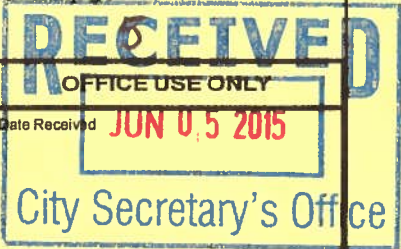


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:**



3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: John MI: Phillip
NICKNAME: Phil LAST: Riddle SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
516 E. 6th St. Irving Tx 75060
 change of address

Date Hand-delivered or Postmarked
6/5/15 9:30am HD KH

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (972) PHONE NUMBER: 579-9536 EXTENSION:

Receipt # Amount
Date Processed
Award by [Signature] 6/5/15
Date Imaged

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mrs. FIRST: Patricia MI: Leerie
NICKNAME: Pat LAST: Riddle SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
516 E. 6th St. Irving Tx 75060

8 CAMPAIGN TREASURER PHONE
AREA CODE: (972) PHONE NUMBER: 579-9536 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: 04/30/2015 THROUGH Month Day Year: 06/03/2015

11 ELECTION
ELECTION DATE: Month Day Year: 06/13/2015
ELECTION TYPE: Primary Runoff General Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Irving City Council
- District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME John Phillip Riddle 15 Filer ID (Ethics Commission Filers)

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 125.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3762.27
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,906.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 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.

John Phillip Riddle
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Phillip Riddle this the 4th day of June, 2015, to certify which, witness my hand and seal of office.

Wayne Watkins WAYNE WATKINS 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: 1	
2 FILER NAME John Phillip Riddle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Phillip Riddle	7 Amount of contribution (\$) 3,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 516 E. 6th St. Irving, TX 75060		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired firefighter		10 Employer (See Instructions) City of Irving, TX	
Date 5/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Connor	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1612 Daywood Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Lee	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2008 Robinson Irving, TX 75060		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristi Pena	Amount of contribution (\$) 277.47	In-kind contribution description (if applicable) Food & rental for meet & greet gathering
Contributor address; City; State; Zip Code 408 W. 6th Irving, TX 75060		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Sloan	Amount of contribution (\$) 59.80	In-kind contribution description (if applicable) Food for meet & greet gathering
Contributor address; City; State; Zip Code 2110 Ruby Rd Irving, TX 75060		(If travel outside of Texas, complete Schedule T)	
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">John Phillip Riddle</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">5/7/15</p>	5 Payee name <p style="text-align:center">Sam's Club</p>	
6 Amount (\$) <p style="text-align:center">21.48</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">1213 Market Place Irving, TX 75063</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">Food/Beverage Expense</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">Water for volunteers</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <p style="text-align:center">5/8/15</p>	Payee name <p style="text-align:center">Subway</p>	
Amount (\$) <p style="text-align:center">82.27</p>	Payee address; City; State; Zip Code <p style="text-align:center">700 E. Irving Blvd Irving, TX 75060</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">Food / Beverage Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">Food for volunteers</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <p style="text-align:center">5/9/15</p>	Payee name <p style="text-align:center">Subway</p>	
Amount (\$) <p style="text-align:center">11.91</p>	Payee address; City; State; Zip Code <p style="text-align:center">700 E. Irving Blvd. Irving, TX 75060</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">Food/Beverage Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">Snacks for volunteers</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <p style="text-align:center">5/9/15</p>	Payee name <p style="text-align:center">Big State Fountain</p>	
Amount (\$) <p style="text-align:center">52.99</p>	Payee address; City; State; Zip Code <p style="text-align:center">100 E. Irving Blvd. Irving, TX 75060</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">Food/Beverage Expense</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">Dinner for volunteers</p> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME John Phillip Riddle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/21/15	5 Payee name Office Depot	
6 Amount (\$) 87.68	7 Payee address; City; State; Zip Code 1000 W. Airport Fwy Irving, TX 75062	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Handout printing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/26/15	Payee name Dallas County	
Amount (\$) 5.00	Payee address; City; State; Zip Code 2388 N. Stemmons Fwy #820 Dallas, TX 75207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Voter history list <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/26/15	Payee name Campaign Partner	
Amount (\$) 29.00	Payee address; City; State; Zip Code 96 Mowat Ave. Toronto, Ontario, Canada M6K 3M1	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign website <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/2/15	Payee name VH Printing	
Amount (\$) 1,616.48	Payee address; City; State; Zip Code 1930 Valley View Ln. Dallas, TX 75234	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) handout and mail out flyers/postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED