

# 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:** 8

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: *Mr.* NICKNAME: *Mr.* FIRST: *Gerald* LAST: *Farris* MI: *D* SUFFIX:  
 OFFICE USE ONLY  
**RECEIVED**  
 JUN 04 2010  
 City Secretary's Office  
 Date Hand-delivered or Date Postmarked: *6-4-10 8:20am.*  
 Receipt # *40* Amount:  
 Date Processed:  
 Date Imaged:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX: *1308 Mosswood Ln.* APT / SUITE #: IRVING, TX 75061  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE: *(972)* PHONE NUMBER: *554-1810* EXTENSION:

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: *Mr.* NICKNAME: *Mr.* FIRST: *Joe* LAST: *Matelich* MI: SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS** (Residence or business)  
 STREET ADDRESS (NO PO BOX PLEASE): *1305 Mosswood Ln.* APT / SUITE #: IRVING, TX 75061

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE: *(972)* PHONE NUMBER: *579-1274* EXTENSION:

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year: *5 1 / 2010* THROUGH Month Day Year: *6 4 / 2010*

**11 ELECTION**  
 ELECTION DATE: Month Day Year: *6 12 / 2010* ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): *NA* **13 OFFICE SOUGHT** (if known): *Irving City Council, Place 7*

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..  
 Name:  
 Address / PO Box Apt / Suite #: City State Zip Code  
 additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME GERALD DEAN FARRIS 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

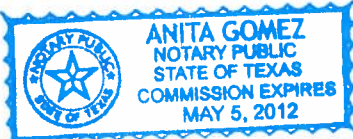
**COMMITTEE CAMPAIGN TREASURER ADDRESS**

\*\* 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. \*\*

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 454
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3212.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3096.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 550.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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



Gerald Farris  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gerald Dean Farris, this the 4th day of June, 2010, to certify which, witness my hand and seal of office.

Anita Gomez Anita Gomez Notary  
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: <b>3</b>	
2 FILER NAME <b>GERALD DEAN FARRIS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/24/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Tate</b>	7 Amount of contribution (\$) <b>200</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1710 Timbers Dr. Irving, TX 75061</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/24/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Benton</b>	Amount of contribution (\$) <b>150</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1409 Old Orchard Rd. Irving, TX 75061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/24/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Staley</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3425 Finley Rd. Irving, TX 75062</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/24/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Stovall</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6504 Johnnie St. Wauvaga, TX 76148</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/2/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marvin Randle</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>533.60 Newspaper Advertisement</b>
Contributor address; City; State; Zip Code <b>500 Farine Dr. Irving, TX 75062</b>		(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: <b>3</b>	
2 FILER NAME <b>GERALD DEAN FARRIS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/12/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOE POTNAM</b>	7 Amount of contribution (\$) <b>300</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1505 Phillip Ct. Irving, TX 75060</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dale Walsh</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1711 Sunnybrook Irving, TX 75061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bueal W. George</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>600 S. Tanglewood Irving, TX 75061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/22/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Doug Harper</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1117 S. Delaware Irving, TX 75060</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/22/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOE MAPES</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 141864 Irving, TX 75014</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

GERALD DEAN FARREIS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/29/10

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

David Dang

6 Contributor address; City; State; Zip Code

8441 Emerald Cir.  
N. Richland Hills, TX 76180

7 Amount of contribution (\$)

100

(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

6/3/10

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Tom + Penny Deupree

Contributor address; City; State; Zip Code

1404 Mosswood Ln.  
Irving, TX 75061

Amount of contribution (\$)

75

(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  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(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  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(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  out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <b>1</b>
2 FILER NAME <b>GERALD DEAN FARRIS</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/24/10</b>	5 Payee name <b>Summit Direct Mail</b>	7 Amount (\$) <b>924.17</b>
6 Payee address; City; State; Zip Code <b>1655 Terre Colony Ct. Dallas, TX 75212</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Direct Mail Print + Postage</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>5/29/10</b>	Payee name <b>Rudy's Mexican Restaurant</b>	Amount (\$) <b>165.85</b>
Payee address; City; State; Zip Code <b>3301 W. Rochelle Rd. Irving, TX 75062</b>		
Purpose of payment (See instructions regarding type of information required.) <b>meet the candidate Food, etc. forum</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>6/1/10</b>	Payee name <b>Summit Direct Mail</b>	Amount (\$) <b>825.53</b>
Payee address; City; State; Zip Code <b>1655 Terre Colony Ct. Dallas, TX 75212</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Direct Mail Print/Postage</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
Date <b>5/20/10</b>	Payee name <b>Finish Line Sports</b>	Amount (\$) <b>759.92</b>
Payee address; City; State; Zip Code <b>3009 Beltline Rd. Irving, TX 75062</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Signage 200ct.</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2

2 FILER NAME

GERALD DEAN FARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/22/10

5 Payee name

Sysco

6 Payee address; City, State, Zip Code

800 Trinity Dr.  
Lewisville, TX 75056

8 Amount (\$)

84.50

7 Purpose of expenditure (See instructions regarding type of information required.)  
Food for candidate greetings  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

5/22/10

Payee name

Angel's Pizza + Spaghetti

Payee address; City, State, Zip Code

1330 W. Pioneer Dr.  
Irving, TX 75061

Amount (\$)

142.81

Purpose of expenditure (See instructions regarding type of information required.)  
Food/Beverage Meet the Candidate Reception  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

5/26/10

Payee name

InkOutlet.com

Payee address; City, State, Zip Code

12110 First St.  
Gilroy, CA 95020

Amount (\$)

119.98

Purpose of expenditure (See instructions regarding type of information required.)  
Printing Ink for Flyers  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

5/26/10

Payee name

Ink4ever.com

Payee address; City, State, Zip Code

108 S. 6th Avenue  
City of Industry, CA 91746

Amount (\$)

59.90

Purpose of expenditure (See instructions regarding type of information required.)  
Toner cartridge for B/W printing  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

5/15/10

Payee name

Staples

Payee address; City, State, Zip Code

3538 W. Airport Fwy  
Irving, TX 75061

Amount (\$)

56.27

Purpose of expenditure (See instructions regarding type of information required.)  
Paper for campaign materials  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2

2 FILER NAME

GERALD DEAN FARRIS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/5/10

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

1000 W. Airport Fwy  
Irving, TX 75061

8 Amount (\$)

91 86

7 Purpose of expenditure (See instructions regarding type of information required.)  
Paper for campaign materials  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED