21/2009

Payee name

Federal Express

Amount
(\$)

125.37

Payee address; City; State; Zip Code

Dallas, TX 75266

P.O. Box 660481

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

Mail

(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

AT&T

Amount
(\$)

636.39

Payee address; City; State; Zip Code

Carol Stream, IL 60197

P.O. Box 5001

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

Telephone for office

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

06/17/2009

Payee name

Strasburger & Price LLP

Amount
(\$)

1682.28

Payee address; City; State; Zip Code

Dallas, TX 75284

P.O. Box 849037

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

Legal

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/06/2009

5 Payee name

Strasburger & Price LLP

7 Amount
(\$)

8156.70

6 Payee address; City; State; Zip Code

Dallas, TX 75284

P.O. Box 849037

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

Legal

(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

05/01/2009

Payee name

Strasburger & Price LLP

Amount
(\$)

36441.45

Payee address; City; State; Zip Code

Dallas, TX 75284

P.O. Box 849037

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

Legal

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/10/2009

Payee name

Dorothy Dean

Amount
(\$)

4000.00

Payee address; City; State; Zip Code

1504 Russell Glen

Dallas, TX 75232

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

05/05/2009

Payee name

Dorothy Dean

Amount
(\$)

7853.94

Payee address; City; State; Zip Code

1504 Russell Glen

Dallas, TX 75232

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

Walkers

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/12/2009

5 Payee name

CH Johnson Consulting Inc.

7 Amount
(\$)

3045.00

6 Payee address; City; State; Zip Code

6 East Monroe Suite 500

Chicago, IL 60603

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

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

05/05/2009

Payee name

Joyce Foreman

Amount
(\$)

3800.00

Payee address; City; State; Zip Code

1704 Commerce

Dallas, TX 75201

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

Walkers

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/10/2009

Payee name

Joyce Foreman

Amount
(\$)

4000.00

Payee address; City; State; Zip Code

1704 Commerce

Dallas, TX 75201

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

06/01/2009

Payee name

Pay Pal Inc

Amount
(\$)

30.00

Payee address; City; State; Zip Code

303 Bryant Street

Mountain View, CA 94041

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

Fee for using Pay Pal

(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:
14 of 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01/2009

5 Payee name

Pay Pal Inc

7 Amount
(\$)

74.80

6 Payee address; City; State; Zip Code

303 Bryant Street Mountain View, CA 94041

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

Fee for using Pay Pal

(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

05/26/2009

Payee name

Jon B Love

Amount
(\$)

1360.00

Payee address; City; State; Zip Code

801 North Haines Avenue Dallas, TX 75208

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

Polls

(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

Jon B Love

Amount
(\$)

2734.02

Payee address; City; State; Zip Code

801 North Haines Avenue Dallas, TX 75208

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

Signage

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

06/10/2009

Payee name

Jon B Love

Amount
(\$)

4000.00

Payee address; City; State; Zip Code

801 North Haines Avenue Dallas, TX 75208

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/18/2009

5 Payee name

Jon B Love

7 Amount (\$)

9358.58

6 Payee address; City; State; Zip Code

801 North Haines Avenue Dallas, TX 75208

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

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

05/08/2009

Payee name

The Marketing Collaborative

Amount (\$)

2200.00

Payee address; City; State; Zip Code

833 West 8th Street Dallas, TX 75208

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

Polling

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/13/2009

Payee name

The Marketing Collaborative

Amount (\$)

4000.00

Payee address; City; State; Zip Code

833 West 8th Street Dallas, TX 75208

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

05/01/2009

Payee name

The Marketing Collaborative

Amount (\$)

4165.00

Payee address; City; State; Zip Code

833 West 8th Street Dallas, TX 75208

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

Polling

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01/2009

5 Payee name

The Marketing Collaborative

7 Amount
(\$)

4894.00

6 Payee address; City; State; Zip Code

833 West 8th Street Dallas, TX 75208

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

Polling

(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

The Marketing Collaborative

Amount
(\$)

7836.00

Payee address; City; State; Zip Code

833 West 8th Street Dallas, TX 75208

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

Polls

(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

The Marketing Collaborative

Amount
(\$)

9530.00

Payee address; City; State; Zip Code

833 West 8th Street Dallas, TX 75208

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

Walkers

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

LCM Strategies LLC

Amount
(\$)

4000.00

Payee address; City; State; Zip Code

3409 Hopkins Street Nashville, TN 37215

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

Online Marketing and Management

(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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01/2009

5 Payee name

LCM Strategies LLC

7 Amount
(\$)

4000.00

6 Payee address; City; State; Zip Code

3409 Hopkins Street Nashville, TN 37215

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

Online Marketing and Management

(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

05/05/2009

Payee name

LCM Strategies LLC

Amount
(\$)

