ITEM "C" # 1

Donald W. Hill

COD_CSO 0003463

GOVERNMENT EXHIBIT
1817
3:07-CR-0289-M

001

050242

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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 fills)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. | FIRST: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Dallas | STATE: TX | ZIP CODE: 75232

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (214) | PHONE NUMBER: 943-0012 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. | FIRST: John | MI | NICKNAME | LAST: Barr | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 203 East Colorado Blvd. | APT / SUITE #: | CITY: Dallas | STATE: TX | ZIP CODE: 75203

8 CAMPAIGN TREASURER PHONE
AREA CODE: 214) | PHONE NUMBER: 943-0012 | 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 / 05 THROUGH Month Day Year: 06 / 30 / 05

11 ELECTION
ELECTION DATE Month Day Year: 05 / 07 / 05
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any): District 5

13 OFFICE SOUGHT (if known): Dallas City Council, Dist. 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 00001

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COD_CSO 0003464

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS (Estimated)

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Donald W. Hill

16 ACCOUNT # (Ethics Commission filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,475.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 17,291.54
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 44.23
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 AFFIDAVIT

SUSAN ELAINE TIMS
MY COMMISSION EXPIRES
May 26, 2007

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.

Donald W. Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald W Hill, this the 15 day of July, 20 05, to certify which, witness my hand and seal of office.

Susan Elaine Tims — Susan Elaine Tims
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/30/05 to 6/30/05	To be identified (see attached letter)	4,475.00	

9 Principal occupation / Job title (See Instructions): Various

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/ 6/05	Mr. & Mrs. Jack Bewley [redacted] Flower Mound, Texas	2,000.00	

Principal occupation / Job title (See Instructions): Business Owner

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/17/05	Vinson & Elkins PAC Ross Avenue, Dallas, Texas	1,000.00	

Principal occupation / Job title (See Instructions): Attorneys

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/ 5/05	Charles Joekel Dallas, TX	500.00	

Principal occupation / Job title (See Instructions): Business Owner

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/ 5/05	Tony Garrett Dallas, TX	500.00	

Principal occupation / Job title (See Instructions): Political Consultant

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.

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COD_CSO 0003466

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Donald W. Hill

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)
6/30/05	Jeffrey Kerbel [redacted] Toronto, Ontario M3B-2TS		$2,428.39 (travel and accommodations for City event)

9 Principal occupation / Job title (See instructions)	10 Employer (See instructions)
Business Owner	

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)

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)

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)

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)

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.

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PLEDGED CONTRIBUTIONS - None

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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.

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LOANS - None

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME
Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION ☐ not applicable	16 Name of guarantor	18 Amount Guaranteed ($)
	17 Guarantor address; City; State; Zip Code	

19 Principal Occupation

20 Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
☐ none

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed ($)
	Guarantor address; City; State; Zip Code	

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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COD_CSO 0003469

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES — SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/2/05	Service Broadcasting Corporation KRNB - FM P.O. Box 530860 Grand Prairie, TX 75053	900.00

8 Purpose of payment (See instructions regarding type of information required.): Radio advertising

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 ($)
5/2/05	Farrington and Associates 4501 Druid #319 Dallas, Texas	2,000.00

Purpose of payment (See instructions regarding type of information required.): Consulting fees for campaign activities incl. supervising of phone banks, develop signs, push cards, and doorhangers, and organization of other pre-election activities

** 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 ($)
5/11/05	Farrington and Associates 4501 Druid #319 Dallas, Texas	500.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement for printing costs and other campaign activities

** 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 ($)
4/30/05 to 6/30/05	Various to be identified sources (see letter attached) Various	13,091.54

Purpose of payment (See instructions regarding type of information required.): Numerous campaign activities inclg. phone banks, printing, walkers, card pushers,used on election day, fees for supervisors, rental cars, food, campaign literature. (This is not an exhaustive list but a summary of general activities, which will be supplemented/amended pursuant to the attached letter.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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COD_CSO 0003470 00007

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
5/ 6/05	Louis Jones [redacted] Mesquite, TX 75150	250.00

8 Purpose of payment (See instructions regarding type of information required.): Printing of campaign materials.

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 ($)
6/17/05	Mary Luckey Dallas, Texas	40.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement for purchase of ticket to Quest for Success

-- 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 ($)
6/17/05	Tyler Barbers Association Historical Commission Dallas, Texas	60.00

Purpose of payment (See instructions regarding type of information required.): Advertising in Commerative book

-- 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 ($)
5/8/05	Donald W. Hill [redacted] Dallas, TX 75232	200.00

Purpose of payment (See instructions regarding type of information required.): Advance for expenses incurred at NCPERS Conference

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

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COD_CSO 0003471

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/17/05	Donald W. Hill [redacted] Dallas, TX 75232	250.00

8 Purpose of payment (See instructions regarding type of information required.): Advance for expneses incurred at attendance of Toronto City event

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.)

** 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.)

** 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.)

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name; Office sought; Office held

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COD_CSO 0003472

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS - None

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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Revised 11/05/2003

COD_CSO 0003473

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

- Will be Supplemented, if any.
See Attached Letter.

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME
Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address: City: State: Zip Code	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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COD_CSO 0003474

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS None

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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COD_CSO 0003475

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CREDITS (optional) - None

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address: City: State: Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 11/05/2003

COD_CSO 0003476

00013

July 15, 2005

VIA CERTIFIED MAIL RETURN RECEIPT
REQUESTED 7005 0390 0005 7631 0194
Mrs. Shirley Acy
City Secretary, City of Dallas
1500 Marilla , 5th Floor
Dallas, Texas 75201

Re: July15 ,2005 Campaign Finance Report

Dear Ms. Acy:

Please allow this letter to confirm that I spoke with Deborah Watkins on Monday, July 11, 2005 requesting guidance from your office regarding my inability to file a complete and accurate campaign finance report because of recent events. As a result, my campaign expenditure and contributions records were removed from my possession by the Federal Bureau of Investigation (FBI) and I have been and continue to be unable to retrieve the records. Your recommendation was to file a good faith estimate of expenditures and contributions. I have done so. However I am unable to identify my expenditures covering a wide range of activities including but not limited to phone banks, election day walkers, signs, rental vans, food, gasoline, election night activities, campaign materials and post election activities. Out of an abundance of caution, I am submitting entries in which I have some documentation or I have a specific recollection of amounts and the nature of such expenditures.

I spoke with Ian Steusloff, an attorney with the Texas Commission on July 14, 2005. He recommended in light of my records issue, I should use any bank information I could obtain to estimate expenditures. He also advised for those expenditures under $50, I would not need to identify a payee and would not need to be listed and for amounts over $50.00, I should make my best estimate in general categories. He stressed that the two most important considerations are to timely report as best I can and to use the bank information in making my estimates so that a later amended report would include numbers consistent with those listed in the attached report. This is what I have attempted to do.

I will file a good faith amendment upon receipt of my records.

