

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: <div style="font-size: 2em; text-align: center;">7</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST GERALD	MI D	<div style="text-align: center; border: 1px solid blue; padding: 5px;"> OFFICE USE ONLY <div style="border: 1px solid blue; padding: 5px; margin: 5px 0;"> RECEIVED APR 08 2010 </div> City Secretary's Office Date Hand-delivered or Date Postmarked HD Katelyn Sof Receipt # Amount Date Processed 4/8/10 8:05am Date Imaged </div>							
NICKNAME FARRIS	LAST FARRIS	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 1308 Mosswood Ln. Irving, TX	APT / SUITE # 75061	CITY, STATE, ZIP CODE								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 554-1810	EXTENSION								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Joe	MI	Date Processed Date Imaged							
NICKNAME Matelich	LAST Matelich	SUFFIX									
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 1305 Mosswood Ln. Irving, TX	APT / SUITE # 75061	CITY, STATE, ZIP CODE								
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 579-1274	EXTENSION								
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
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<input type="checkbox"/> July 15	<input 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 2 17 / 2010 4 / 8 / 2010										
11 ELECTION	ELECTION DATE Month Day Year 5 / 8 / '10	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)	13 OFFICE SOUGHT (if known) Irving City Council, Place									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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										

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME
GERALD SEAN FARRIS

16 ACCOUNT # (Ethics Commission Filers)

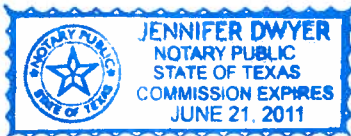
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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 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	\$ 308
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3498.97
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1760.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1752.65
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.

Gerald Farris
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gerald Farris, this the 8th day of April 20 10, 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: 3	
2 FILER NAME GERALD DEAN FARRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/25/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Matelich	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1305 Mosswood Ln. Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/6/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Cleveland	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1518 Post Oak Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Putnam	Amount of contribution (\$) 100	In-kind contribution description (if applicable) 90.97 Phone/List Address
Contributor address; City; State; Zip Code 1425 W. Pioneer Dr. Irving, TX 75041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carroll Mahoney	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 Mosswood Ln. Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Tate	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1710 Timbers Irving, TX 75061		(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: 3	
2 FILER NAME GERALD DEAN FARRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLYDE DELDACH	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1205 ICHAROD CT. Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Walsh	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1711 Sunnybrook Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint Rain	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1415 Moss Rose Circle Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron George Property Mgmt	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Tanglewood Dr. S. Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boreal V. George	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Tanglewood Dr. Irving, TX 75061		(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 FARRIS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/23/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B+PG Property MGMT	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 Tanglewood Dr. Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Insurance Design + Admin	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1403 E. Union Bower Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/6/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Deloach Living Trust	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 Ichabod Ct. Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David C. Staley	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5200 Pool Rd. Colleyville, TX 76034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	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)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F 1
2 FILER NAME GERALD DEAN FARRIS		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/2/10	5 Payee name Deluxe Checks	7 Amount (\$) 53.25
6 Payee address; City; State; Zip Code 2400 W. Irving Blvd Irving, TX 75061		
8 Purpose of payment (See instructions regarding type of information required.) checks for Account <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** 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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>GERALD DEAN FARRIS</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>3/15/10</u>	5 Payee name <u>Finish Line Sports + Apparel</u> 6 Payee address; City, State, Zip Code <u>3009 N. Beltline Rd. Irving, TX 75062</u>	8 Amount (\$) <u>1602.10</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Campaign Signs 18"x24"</u> (If travel outside of Texas, complete Schedule T)		
Date <u>3/18/10</u>	Payee name <u>Office Depot</u> Payee address; City, State, Zip Code <u>1000 W. Airport Fwy Irving, TX 75062</u>	Amount (\$) <u>25.42</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>80 Promotional Flyers</u> (If travel outside of Texas, complete Schedule T)		
Date <u>3/25/10</u>	Payee name <u>Office Depot</u> Payee address; City, State, Zip Code <u>1000 W. Airport Fwy Irving, TX 75061</u>	Amount (\$) <u>64.20</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Laser Paper + Business Card Paper</u> (If travel outside of Texas, complete Schedule T)		
Date <u>4/5/10</u>	Payee name <u>Office Depot</u> Payee address; City, State, Zip Code <u>1000 W. Irving Airport Fwy Irving, TX 75061</u>	Amount (\$) <u>15.14</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u> Inkjet Matte Paper</u> (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City, State, Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

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