4000.00

Payee address; City; State; Zip Code

3409 Hopkins Street Nashville, TN 37215

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

Online Marketing and Management

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/12/2009

Payee name

LCM Strategies LLC

Amount
(\$)

4000.00

Payee address; City; State; Zip Code

3409 Hopkins Street Nashville, TN 37215

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

Online Marketing and Management

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/21/2009

Payee name

Edna Pemberton

Amount
(\$)

1500.00

Payee address; City; State; Zip Code

7101 Flameleaf Place Dallas, TX 75249

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

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POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form

1 Total pages Schedule F:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09/2009

5 Payee name

Chris Stimson

7 Amount
(\$)

253.20

6 Payee address; City; State; Zip Code

1909 Chapel Cove Rowlett, TX 75088

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

Walker

(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

05/09/2009

Payee name

Colt Ables

Amount
(\$)

198.60

Payee address; City; State; Zip Code

2502 Radcliffe Drive Arlington, TX 76012

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

Walker

(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

Elijah Clifford

Amount
(\$)

295.80

Payee address; City; State; Zip Code

9307 Forest Hills Boulevard Dallas, TX 75218

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

Walker

(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

Jamar Osborne

Amount
(\$)

408.70

Payee address; City; State; Zip Code

817 NE Green Oaks Arlington, TX 76006

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

Walker

(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: 19 of 27
2 FILER NAME Citizens Against The Taxpayer-Owned Hotel		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/09/2009	5 Payee name Kathryn Dill 6 Payee address; City; State; Zip Code 209 Willowstone Denton, TX 76207	7 Amount (\$) 30.00
8 Purpose of payment (See instructions regarding type of information required.) Walker (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 05/01/2009	Payee name GSL Solutions Inc. Payee address; City; State; Zip Code 1411 North Westshore Boulevard Suite 204 Tampa, FL 33607	Amount (\$) 1040.00
Purpose of payment (See instructions regarding type of information required.) Website 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 04/30/2009	Payee name Sewell Consultancy Payee address; City; State; Zip Code 100 Sunset Drive Suite 203 West Columbia, SC 29169	Amount (\$) 5000.00
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 05/05/2009	Payee name Bank of America Payee address; City; State; Zip Code P.O. Box 830175 Dallas, TX 75283	Amount (\$) 205.65
Purpose of payment (See instructions regarding type of information required.) Bank fees (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:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/15/2009

5 Payee name

Bank of America

7 Amount
(\$)

326.19

6 Payee address; City; State; Zip Code

Dallas, TX 75283

P.O. Box 830175

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

Bank fees

(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

05/09/2009

Payee name

Charles Mauldin

Amount
(\$)

541.65

Payee address; City; State; Zip Code

2001 East Spring Creek Parkway Suite 7304

Plano, TX 75074

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

Walker

(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

Holly Strother

Amount
(\$)

628.02

Payee address; City; State; Zip Code

4938 Oak Hollow Drive

Grand Prairie, TX 75052

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

Walker

(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

Lesley Phelan

Amount
(\$)

374.33

Payee address; City; State; Zip Code

3930 Buena Vista Suite A

Dallas, TX 75204

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

Walker

(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**

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1 Total pages Schedule F:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09/2009

5 Payee name

Richard Busbee

7 Amount
(\$)

219.85

6 Payee address; City; State; Zip Code

419 Ponder Avenue Suite B

Denton, TX 76201

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

Walker

(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

05/09/2009

Payee name

Chris Hale

Amount
(\$)

324.10

Payee address; City; State; Zip Code

425 Fulton Street Suite 229

Denton, TX 76201

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

Walker

(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

Franz Sanchez

Amount
(\$)

438.60

Payee address; City; State; Zip Code

9523 Belinda Lane

Dallas, TX 75227

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

Walker

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

Macklin's Catering Company

Amount
(\$)

94.94

Payee address; City; State; Zip Code

11511 Luna Road

Dallas, TX 75234

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

Polls

(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: 22 of 27
2 FILER NAME Citizens Against The Taxpayer-Owned Hotel		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/07/2009	5 Payee name Dallas Morning News 6 Payee address; City; State; Zip Code 508 Young Street Dallas, TX 75202	7 Amount (\$) 25864.65
8 Purpose of payment (See instructions regarding type of information required.) Advertisement (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 06/10/2009	Payee name Allan Jefferson Payee address; City; State; Zip Code 2633 McKinney Suite 130 Dallas, TX 75204	Amount (\$) 125.00
Purpose of payment (See instructions regarding type of information required.) Walker (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 Kaci Cash Payee address; City; State; Zip Code 3452 Country Club Drive Grand Prairie, TX 75052	Amount (\$) 525.60
Purpose of payment (See instructions regarding type of information required.) Walker (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 2100 McKinney Payee address; City; State; Zip Code P.O. Box 100 Memphis, TN 38148	Amount (\$) 600.00
Purpose of payment (See instructions regarding type of information required.) Polls (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**

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1 Total pages Schedule F:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/09/2009

5 Payee name

Allred Protective Services

7 Amount
(\$)

2855.64

6 Payee address; City; State; Zip Code

1645 North Stemmons Freeway Suite D
Dallas, TX 75207

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

Polls

(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

05/21/2009

Payee name

Andrew Ormsby Catering Inc.