Thank you.

Sincerely,

Donald W. Hill

DWH/bwn
enclosures

COD_CSO 0003477

July 15, 2005

RECEIVED
2005 JUL 18 PM 12:40
CITY SECRETARY
DALLAS, TEXAS

VIA CERTIFIED MAIL RETURN RECEIPT
REQUESTED 7005 0390 0005 7631 0194
Mrs. Shirley Acy
City Secretary, City of Dallas
1500 Marilla , 5th Floor
Dallas, Texas 75201

Re: July15 ,2005 Campaign Finance Report

Dear Ms. Acy:

Please allow this letter to confirm that I spoke with Deborah Watkins on Monday, July 11, 2005 requesting guidance from your office regarding my inability to file a complete and accurate campaign finance report because of recent events. As a result, my campaign expenditure and contributions records were removed from my possession by the Federal Bureau of Investigation (FBI) and I have been and continue to be unable to retrieve the records. Your recommendation was to file a good faith estimate of expenditures and contributions. I have done so. However I am unable to identify my expenditures covering a wide range of activities including but not limited to phone banks, election day walkers, signs, rental vans, food, gasoline, election night activities, campaign materials and post election activities. Out of an abundance of caution, I am submitting entries in which I have some documentation or I have a specific recollection of amounts and the nature of such expenditures.

I spoke with Ian Steusloff, an attorney with the Texas Commission on July 14, 2005. He recommended in light of my records issue, I should use any bank information I could obtain to estimate expenditures. He also advised for those expenditures under $50, I would not need to identify a payee and would not need to be listed and for amounts over $50.00, I should make my best estimate in general categories. He stressed that the two most important considerations are to timely report as best I can and to use the bank information in making my estimates so that a later amended report would include numbers consistent with those listed in the attached report. This is what I have attempted to do.

I will file a good faith amendment upon receipt of my records.

Thank you.

Sincerely,

Donald W. Hill

DWH/bwn
enclosures

COD_CSO 0003478

050242

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. | FIRST: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Dallas, | STATE: TX | ZIP CODE: 75232

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (214) | PHONE NUMBER: 943-0012 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. | FIRST: John | MI: H. | NICKNAME | LAST: Barr | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 203 East Colorado | APT / SUITE #: | CITY: Dallas, | STATE: TX | ZIP CODE: 75203

8 CAMPAIGN TREASURER PHONE
AREA CODE: (214) | PHONE NUMBER: 943-0012 | 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: 04/08/05 THROUGH Month Day Year: 04/29/05

11 ELECTION
ELECTION DATE Month Day Year: 05/07/05
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any): District 5
13 OFFICE SOUGHT (if known): Dallas City Council Dist 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

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COD_CSO 0003479

050242

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Donald W. Hill

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 17425
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 884.22
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 11,690.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ ~~17425.00~~ 8860.77 N/A
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ ~~8860.770~~ N/A

19 AFFIDAVIT

GLENDA ELIZABETH AGUIRRE
Notary Public
STATE OF TEXAS
My Comm. Expires 12-12-2006

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 29th day of April, 2005, to certify which, witness my hand and seal of office.

Glenda E Aguirre | Glenda E. Aguirre | Notary
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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Revised 11/05/2003

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COD_CSO 0003480

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

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)
4-13-05	Apartment Assoc of Dallas 4230 LBJ Fwy, Suite 140 Dallas, TX 75244	1000.00	1000.00

9 Principal occupation / Job title (See Instructions)	10 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)
4-27-05	Craig Crafton [redacted] Dallas, TX 75243-7145	25.00	X

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)
4-11-05	Caren Prothro [redacted] Dallas, TX 75205-2063	250.00	

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)
4-19-05	Dallas Firefighters P.O. Box 225437 Dallas, TX 75222-5437	1000.00	

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)
4-13-05	Donald J. McNamara [redacted] Dallas, TX 75204	400.00	

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.

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COD_CSO 0003481

050242

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: Donald Hill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4-11-05	Neal Sleeper [redacted] Dallas, TX 75204	100.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	See Attached List	13,550.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-12-05	Frank Michaloopoulous [redacted] Dallas, TX 75205	500	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-12-05	Myrom Mims [redacted] Dallas, TX 75201	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-23-05	Sherman Roberts [redacted] Dallas, TX 75232	100.00	

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.

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Revised 11/05/2003

COD_CSO 0003482

020

DON HILL CAMPAIGN FUND

List of Contributors - As of April 19, 2005

CONTRIBUTOR	ADDRESS	CITY	ST	ZIP	PHONE	Contribution Dated	Dated	Amount
Eddie & Laura Lee	[redacted]	Dallas	TX	75254		3/7/2005	CK #4140	$ 500.00
Felix Y. Chen		Dallas	TX	75287		3/24/2005	CK #1272	$ 1,000.00
Wen-Jo Walter & Sylvia Fung Chiang		Irving	TX	75038		3/24/2005	CK #6658	$ 500.00
Piyush K. & Mina P. Patel		Coppell	TX	75019	972-462-8780	3/28/2005	CK #6278	$ 500.00
Robert W. Hsueh		Dallas	TX	75240		3/28/2005	CK #1603	$ 1,000.00
David Wu		Dallas	TX	75287		3/31/2005	CK #3905	$ 500.00
Linda A. & Edward M. Motley		Arlington	TX	76016-5848	817-265-0919	4/1/2005	CK #4905	$ 500.00
Peter Ng		Dallas	TX	75287		4/1/2005	CK #4550	$ 500.00
Philip S. & Carol A. Yerby		Plano	TX	75023-1107		4/1/2005	CK #3496	$ 500.00
Martin L. & Emelita D. De La Rosa		Arlington	TX	76016	817-572-9895	4/4/2005	CK #6913	$ 100.00
Metrotex Association of Realtors, Inc.		Dallas	TX	75247	214-637-6660	4/4/2005	CK #464	$ 500.00
Mr. & Mrs. J. J. Collmer		Dallas	TX	75248		4/5/2005	CK #6654	$ 250.00
Sunhee C. Hong, D.D.S.		Dallas	TX	75244		4/5/2005	CK #3389	$ 150.00
James P. & Linda McMahan Gunning, Jr.		Austin	TX	78735		4/6/2005	CK #4665	$ 200.00
American Chinese Federation of Industry & Commerce		Richardson	TX	75080		4/7/2005	CK #1005	$ 50.00
Angie & Darcy Button		Garland	TX	75044		4/7/2005	CK #4053	$ 250.00
Arnold Bier		Richardson	TX	75082	972-235-4933	4/7/2005	CK #15210	$ 50.00
Chen Family Living Trust		Plano	TX	75093	972-732-7882	4/7/2005	CK #1388	$ 300.00
Chien-I & Wei Gau Liu		Plano	TX	75024		4/7/2005	CK #1878	$ 100.00
Chi-Sheng & I-Wen Yeh		Plano	TX	75023	972-618-5888	4/7/2005	CK #7356	$ 100.00
David G. & Christabel L. Way		Garland	TX	75044	972-414-8761	4/7/2005	CK #6055	$ 100.00
Dian Fan & Hui Kang		Richardson	TX	75082		4/7/2005	CK #812	$ 50.00
Edward & Grace D. McDermott		Arlington	TX	76011	817-265-3863	4/7/2005	CK #5049	$ 150.00
Gesheng Dai & Caiju Xie		Richardson	TX	75082		4/7/2005	CK #1295	$ 300.00
Helene & Ting Whai Lee		Richardson	TX	75080		4/7/2005	CK #191	$ 100.00
Hwansoo & HungJung Lee		Irving	TX	75061	972-513-1270	4/7/2005	CK #8253	$ 300.00
Ivan J. Boggess & Pei Kang		Dallas	TX	75206		4/7/2005	CK #776	$ 100.00
James C. & Patty P. Lee		Richardson	TX	75082	972-234-1703	4/7/2005	CK #3795	$ 50.00
Jee Hyung Chung & Eun EE Choi		Flower Mound	TX	75028	972-691-2260	4/7/2005	CK #2385	$ 500.00
Jerome Zhu		Richardson	TX	75081		4/7/2005	CK #1317	$ 50.00
Jiahuan Ding & Bingzhi Yang		Plano	TX	75075	972-422-1905	4/7/2005	CK #1736	$ 100.00
Larry E. & Peggy Jarrett		Garland	TX	75044	972-495-6350	4/7/2005	CK #3878	$ 100.00

