

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:

RECEIVED

OFFICE USE ONLY

Date Received
APR 15 2011

City Secretary's Office

Date Hand Delivered or Postmarked
4/15/11

Receipt # **10500** Amount **10500**

Date Processed
4/21/11

Date Imaged
4/21/11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
ROSE A
NICKNAME LAST SUFFIX

Cannaday

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**104 W. Northgate
Irving, TX 75063**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 242-7557

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
LOWELL A
NICKNAME LAST SUFFIX

Cannaday

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

104 W. Northgate IRVING, TX 75062

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(469) 261-9701

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 MONTH DAY YEAR
1 / 1 / 11 THROUGH 4 / 4 / 11

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
5 / 14 / 11

12 OFFICE

OFFICE HELD (if any)

**Place 5
Irving City Council**

13 OFFICE SOUGHT (if known)

Irving City Council - Place 5

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

Rose Cannaday Pka 5

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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

18 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,650.00
--------------------------------------------------------------------------------------	--------------

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES	\$ 6,828.02
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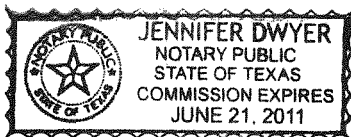
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,520.20
------------------------------------------------------------------------------------	--------------

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.

Rose Cannaday
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rose Cannaday, this the 15th day of April, 2011, to certify which, witness my hand and seal of office.

Jennifer Dwyer
Signature of officer administering oath

Jennifer Dwyer
Printed name of officer administering oath

notary
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:	
2 FILER NAME <i>ROSE Cannady Place 5</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-9-11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Margaret Whittington</i>	7 Amount of contribution (\$) <i>\$ 250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>515 IRIS DR Irving, TX 75061</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-1-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Lucy Billimley</i>	Amount of contribution (\$) <i>\$ 250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4100 International Pkwy Ste 1100 Carrollton, TX 75007</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-6-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Bill Mahoney</i>	Amount of contribution (\$) <i>\$ 100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-12-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Kathleen A. Olar</i>	Amount of contribution (\$) <i>\$ 300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2910 Pacific Ct Irving, TX 75062</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-21-11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Craig Bolaman</i>	Amount of contribution (\$) <i>\$ 50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>303 San Mateo Court Irving, TX 75062</i>		(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 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

Rose Cannaday - Page 5

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-6-11

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

Louis Shlipak, MD

Contributor address; City; State; Zip Code

1500 Colony Ct
Irving, TX 75061

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-6-11

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

Albert Zapanta

Contributor address; City; State; Zip Code

2616 Clearspring Dr. N
Irving, TX 75063

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

Carol Susat

Contributor address; City; State; Zip Code

3802 Weingarten Dr
Irving, TX 75062

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-11

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

Liesia Stallweather

Contributor address; City; State; Zip Code

4655 O'Connor Ct
Irving, TX 75062

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

Charles-Alicia Mott

Contributor address; City; State; Zip Code

612 Balboa St.
Irving, TX 75062

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(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 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

Rose Cannaday-Plaus

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-6-11

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

Bob and Donna Bourgeois

6 Contributor address; City; State; Zip Code

3608 Gentry Rd
Irving, TX 75062

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-6-11

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

Alicia + Cliff Holliday

Contributor address; City; State; Zip Code

2712 Meadowview Dr.
Colleyville, TX 76034

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

Rosene Beys

Contributor address; City; State; Zip Code

3201 Hidalgo
Irving, TX 75062

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

H.D. Niemeier

Contributor address; City; State; Zip Code

207 Steepchase Dr.
Irving, TX 75062

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-11

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

Jan Littlejohn

Contributor address; City; State; Zip Code

P.O. Box 153501
Irving, TX 75015

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(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 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

