

# 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 FIRST MI <b>Alan E</b> NICKNAME LAST SUFFIX <b>MEAGHER</b>	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>                  Date Received  <span style="font-size: 1.2em; color: red;">MAY 06 2013</span>                  City Secretary's Office                  Date Hand-delivered or Postmarked  <b>HD 5/6/13 10:40am</b>                  Receipt #      Amount                  Date Processed  <i>Proctor 5/7/13</i>                  Date Imaged             </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>915 County Ridge Ct Irving, TX 75061</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(972) 313-0808</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs Betty</b> NICKNAME LAST SUFFIX <b>THOMES</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>210 STEEPLE CHASE Irving TX 75062</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(972) 717-6739</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>4 / 13 / 13      5 / 3 / 13</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 11 / 13</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>NONE</b>	13 OFFICE SOUGHT (if known) <b>Irving City Council Place #2</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Alan Meagher*

15 ACCOUNT # (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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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

\$ *50.00*

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

\$ *5250.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *312.16*

4. TOTAL POLITICAL EXPENDITURES

\$ *4251.80*

CONTRIBUTION BALANCE

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

\$ *3073.20*

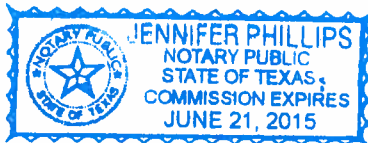
OUTSTANDING LOAN TOTALS

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

\$ *5,000.00*

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.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Alan Meagher*, this the *14th* day of *May*, 20*13*, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*Jennifer Phillips*  
Printed name of officer administering oath

*notary*  
Title of officer administering oath

**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: <b>2</b>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/19/13</b>	5 Payee name <b>WALMART</b>
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6 Amount (\$) <b>118.36</b>	7 Payee address; City; State; Zip Code <b>4100 W. AIRPORT FRWY IRVING, TX 75061</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>PUTTING OUT POLITICAL SIGNS</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>AUNN MRAUGHER</b>	Office sought <b>IRVING CITY COUNCIL #2</b>	Office held <b>NONE</b>
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Date <b>4/19/13</b>	Payee name <b>CONTRACT LABOR</b>
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Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>PLACING SIGNS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>AUNN MRAUGHER</b>	Office sought <b>IRVING CITY COUNCIL #2</b>	Office held <b>NONE</b>
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Date <b>4/25/13</b>	Payee name <b>BOOKER INDUSTRIES</b>
------------------------	--

Amount (\$) <b>1,208.95</b>	Payee address; City; State; Zip Code <b>2344 FARRINGTON DALLAS, TEXAS 75207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>MAIL OUT POSTAGE</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>AUNN MRAUGHER</b>	Office sought <b>IRVING CITY COUNCIL #2</b>	Office held <b>NONE</b>
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Date <b>4/25/13</b>	Payee name <b>BOOKER INDUSTRIES</b>
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Amount (\$) <b>1590.52</b>	Payee address; City; State; Zip Code <b>2344 FARRINGTON DALLAS, TEXAS 75207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>MAILER / SORT</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>AUNN MRAUGHER</b>	Office sought <b>CITY COUNCIL #2</b>	Office held <b>NONE</b>
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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: <b>2</b>	2 FILER NAME <b>AJUAN MRAUGHER</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/26/13</b>	5 Payee name <b>NORTH DALLAS GAZETTE</b>
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6 Amount (\$) <b>600.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 763866 DALLAS, TX 75376-3866</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>POLITICAL AD</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>AJUAN MRAUGHER</b>	Office sought <b>IRVING CITY COUNCIL #2</b>	Office held <b>NONE</b>
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Date <b>4/26/13</b>	Payee name <b>WALMART</b>
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Amount (\$) <b>121.81</b>	Payee address; City; State; Zip Code <b>4100 W. AIRPORT FRWY IRVING TX 75061</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>	Description (If travel outside of Texas, complete Schedule T) <b>MAKING SIGNS / DISTRIBUTION</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>AJUAN MRAUGHER</b>	Office sought <b>IRVING CITY COUNCIL #2</b>	Office held <b>NONE</b>
---	--	--	----------------------------

Date <b>4/26/13</b>	Payee name <b>CONTRACT LABOR</b>
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Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>PLACED SIGNS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>AJUAN MRAUGHER</b>	Office sought <b>IRVING CITY COUNCIL #2</b>	Office held <b>NONE</b>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ALAN MEALIER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/16

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

BANGLADESH MUSLIM FOUNDATION

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4604 LUXOR IRVING TX 75062

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/17

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

DENNIS WEBB

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

520 GILBERT RD  
IRVING TX 75061

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17

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

LINDA M. ROBERTS

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2136 CHINO RD  
DENTON, TX 76207

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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