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DON HILL CAMPAIGN FUND

List of Contributors - As of April 19, 2005

CONTRIBUTOR	ADDRESS	CITY	ST	ZIP	PHONE	Contribution Dated	Dated	Amount
Milton C. & Helen Nee	[redacted]	Farmers Branch	TX	75234-5148	972-241-6851	4/7/2005	CK #2090	$ 50.00
Rae Eung Kim		Dallas	TX	75248	972-248-8260	4/7/2005	CK #1879	$ 300.00
Richard Parmer, Eli Rodriguez - Blue Wing Express		Dallas	TX	75248	972-735-9700	4/7/2005	CASH	$ 200.00
Shanali & Nafisa Bhagat		Highland Village	TX	75077	972-966-0786	4/7/2005	CK #6871	$ 250.00
Sudhir N. Parikh		Dallas	TX	75251	972-387-2929	4/7/2005	CK #6581	$ 100.00
Ting Kuo & Meng Pei Hu Chen		Plano	TX	75024		4/7/2005	CK #1451	$ 1,000.00
Victor H. & Tai-Lee Ke		Colleyville	TX	76034	817-481-8388	4/7/2005	CK #3127	$ 50.00
Vina & Gary, Diva Trading Inc.		Dallas	TX	75229	972-488-6892	4/7/2005	CASH	$ 300.00
Yea & Jong Park		Dallas	TX	75287		4/7/2005	CK #1032	$ 200.00
Yih Min & Chung-Hua Jan		Murphy	TX	75094		4/7/2005	CK #1752	$ 100.00
Zeming Liu		Plano	TX	75025	972-712-6412	4/7/2005	CK #128	$ 50.00
Shirley Boyes		Dallas	TX	75248		4/8/2005	CK #427	$ 200.00
Stephen & Du Sang Lee		Dallas	TX	75217	972-644-8771	4/9/2005	CK #1752	$ 1,000.00
Pamela & Reginald Gates		Dallas	TX	75215		4/11/2005	CK #3743	$ 250.00
Marilyn B. Walker, P.C.		Willow Park	TX	76087	817-269-6996	4/12/2005	CK #1024	$ 50.00
TOTAL CONTRIBUTORS (This report only)								**$ 13,550.00**

COD_CSO 0003484

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050242

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald Wilhill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-8-05	Donald Wilhill [redacted] Dallas, TX 75232	450.00

8 Purpose of payment (See instructions regarding type of information required.): Car rental for walkers and other campaign activities

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 ($)
4-6-05	Erika Hill Browning [redacted] Dallas, TX 75232	1000.00

Purpose of payment (See instructions regarding type of information required.): payment for campaign walkers, cell phone usage, and printing

-- 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 ($)
4-11-05	Donald Wilhill [redacted] Dallas, TX 75232	

Purpose of payment (See instructions regarding type of information required.)

-- 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 ($)
4-11-05	Erika Hill Browning [redacted] Dallas, TX 75232	1950.00

Purpose of payment (See instructions regarding type of information required.): printing, car rental payment for walker, T-shirts

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 000007

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Revised 11/05/2001

COD_CSO 0003485

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
4-16-05	Vivian E. Hill [redacted] Dallas, TX 75232	1540

8 Purpose of payment (See instructions regarding type of information required.): payment for walkers and fees

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 ($)
4-15-05	Donald W. Hill [redacted] Dallas, TX 75232	2500

Purpose of payment (See instructions regarding type of information required.): telephone Bank workers

-- 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 ($)
4-21-05	Donald W. Hill [redacted] Dallas, TX 75232	500.00

Purpose of payment (See instructions regarding type of information required.): payment for Campaign workers putting out signs and other activities

-- 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 ($)
4-27-05	Donald W. Hill [redacted] Dallas, Texas	1308.00

Purpose of payment (See instructions regarding type of information required.): payment for walkers Campaign workers and fees

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 000003

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Revised 11/05/2003

COD_CSO 0003486

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
4-8-05	Rev. H. J Johnson [redacted] Dallas, Tx 75217	100 00

8 Purpose of payment (See instructions regarding type of information required.): Birthday/Anniversary Gift

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 ($)
4-8-05	Louis Jones [redacted] Mesquite, Tx 75150	300 00

Purpose of payment (See instructions regarding type of information required.): printing costs

.. 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 ($)
4-23-05	Louis Jones [redacted] Mesquite, Tx 75150	150 00

Purpose of payment (See instructions regarding type of information required.): printing

.. 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 ($)
4-29-05	Louis Jones [redacted] Mesquite, Tx 75150	600

Purpose of payment (See instructions regarding type of information required.): printing / Signs

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 000009

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COD_CSO 0003487

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME: Donald Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
4-15-05	Donald W. Hill Attorney at Law 203 E. Colorado Dallas, TX 75203	1000.00

8 Purpose of payment (See instructions regarding type of information required.): Finalize formation of 527 political org

9 ** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 000010

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

050242

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: | FIRST: Donald | MI: W.
NICKNAME: | LAST: Hill | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: Dallas, Texas STATE: ZIP CODE: 75232

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (214) PHONE NUMBER: 374-1085 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: John | FIRST: | MI: H.
NICKNAME: | LAST: Barr | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 203 S. Colorado APT / SUITE #: CITY: Dallas, TX STATE: ZIP CODE: 75203

8 CAMPAIGN TREASURER PHONE
AREA CODE: (214) PHONE NUMBER: 943-0012 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: 01/01/05 THROUGH Month Day Year: 04/07/05

11 ELECTION
ELECTION DATE Month Day Year: 05/07/05
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any): District 5
13 OFFICE SOUGHT (if known): District 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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Donald W. Hill

16 ACCOUNT # (Ethics Commission filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 22,250.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 789.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 18,539.01
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,299.99
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

JOYCE M JONES
NOTARY PUBLIC
State of Texas
Comm. Exp. 09-02-2007

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 7th day of April, 2005, to certify which, witness my hand and seal of office.