ROSE Cannady-Placcs

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-6-11

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

Dr. + Mrs H. Elden Attaway

6 Contributor address; City; State; Zip Code

*801 N. O'Connor Rd
Irving, TX 75061*

7 Amount of contribution (\$)

\$50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-5-11

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

Jack Spurlock

Contributor address; City; State; Zip Code

*1516 W. Pinner
Irving, TX 75061*

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

James + Fran Cassels

Contributor address; City; State; Zip Code

*312 Steepchase
Irving, TX 75062*

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

Allan B. + Barbara Scott

Contributor address; City; State; Zip Code

*104 Hapsburg Ct
Irving, TX 75062*

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

Richard + Sandra Stewart

Contributor address; City; State; Zip Code

*7327 Southern Oak Dr.
Irving, TX 75063*

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(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 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 *ROSE CANNA JAY-PLACES*

3 ACCOUNT # (Ethics Commission Filers)

4 Date
5 Full name of contributor out-of-state PAC (ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date *4-6-11*
Full name of contributor out-of-state PAC (ID# _____)
Dr. Bob & Sunny Bettis
Contributor address; City; State; Zip Code
*1205 N. Dwy Heights
Dwy, TX 75061*

Amount of contribution (\$) *\$250⁰⁰*
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *4-6-11*
Full name of contributor out-of-state PAC (ID# _____)
Clem Lear
Contributor address; City; State; Zip Code
*4643 O'Connor Ct
Dwy, TX 75062*

Amount of contribution (\$) *\$50⁰⁰*
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *4-6-11*
Full name of contributor out-of-state PAC (ID# _____)
Roy & Peggy Brown
Contributor address; City; State; Zip Code
*601 Cox Drive
Dwy, TX 75062*

Amount of contribution (\$) *\$100*
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date *4-6-11*
Full name of contributor out-of-state PAC (ID# _____)
James Deatherage
Contributor address; City; State; Zip Code
*800 W Airport Dwy Ste 518
LB# 6060 Dwy, TX 75062*

Amount of contribution (\$) *\$150*
In-kind contribution description (if applicable)

(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 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

Rose Connaday-Pau 5

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-6-11

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

Don & Rosalie Jensen

6 Contributor address; City; State; Zip Code

3717 Hidalgo St
Irving, TX 75062

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-6-11

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

Elizabeth Philipp

Contributor address; City; State; Zip Code

3713 Guadalupe Ct
Irving, TX 75062

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-11

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

Thomas Davis

Contributor address; City; State; Zip Code

3801 Cabeza De Vaca Cir
Irving, TX 75062

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-11

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

Chris & Dawn Smith

Contributor address; City; State; Zip Code

7205 Blythdale
Dallas, TX 75248

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-11

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

Cathy & Clint Howard

Contributor address; City; State; Zip Code

3917 Fox Glen Dr
Irving, TX 75062

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(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 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

ROSE CANNA D'AG-PAUS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-30-11

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

Suzanne Beeman

6 Contributor address; City; State; Zip Code

*1605 Dowling Dr.
Irving, TX 75038*

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-29-11

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

John Danich

Contributor address; City; State; Zip Code

*1117 Capital Ct
Irving, TX 75060*

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-11

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

Chuck & Janet Beyce

Contributor address; City; State; Zip Code

*330 Las Colinas Blvd E.
Apt 1622 Irving, TX 75060*

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-11

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

James & Helen Wedener

Contributor address; City; State; Zip Code

*307 Steepchase Dr.
Irving, TX 75062*

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-31-11

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

Burnell & Sheryl Stehman

Contributor address; City; State; Zip Code

*1817 Crockett Circle
Irving, TX 75038*

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(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 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

Rose Cannady-Placc S

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-30-11

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

Dr. Cherie Clodfelter

6 Contributor address; City; State; Zip Code

*521 Huntington Ct
Irving, TX 75041*

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-29-11

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

Don & Mary Oberlin

Contributor address; City; State; Zip Code

*4743 Byron Circle
Irving, TX 75038*

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-21-11

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

Mr & Mrs. Dan Lewis

Contributor address; City; State; Zip Code

*2828 Fndren Ave
Dallas, TX 75205*

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14-11

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

Robert & Debra Stewart

Contributor address; City; State; Zip Code

*1311 Trane Circle W
Irving, TX 75038*

Amount of contribution (\$)

\$2500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-11

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

Lewis Patrick

Contributor address; City; State; Zip Code

*1416 Fulton Dr
Irving, TX 75060*

Amount of contribution (\$)