Amount
(\$)

7524.60

Payee address; City; State; Zip Code

3121 Ross Avenue Dallas, TX 75204

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

Polls

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/07/2009

Payee name

Aristotle International Inc.

Amount
(\$)

600.00

Payee address; City; State; Zip Code

205 Pennsylvania Avenue SE Washington, DC 20003

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

Computer programming

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/05/2009

Payee name

Brannon and Associates

Amount
(\$)

3073.71

Payee address; City; State; Zip Code

P.O. Box 200
Como, TX 75431

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

Yard Signs

(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: 24 of 27
2 FILER NAME Citizens Against The Taxpayer-Owned Hotel		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/30/2009	5 Payee name Brannon and Associates 6 Payee address; City; State; Zip Code P.O. Box 200 Como, TX 75431	7 Amount (\$) 10200.17
8 Purpose of payment (See instructions regarding type of information required.) Yard Signs (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 05/07/2009	Payee name Casey & Company Consulting Payee address; City; State; Zip Code 3500 Oaklawn Avenue Suite 500 Dallas, TX 75219	Amount (\$) 4000.00
Purpose of payment (See instructions regarding type of information required.) Field Workers (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/07/2009	Payee name Casey & Company Consulting Payee address; City; State; Zip Code 3500 Oaklawn Avenue Suite 500 Dallas, TX 75219	Amount (\$) 6000.00
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 05/05/2009	Payee name Casey and Company Consulting Payee address; City; State; Zip Code 3500 Oaklawn Avenue Suite 500 Dallas, TX 75219	Amount (\$) 20000.00
Purpose of payment (See instructions regarding type of information required.) Mailer (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**

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1 Total pages Schedule F:
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2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/12/2009

5 Payee name

Casey and Company Consulting

7 Amount
(\$)

32192.00

6 Payee address; City; State; Zip Code

3500 Oaklawn Avenue Suite 500

Dallas, TX 75219

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

Field Workers

(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

05/01/2009

Payee name

Chase Couriers Inc.

Amount
(\$)

44.94

Payee address; City; State; Zip Code

1002 North Central Expressway Suite 229

Richardson, TX 75080

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

Mail

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/01/2009

Payee name

E.H. Teasley & Company Inc.

Amount
(\$)

365.34

Payee address; City; State; Zip Code

P.O. Box 515

Dallas, TX 75221

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

Outdoor 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

05/01/2009

Payee name

INX Inc

Amount
(\$)

540.00

Payee address; City; State; Zip Code

P.O. Box 4346

Houston, TX 77210

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

Phone Support

(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:
26 of 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/12/2009

5 Payee name

Jack Boles Services Inc

7 Amount
(\$)

389.70

6 Payee address; City; State; Zip Code

Dallas, TX 75219

P.O. Box 190326

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

Polls

(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

05/05/2009

Payee name

Jack Boles Services Inc

Amount
(\$)

519.60

Payee address; City; State; Zip Code

Dallas, TX 75219

P.O. Box 190326

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

Polls

(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

Logistix

Amount
(\$)

4375.00

Payee address; City; State; Zip Code

Lucas, TX 75002

105 Bee Caves

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

Media Support

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/27/2009

Payee name

N.A. Garrison

Amount
(\$)

2500.00

Payee address; City; State; Zip Code

Plano, TX 75023

3801 Plymouth Drive

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

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:
27 of 27

2 FILER NAME

Citizens Against The Taxpayer-Owned Hotel

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/08/2009

5 Payee name

Stern's Catering

7 Amount
(\$)

1001.31

6 Payee address; City; State; Zip Code

4817 Keller Springs Road Addison, TX 75002

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

Polls

(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

The Donut Palace

Amount
(\$)

163.00

Payee address; City; State; Zip Code

1610 Elm Street Dallas, TX 75201

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

Polls

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

05/18/2009

Payee name

TXU Energy

Amount
(\$)

149.74

Payee address; City; State; Zip Code

P.O. Box 650638 Dallas, TX 75265

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

Electricity for office

(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