Joyce M. Jones — Joyce M. Jones — Notary
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

Printed on recycled paper

Revised 11/05/2003

COD_CSO 0003490

050242

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: DONALD W. HILL

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)
02/16/05	B. DON HILL [redacted] PLANO, TX. 75093	1,000.00	

9 Principal occupation / Job title (See Instructions)	10 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)
02/22/05	AARON LIVERPOOL [redacted] PLANO, TX. 75093-4771	500.00	

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)
02/23/05	FORREST SMITH [redacted] DALLAS, TX. 75204	250.00	

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)
02/18/05	HARLAN R. CROW [redacted] DALLAS, TX. 75201	500.00	

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)
02/16/05	MR. TRAMMELL CROW [redacted] DALLAS, TX. 75205	500.00	

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:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See instructions)	10 Employer (See instructions)
02/14/05	MRS. TRAMMELL CROW [redacted] DALLAS, TX. 75205	500.00			
02/15/05	KATHERINE CROW [redacted] DALLAS, TX. 75205	500.00			
02/11/05	BARRY HENRY [redacted] DALLAS, TX. 75205	200.00			
02/18/05	H. KEVIN & ADENILDA BRYANT [redacted] SOUTHLAKE, TX. 76092	150.00			
02/24/05	RICHARD PACE [redacted] DALLAS, TX. 75216	500.00			

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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:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
02/28/05	MARTIN W. BURRELL [redacted] DALLAS, TX. 75233	1,000.00			
02/24/05	Southwest Airlines Co. Freedom Fund P.O. BOX 36611, HDQ 4GA DALLAS, TX. 75235	500.00			
02/28/05	KENNETH W. CARTER [redacted] DALLAS, TX. 75287	100.00			
03/03/05	MARIA MINERVA CASARIN [redacted] DALLAS, TX. 75208-3438	500.00			
03/05	YVONNE DAVIS [redacted] DESOTO, TX. 75115	500.00			

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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:

2 FILER NAME: DONALD W. HILL

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 ($)	8 In-kind contribution description (if applicable)
03/03/05	JESSE W. JONES [redacted] DALLAS, TX. 75241	100.00	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/03/05	KEITH D. ROSBURY [redacted] PROSPER, TX. 75078	1,000.00	
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 ($)	In-kind contribution description (if applicable)
02/24/05	DARON & PAMELA WEST [redacted] RICHARDSON, TX. 75080-1109	500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/03/05	OJI JIDEOFOR [redacted] SOUTHLAKE, TX. 76092-4719	1,000.00	
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)
03/03/05	ALFRED HERRON [redacted] DALLAS, TX. 75232	250.00	
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:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission Rans)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
03/01/05	LEON J. BACKES [redacted] 5400 LBJ FREEWAY DALLAS, TX. 75240	500.00			
03/01/05	LINDA SORRELLS [redacted] DALLAS, TX. 75232	250.00			
02/25/05	PAT & GINA NORRIS [redacted] DALLAS, TX. 75205-2157	150.00			
03/03/05	RENEE HIGGINBOTHAM BROOKS [redacted] FT. WORTH, TX. 76102	100.00			
03/09/05	DEMETRIS SAMPSON [redacted] DALLAS, TX. 75232	1,000.00			

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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:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/04/05	Gilbert Aranza [redacted] Dallas, Tx. 75235	1,000.00	

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/15/05	Albert & Gwyneith Black [redacted] Dallas, Tx. 75208	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/21/05	J. McDonald Williams [redacted] Dallas, Tx. 75201	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/29/05	Debra Peek Haynes [redacted] Dallas, Tx. 75232	200.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/18/05	Dallas Police Officers PAC 1412 Griffin St. East Dallas, Tx. 75215	500.00	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

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SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DONALD W. HILL

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)
03/23/05	Douglas R. Ralston [redacted] Dallas, Tx. 75229	200.00	

9 Principal occupation / Job title (See Instructions) | 10 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)
3-15-05	Farrington & Assoc. 4422 Glenwick Dallas, Tx. 75205	1,000.00	

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)
3-15-05	D'Angelo Lee [redacted] Dallas, Tx. 75232	1,000.00	

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)
3-15-05	Toska McBlock Lee [redacted] Dallas, Tx. 75232	1,000.00	

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)
2-2-05	Darren Reagin 5801 Marvin D Love Fwy. Dallas, Tx 75237	1,000.00	

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:

2 FILER NAME

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)
2-2-05	ALAN McGILL 5801 Marvin D. Love Fwy Dallas, Tx 75237	1,000.00	

9 Principal occupation / Job title (See Instructions) | 10 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)
03/23/05	~~Mark~~ Jesse NORWOOD [redacted] WHISTLER, TAL. 3662	100.00	

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)
03/20/05	HALFF ASSOCIATES STATE PAC [redacted] Dallas, TX. 75225	500.00	

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)
4/1/05	GEORGE NICHOLAS [redacted] Dallas, Tx. 75230-2955	500.00	

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)
3/31/05	GODWIN GERBER, LLP [redacted] Dallas, TX. 75270-	500.00	

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:

2 FILER NAME: DONALD W. HILL

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)
04/06/05	ALICIA G. CURRAN [redacted] DALLAS, TX. 75244	25.00	

9 Principal occupation / Job title (See Instructions)	10 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)
04/01/05	DALLAS RETIRED FIREFIGHTERS ASSOC. 1727 AUBURN DR. / P.O BOX 18422 CARROLLTON, TX. 75007 / 75018422	350.00	

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)
04/05/05	FORREST SMITH [redacted] DALLAS, TX. 75204	100.00	

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)

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)

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:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-10-05	Donald W. Hill [redacted] Dallas, Tx 75232	400 00

8 Purpose of payment (See instructions regarding type of information required.): advance for expenses related to NLC conference

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 ($)
2-22-05	Vivian Hill [redacted] Dallas, Texas 75232	600 00

Purpose of payment (See instructions regarding type of information required.): Consulting fee for initial campaign work

-- 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 ($)
3-8-05	Donald W. Hill [redacted] Dallas, Texas 75232	200 00

Purpose of payment (See instructions regarding type of information required.): Miscellaneous Campaign expenses

-- 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 ($)
4-1-05	TASP, Inc. d/b/a Aaron's Design [redacted] Red Oak, Tx 75154	150 00

Purpose of payment (See instructions regarding type of information required.): Campaign materials/T-Shirts