\$300

In-kind contribution description (if applicable)

(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 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 *ROSE Cannaday-Pleus*

3 ACCOUNT # (Ethics Commission Filers)

4 Date *3-14-11*
5 Full name of contributor out-of-state PAC (ID# _____)
Charles & Colleen Cotton
6 Contributor address; City; State; Zip Code
*704 Dove Circle
Coppell, TX 75019*

7 Amount of contribution (\$) *\$ 2,500.00*
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date *3-8-11*
Full name of contributor out-of-state PAC (ID# _____)
Michael & Donna Webster
Contributor address; City; State; Zip Code
*5122 Victory Blvd
Della, TX 75206*

Amount of contribution (\$) *\$ 500*
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)

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)

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:	2 FILER NAME <i>ROSE Cannaday</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-16-11</i>	5 Payee name <i>Park Cities Republican Women's Club</i>
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6 Amount (\$) <i>\$ 200.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>membership dues</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-25-11</i>	Payee name <i>Desiree Caraphis</i>
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Amount (\$) <i>\$ 3,254.58</i>	Payee address; City; State; Zip Code <i>12404 Hwy 155 S. Tyler TX 75703</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>supp, state, reling</i>	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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Date <i>3-3-11</i>	Payee name <i>Ramblee Newspaper</i>
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Amount (\$) <i>\$ 1,207.99</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Ad</i>	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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Date <i>3-8-11</i>	Payee name <i>Party City</i>
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Amount (\$) <i>\$ 130.64</i>	Payee address; City; State; Zip Code <i>Hwy 183 -</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>K.ch-0/b Party</i>	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 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 FILER NAME <i>ROSE Cannaday-Plaus</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4-1-11</i>	5 Payee name <i>Nancy Jones</i>	
6 Amount (\$) <i>\$50.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign</i>	
	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-1-11</i>	Payee name <i>People Calling People</i>	
Amount (\$) <i>\$400.00</i>	Payee address; City; State; Zip Code <i>3948 Legacy Dr. Plano, TX 75023-8300</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Mailings</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1-10-11</i>	Payee name <i>Lynne Stage League</i>	
Amount (\$) <i>\$300</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donate</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <i>Tri-Win</i>	
Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>14335 Inwood Rd Dallas TX 75244-3922</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Hand-outs - printing</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 FILER NAME <i>ROSE Cannaday - Plau 5</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3-21-11</i>	5 Payee name <i>Office Depot</i>
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6 Amount (\$) <i>\$203.75</i>	7 Payee address; City; State; Zip Code <i> Hwy 183</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign Supplies</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-23-11</i>	Payee name <i>Las Colonias Printing</i>
------------------------	--------------------------------------------

Amount (\$) <i>\$243.56</i>	Payee address; City; State; Zip Code <i>5330 N. MacArthur Blvd. Ste 148 Irving, TX 75038</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Kick-off Invites</i>	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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Date <i>3-24-11</i>	Payee name <i>Las Colonias Post Office</i>
------------------------	-----------------------------------------------

Amount (\$) <i>\$182.00</i>	Payee address; City; State; Zip Code <i>Irving, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>STAMPS</i>	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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Date <i>4-12-11</i>	Payee name <i>A.D. Jenkins</i>
------------------------	-----------------------------------

Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 154442 Irving, TX 75015</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign</i>	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
-----------------------------------------------------	-------------------------------	---------------	-------------

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 Expense | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Rose Canada Place</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2-26-11</i>	5 Payee name <i>Office Depot</i>
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6 Amount (\$) <i>255.42</i>	7 Payee address; City; State; Zip Code <i>Henry 183</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign Supplies</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-17-11</i>	Payee name <i>Lifesaver Foundation</i>
------------------------	-------------------------------------------

Amount (\$) <i>\$150.00</i>	Payee address; City; State; Zip Code <i>561 W. Campbell Rd. Ste 101 Richardson, TX 75080</i>
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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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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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
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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 (See instructions regarding type of information required.)
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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 (See instructions regarding type of information required.)
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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 (See instructions regarding type of information required.)
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