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
4-4-05	Donald W. Hill [redacted] Dallas, Texas 75232	300 00

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for car rental expense for district walkers"

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 ($)
4-4-05	Donald W. Hill [redacted] Dallas, Texas 75232	300 00

Purpose of payment (See instructions regarding type of information required.): reimbursement food and other supplies for district walkers"

-- 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 ($)
3-31-05	Louis Jones [redacted] Mesquite, TX 75150	160 00

Purpose of payment (See instructions regarding type of information required.): balance due on printing of "door hangers"

-- 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 ($)
4-2-05	Vivian Hill [redacted] Dallas, Texas 75232	850 00

Purpose of payment (See instructions regarding type of information required.): consulting fees for campaign work for April 2005

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-1-05	Vivian Hill [redacted] Dallas, TX 75232	1600

8 Purpose of payment (See instructions regarding type of information required.) funds for "walkers to be paid, campaign supplies and fees for coordinating walkers"

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 ($)
3-15-05		

Purpose of payment (See instructions regarding type of information required.)

-- 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.)

-- 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.)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02/21/05	CENTRAL REPRODUCTION CO. DALLAS, TX.	124.01

8 Purpose of payment (See instructions regarding type of information required.): Secretarial/Mailing Service

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 ($)
09/21/05	Farrington & Assoc. [redacted] Dallas, Tx. 75205	1,500.00

Purpose of payment (See instructions regarding type of information required.): For CAMPAIGN CONSULTING SERVICES

-- 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 ($)
03/24/05	HILLSIDE OAKS NEIGHBORHOOD ASSOC.	500.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION

-- 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 ($)
09/01/05	FARRINGTON & ASSOC [redacted] Dallas, Tx. 75205	1990.00

Purpose of payment (See instructions regarding type of information required.): REIMBURSEMENT FOR SUPERBOWL & W FUNDRAISERS

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03/01/05	TOSKA MEDLOCK LEE [redacted] Dallas, TX. 75232	500.00

8 Purpose of payment (See instructions regarding type of information required.): CONSULTING FEE

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 ($)
03/24/05	LOUIS JONES [redacted] Mesquite, TX. 75150	215.00

Purpose of payment (See instructions regarding type of information required.): PRINTING

** 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 ($)
03/05/05	DALLAS FUTURE P.A.C.	5,000.00

Purpose of payment (See instructions regarding type of information required.): POLITICAL CONTRIBUTION

** 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 ($)
04/01/05	LOUIS JONES [redacted] MESQUITE, TX. 75150	150.00

Purpose of payment (See instructions regarding type of information required.): PRINTING

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name | Office sought | Office held

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address: City; State; Zip Code	7 Amount ($)
2-17-05	Donald W. Hill Attorney 203 E. Colorado Dallas, TX 75203	1000.00

8 Purpose of payment (See instructions regarding type of information required.) legal service related to creation 527 organization for political advocacy

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

Date	Business name / Business address: City; State; Zip Code	Amount ($)
3-15-05	Donald W. Hill Attorney 203 E. Colorado Dallas, TX 75203	1800.00

Purpose of payment (See instructions regarding type of information required.) legal services related to legal status of 527 corporation, tax status and related issues

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

Date	Business name / Business address: City; State; Zip Code	Amount ($)
4-1-05	Donald W. Hill Attorney 203 E. Colorado Dallas, TX 75203	1200.00

Purpose of payment (See instructions regarding type of information required.) legal services related to 527 Organization

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

Date	Business name / Business address: City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 1708 Boca Chica | APT / SUITE #: | CITY: Dallas, | STATE: Texas | ZIP CODE: 75232

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (214) | PHONE NUMBER: 374-1085 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. | FIRST: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1708 Boca Chica | APT / SUITE #: | CITY: Dallas | STATE: Texas | ZIP CODE: 75232

8 CAMPAIGN TREASURER PHONE
AREA CODE: (214) | PHONE NUMBER: 374-1085 | 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: 07 / 01 / 04 THROUGH Month Day Year: 12 / 31 / 04

11 ELECTION
ELECTION DATE Month Day Year: / /
ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): City Council

13 OFFICE SOUGHT (if known): Districts

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

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

GO TO PAGE 2

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Donald W. Hill

16 ACCOUNT # (Ethics Commission filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5600
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 685.22
	4.	TOTAL POLITICAL EXPENDITURES	$ 7692.78
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ $22.24
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

[illegible] ELIZABETH AGUIRRE
Notary Public
STATE OF TEXAS
My Comm. Expires 12-12-2006

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 18th day of January, 2004, to certify which, witness my hand and seal of office.

Glenda E Aguirre — Signature of officer administering oath
Glenda E. Aguirre — Printed name of officer administering oath
Notary — Title of officer administering oath

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

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)
7-20-04	Myron Mims [redacted] Dallas, Texas	500.00	

9 Principal occupation / Job title (See Instructions): Attorney

10 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)
7-20-04	Cecil C. Bailey [redacted] Dallas, Texas 75015-2357	1000.00	

Principal occupation / Job title (See Instructions): Doctor

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)
7-20-04	T. L. Moultrie [redacted] Grand Prairie, TX 75052-6837	500.00	

Principal occupation / Job title (See Instructions): Financial Services

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)
7-29-04	Krystal Wormley [redacted] Dallas, Texas 75201	500.00	

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)
7-18-04	Joe-Coche [redacted] Arlington, TX 76015	500.00	

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.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: Donald W. Ittig II

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-8-04	Chester Vaugh [redacted] Dallas, TX 75232-2740	100.00	

9 Principal occupation / Job title (See Instructions): retired / Board appointee

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-04	Don Williams / Ellen Williams [redacted] Dallas, Texas	2000.00	

Principal occupation / Job title (See Instructions): Non-profit executives

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

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.

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Signed

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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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# _____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-25-05	Anthony Lyons 6 [redacted] Dallas, TX 75203	22	

9 Principal occupation / Job title (See Instructions) | 10 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)

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)

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)

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)

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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-1-04	Donald W. Hill Attorney 203 E. Colorado Dallas, TX 75203	1300 00

8 Purpose of payment (See instructions regarding type of information required.): advance payment for Hotel rooms for last 2 days of ULI trip for Hill and Commissioner D. Lee in New York, NY

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 ($)
11-24-04	Donald W. Hill [redacted] Dallas, Texas 752	100 22

Purpose of payment (See instructions regarding type of information required.): reimbursement for payment of dinner meeting with campaign personnel

-- 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 ($)
11-22-04	Donald W. Hill Attorney 203 E. Colorado Dallas, TX 75203	350 22

Purpose of payment (See instructions regarding type of information required.): Payment of costs and additional legal research on creation of "527" or other political org.

-- 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 ($)
11-5-04	Donald W. Hill [redacted] Dallas, Texas 75252	530 00

Purpose of payment (See instructions regarding type of information required.): reimbursement for expenses related to ULI trip to New York, NY.

-- Complete if direct expenditure to benefit C/OH --: Candidate / Officeholder name; Office sought; Office held

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Donald Wittill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-22-04	Donald Wittill [redacted] Dallas, Tx 75232	100 00

8 Purpose of payment (See instructions regarding type of information required.)
advancement of funds for Pension Board trip

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 ($)
10-15-04	Donald Wittill Attorney 203 E. Colorado Dallas, Texas 75232	1500 00

Purpose of payment (See instructions regarding type of information required.)
legal services related to research and formation of political organization

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held
consistent with campaign finance law

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

-- 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.)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-3-04	Holiday Inn Express 7772 Gateway Lane NW Concord, NC 28027	95.20

8 Purpose of payment (See instructions regarding type of information required.): hotel expense

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 ($)
7-7-04	Hampton Inn Crystal City, Virginia	177.02

Purpose of payment (See instructions regarding type of information required.): hotel expense

-- 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 ($)
7-17-04	Donald W. Hill [redacted] Dallas, TX 75232	300.00

Purpose of payment (See instructions regarding type of information required.): advance for expenses related to Pension Board trip

-- 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 ($)
7-28-04	Donald W. Hill [redacted] Dallas, TX 75232	300.00

Purpose of payment (See instructions regarding type of information required.): reimbursement for expenses related to Pension Board trip

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-1-04	Marriot Courtyard 175 Piedmont Ave. N.E. Atlanta, GA 30303	122.54

8 Purpose of payment (See instructions regarding type of information required.): hotel expense

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 ($)
7-3-04	Hampton Inn Crystal City, Virginia	328.32

Purpose of payment (See instructions regarding type of information required.): hotel expense

** 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 ($)
7-10-04	Holiday Inn Express 714 Spence Lane Nashville, Tenn. 37217	-83.40

Purpose of payment (See instructions regarding type of information required.): hotel expense

** 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 ($)
7-1-04	Holiday Inn Express 603 Constitution Drive West Monroe, La. 71292	97.03

Purpose of payment (See instructions regarding type of information required.): hotel expense

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 11/05/2003

COD_CSO 0003514

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050221

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-6-04	Donald W. Hill [redacted] Dallas, TX 75232	250.00

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for expenses related to economic development trip

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 ($)
7-9-04	Donald W. Hill [redacted] Dallas, Texas 75252	350.00

Purpose of payment (See instructions regarding type of information required.): reimbursement for trip expenses related to visit to cities with stadiums publicly financed

-- 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 ($)
7-8-04	Holiday Inn Express 468 Waterbury Court Gohanna, OH 43238	70.17

Purpose of payment (See instructions regarding type of information required.): Hotel expense

-- 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 ($)
7-12-04	Budget Rent A Car Camp Wisdom Road Duncanville, TX	555.10

Purpose of payment (See instructions regarding type of information required.): Car rental for trip

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 11/05/2003

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-12-04	Donald W. Hill [redacted] Dallas, Tx 75232	75.00

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for lunch meeting with campaign personnel

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 ($)
11-1-04	Joseph E. Lochridge Scholarship Golden Gate Baptist church Dallas, Texas	150.00

Purpose of payment (See instructions regarding type of information required.): Scholarship contribution

-- 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 ($)
9-16-04	Dallas Arts Gala 650 S. Griffen St. Dallas, Tx 75202	100.00

Purpose of payment (See instructions regarding type of information required.): Contribution

-- 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 ($)
7-14-04	McShan's Florist 10311 Garland Rd. Garland, Tx 75218	73.54

Purpose of payment (See instructions regarding type of information required.): expresses of sympathy to constituent

-- Complete if direct expenditure to benefit C/OH --: Candidate / Officeholder name; Office sought; Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 11/05/2003

COD_CSO 0003516

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
10-15-04	Donald W. Hill Attorney 203 E. Colorado Dallas, Texas 75203	1500 00

8 Purpose of payment (See instructions regarding type of information required.): legal services

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)
11-22-04	Donald W. Hill Attorney 203 E. Colorado Dallas, TX 75203	350

Purpose of payment (See instructions regarding type of information required.): legal services and costs

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Dallas, | STATE: Texas | ZIP CODE: 75232

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (214) | PHONE NUMBER: 374-1085 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: mr. | FIRST: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Dallas, | STATE: Texas | ZIP CODE: 75232

8 CAMPAIGN TREASURER PHONE
AREA CODE: (214) | PHONE NUMBER: 374-1085 | EXTENSION

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

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: 01 / 01 / 04 THROUGH Month Day Year: 06 / 30 / 04

11 ELECTION
ELECTION DATE Month Day Year: / /
ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): City Councilman

13 OFFICE SOUGHT (if known): District 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

COD_CSO 0003518

040101

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Donald W. Hill

16 ACCOUNT # (Ethics Commission Use)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8600
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 8600
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 6507.22
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2092.78
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ [redacted]0

19 AFFIDAVIT

LORRI ANN ELLIS NOTARY PUBLIC STATE OF TEXAS EXPIRES 12-12-2006

AFFIX NOTARY STAMP/SEAL ABOVE

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.

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 14th day of July, 2004, to certify which, witness my hand and seal of office.

Lorri Ann Ellis — Signature of officer administering oath
Lorri Ann Ellis — Printed name of officer administering oath
Notary Public — Title of officer administering oath

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Revised 11/05/2003

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COD_CSO 0003519

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

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)
6-24-04	Brian Potashnik 5910 North Central Exp. Suite 1145 Dallas, Tx 75206	1000.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Business Owner	

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)
6-24-04	Cheryl Potashnik 5910 North Central Exp. Suite 1145 Dallas, Tx 75206	1000 00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business owner	

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)
6-24-04	Jack Potashnik 5910 North Central Exp. Suite 1145 Dallas, TX 75206	1000 00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business owner	

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)
6-23-04	Demetris Sampson Linebarger Goggan Blair and Sampson [redacted] Austin, Texas	1000 00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	

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)
6-30-04	Marvin Robinson [redacted] Dallas Texas 75208	1000 00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business Owner	

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

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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:

2 FILER NAME: Donald W. Hill, II

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6-4-04	Ramon Quintanilla [redacted] Dallas, Tx 75229	1000.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Business owner	

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)
6-4-04	Gilbert Aranza [redacted] Dallas, Texas 75235	1000.00	

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)
6-4-04	Ray Quintanilla [redacted] Dallas, Texas 75219	1000.00	

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)
5-17-04	Donald W. Hill Attorney at law [redacted] Dallas, Tx 75232	600.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	

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)

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:

2 FILER NAME
Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
6-11-04	Mary Lucky [redacted] Dallas, TX 75241	40.00

8 Purpose of payment (See instructions regarding type of information required.)
luncheon tickets

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 ($)
6-17-04	Four Seasons Hotel 1300 Lamar Street Houston, Texas 77010-3098	619.39

Purpose of payment (See instructions regarding type of information required.)
Hotel Accomodations for Political Convention

-- 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 ($)
6-21-04	Budget Rent A Car Duncanville, TX	177.90

Purpose of payment (See instructions regarding type of information required.)
car rental for trip to political convention

-- 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 ($)
6-10-04	Donald W. Hill [redacted]	600.00

Purpose of payment (See instructions regarding type of information required.)
reimbursement for expenses incurred for two (2) day economic development initiative for District 5 involving consultant from Miami, Fla.

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-16-04	Donald W. Hill [redacted] Dallas, TX 752-32	302.71

8 Purpose of payment (See instructions regarding type of information required.) reimbursement for food, gasoline and trip expenses related to attendance at political convention

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 ($)
6-29-04	Farrington and Associates 1801 N. Hampton, Suite 240 DeSoto, Texas 75115	675.00

Purpose of payment (See instructions regarding type of information required.) fee for consulting work related to Dorbert & economic development matters

** 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 ($)
6-29-04	Donald W. Hill [redacted] Dallas, TX 75232	2900.00

Purpose of payment (See instructions regarding type of information required.) advance for trip to economic development tour of cities

** 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.)

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

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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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. | FIRST: Donald | MI: W.
NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE
Dallas, Texas 75232

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: (214) | PHONE NUMBER: 374-1085 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. | FIRST: Donald | MI: W.
NICKNAME | LAST: Hill | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE
Dallas, Texas 75232

8 CAMPAIGN TREASURER PHONE
AREA CODE: (214) | PHONE NUMBER: 374-1085 | 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: 7/01/03 THROUGH Month Day Year: 12/31/03

11 ELECTION
ELECTION DATE Month Day Year: 5/02/03
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any): City Council, Dist 5
13 OFFICE SOUGHT (if known): N/A

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Only)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

☐ additional pages

COMMITTEE TYPE

☑ GENERAL

☐ SPECIFIC

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	$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5500.
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 643.90
	4.	TOTAL POLITICAL EXPENDITURES	$ 5506.02
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4.81
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.

GLENDA ELIZABETH AGUIRRE
Notary Public
STATE OF TEXAS
My Comm. Expires 12-12-2006

AFFI

Donald W Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Glenda E Aguirre — Signature of officer administering oath
Glenda E Aguirre — Printed name of officer administering oath
Notary — Title of officer administering oath

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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:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-30-03	James Fisher [redacted] Dallas, TX 75205	500.00	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-28-03	Matthew Harris [redacted] Dallas, Tx 75226	250.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-28-03	Leon Backes [redacted] Dallas, Tx 75287	1000.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-28-03	Saleem Jafar [redacted] Dallas, TX 75248	500.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-29-03	Donald W. Hill Attorney [redacted] Dallas, TX 75232	250	
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.

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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:

2 FILER NAME

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 ($)	8 In-kind contribution description (if applicable)
10-15-03	Albert Black [redacted] Dallas, TX	1000 00	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-8-03	Alicia Curran [redacted] Dallas, TX 75203	500 00	
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 ($)	In-kind contribution description (if applicable)
8-12-03	Forest Nelson [redacted] Dallas, TX 75203	500 00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-12-03	Joseph Fogelman 203 E. Colorado Dallas, TX 75203	500 00	
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)
8-20-03	Bobbs Baker 203 E. Colorado Dallas, TX 75203	500 00	
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.

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
11-05-03	Donald W. Hill [redacted] Dallas, TX 75232	121.50

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for meeting expense related to planning meeting

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

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
11-06-03	Chips Restaurant Armstrong & Cole Ave Dallas, TX	13.98

Purpose of payment (See instructions regarding type of information required.): expense for planning meeting

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

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
11-21-03	Al Biernats [redacted] Dallas, Texas	171.53

Purpose of payment (See instructions regarding type of information required.): expense for dinner meeting w/ ~~elected~~ official other community leaders

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

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
11-24-03	Starbucks 7110 Camp Wisdom Rd Dallas, TX	7.74

Purpose of payment (See instructions regarding type of information required.): planning meeting expense

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
10-27-03	Donald W. Hill [redacted] Dallas, TX 75232	140.00

8 Purpose of payment (See instructions regarding type of information required.): advance funds for Urban Land Institute trip

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 ($)
10-27-03	Campisi Restaurant Dallas, TX 75	39.11

Purpose of payment (See instructions regarding type of information required.): lunch expense for meeting with consultant

-- 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 ($)
11-3-03	Golden Gate Baptist Church 1101 Sabine Street Dallas, TX 75203	100.00

Purpose of payment (See instructions regarding type of information required.): scholarship banquet

-- 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 ($)
11-3-03	Donald W. Hill [redacted] Dallas, TX 75232	41.95

Purpose of payment (See instructions regarding type of information required.): reimbursement from Urban Land Institute expense

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-15-03	Friends of Dallas Public Library 1515 Young Street Dallas, TX 75201	200.00

8 Purpose of payment (See instructions regarding type of information required.): sponsorship of event

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 ($)
10-24-03	McShan Florist 10311 Garland Rd Dallas TX 75218	102.51

Purpose of payment (See instructions regarding type of information required.): purchase of Flowers for constituents

-- 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 ($)
10-07-03	Donald W. Hill [redacted] Dallas, TX 75232	120.00

Purpose of payment (See instructions regarding type of information required.): reimbursement from expenses related to black caucus trip to Washington DC

-- 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 ($)
10-17-03	Donald W. Hill [redacted] Dallas, TX 75232	200.00

Purpose of payment (See instructions regarding type of information required.): advance funds for Urban Land Institute trip

-- Complete if direct expenditure to benefit C/OH --: Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES — SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
9-29-03	Donald W. Hill [redacted] Dallas, TX 75232	6295

8 Purpose of payment (See instructions regarding type of information required.) reimbursement for expenses related to Congressional Black Caucus

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 ($)
9-28-03	Farrington and Assoc 5318 Columbia Avenue	250 00

Purpose of payment (See instructions regarding type of information required.) final payment of fees for Back to School Bash

-- 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 ($)
10-28-03	Giddings Reelection Campaign 1510 N. Hampton ste 220 DeSoto, TX 75115	100 00

Purpose of payment (See instructions regarding type of information required.) Campaign Contribution

-- 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 ($)
10-15-03	Greenberg's Turkeys 221 McMurray Dr. Tyler, TX 75712	134 00

Purpose of payment (See instructions regarding type of information required.) purchase of turkeys for constituents

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
8-11-03	Donald W. Hill [redacted] Dallas, TX 75232	41.75

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for expenses incurred in meeting w/elected official

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 ($)
8-25-03	Donald W. Hill [redacted] Dallas, TX 75232	40.00

Purpose of payment (See instructions regarding type of information required.): advanced funds for lunch meeting w/constituent

-- 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 ($)
8-25-03	Donald W. Hill [redacted] Dallas, TX 75232	50.00

Purpose of payment (See instructions regarding type of information required.): reimbursement for additional expenses related to meeting w/consultant

-- 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 ($)
8-28-03	Donald W. Hill [redacted] Dallas, TX 75232	50.00

Purpose of payment (See instructions regarding type of information required.): advanced funds for expenses related to planning session for Back to School Bash

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
11-3-03	Urban Land Institute 1025 Thomas Jefferson Street NW Suite 500 Washington D.C. 20007	9.77

8 Purpose of payment (See instructions regarding type of information required.): development materials

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 ($)
11-4-03	Renaissance Hotel 55 Cyril Magnin San Francisco, Cal. 94102	14.53

Purpose of payment (See instructions regarding type of information required.)

-- 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 ($)
11-30-03	Target Store 2449 Haskell Ave Dallas, TX. 75204	20.00

Purpose of payment (See instructions regarding type of information required.): gift card for Constituent family

-- 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.)

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

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Texas Ethics Commission P O Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
8-13-03	Farrington and Associates 5318 Columbia Ave. Dallas, Tx 75217	350 00

8 Purpose of payment (See instructions regarding type of information required.): initial payment for organizing Back to school Bash

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 ($)
8-18-03	Farrington and Associates Same	-350 00

Purpose of payment (See instructions regarding type of information required.): payment for consulting/ planning fees for event

-- 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 ($)
8-20-03	Farrington and Associates Same	500 00

Purpose of payment (See instructions regarding type of information required.): Consultation and planning fees

-- 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 ($)
12-01-03	Donald W. Hill [redacted] Dallas, TX 75292	160 00

Purpose of payment (See instructions regarding type of information required.): advance for Christmas gifts for Colleagues

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
8-11-03	Donald W. Hill [redacted] Dallas, TX 75232	reimbursement for expenses incurred in meeting with elected officials	41.75	☑
8-25-03	Donald W. Hill [redacted] Dallas, TX 75232	expenses related to meeting w/ consulting	$50.00	☑
9-29-03	Donald W. Hill [redacted] Dallas, TX	expenses related to Black Caucus trip to Washington DC.	62.95	☑
10-7-03	Donald W. Hill [redacted] Dallas, TX 75232	expenses related to Washington D.C. Black Caucus trip		☑
11-3-03	Donald W. Hill [redacted] Dallas, TX 75232		41.95	☑

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME
Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
8-29-03	Donald W. Hill Attorney at Law 203 E. Colorado Dallas, TX 75203	400 00

8 Purpose of payment (See instructions regarding type of information required.)
legal work performed

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)
11-28-03	Donald W. Hill Attorney 203 E. Colorado	150 00

Purpose of payment (See instructions regarding type of information required.)
reimbursement for expenses related to office event

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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 files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME
TITLE | FIRST: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE
Dallas, TX 75232

5 CAMPAIGN TREASURER NAME
TITLE | FIRST: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1708 Boca Chica APT / SUITE #: CITY: Dallas, TX STATE: ZIP CODE: 75232

7 CAMPAIGN TREASURER PHONE
AREA CODE ( ) PHONE NUMBER EXTENSION

OFFICE USE ONLY
Date Received
RECEIVED
2003 JUL 15 PM 5:15
CITY SECRETARY
DALLAS, TEXAS
Date Hand-delivered Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

8 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)

9 PERIOD COVERED
Month Day Year: 4 / 26 / 03 THROUGH Month Day Year: 6 / 30 / 03

10 ELECTION
ELECTION DATE Month Day Year: 5 / 3 / 03
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE
OFFICE HELD (if any): City Council Dist 5

12 OFFICE SOUGHT (if known): City Council Dist 5

13 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

COD_CSO 0003537

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission form):

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ [illegible]
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3325.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 40.00
4.	TOTAL POLITICAL EXPENDITURES	$ 3954.08

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

BETTY L. FOXX NOTARY PUBLIC STATE OF TEXAS EXPIRES 02-27-2007

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald Hill, this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

Betty L. Foxx — Betty L. Foxx — Secretary
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
06/05/03	JOHN & BEATRICE SELF [redacted] FORT WORTH, TX. 76120	50.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
06/02/03	SUSAN ENARSON [redacted] DALLAS, TX. 75218	50.00	

Principal occupation (Optional) | Employer (Optional)

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)
06/04/03	DAVID T. & KAY H. GILL [redacted] COPPELL, TX. 75019	50.00	

Principal occupation (Optional) | Employer (Optional)

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)
06/05/03	ALLYN D. GILES [redacted] DESOTO, TX. 75115	50.00	

Principal occupation (Optional) | Employer (Optional)

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)
06/05/03	RICHARD & RACHEL CASAREZ [redacted] FORT WORTH, TX. 76137	50.00	

Principal occupation (Optional) | Employer (Optional)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
06/09/03	CHARLES W. & CINDY M. ELK [redacted] SACHE, TX. 75048	50.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
06/05/03	R. RAY JONES JR. & BRENDA JONES [redacted] COLLEYVILLE, TX. 76034	50.00	
Principal occupation (Optional)		Employer (Optional)	
06/10/03	JOHN R. & CAROLYN OWENS [redacted] IRVING, TX. 75062	50.00	
Principal occupation (Optional)		Employer (Optional)	
06/10/03	MIKE & JAN MCCALL [redacted] SOUTHLAKE, TX. 76052	50.00	
Principal occupation (Optional)		Employer (Optional)	
06/04/03	MIKE & PENNYE MURPHY [redacted] PLANO, TX. 75093	50.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

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 ($)	8 In-kind contribution description (if applicable)
06/11/03	MICHAEL & PHYLLIS GUYTON [redacted] MANSFIELD, TX. 76063	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/06/03	RICHARD A. & MARIAN D. ERSKINE [redacted] FLOWER MOUND, TX. 75028	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
06/04/03	RONALD R. & PAT CASEY [redacted] HURST, TX. 76054	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
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)
Principal occupation (Optional)	Employer (Optional)		

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

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)
5-30-03	Pettis Norman [redacted] Dallas, TX 75231	500.00	500.00
5-30-03	Keith D. Rosbury [redacted] Prosper, Texas 75078	$1000.00	1000.00
5-28-03	Martin Burrell [redacted] Dallas, TX 75376	$125.00	125.00
5-1-03	Neil Sleeper [redacted] Dallas, TX 75204-7417	$100.00	100.00
5-1-03	Louis Beecherl [redacted] DALLAS, TX. 75235	$500.00	500.00

9 Principal occupation (Optional)	10 Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)
Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5-25-03	Gerald Atley [redacted] Arlington, TX 76010	250.	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/01/03	ALBERT C. & LANNA K. PETRASEK [redacted] PLANO, TX. 75093-7823	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
05/01/03	DONALD J. McNAMARA [redacted] DALLAS, TX. 75201	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Donald Withill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
5-31-03	Target Haskell Ave. Dallas, Texas	17.27	purchase of clean up supplies for Memorial Day Celebration	
5-31-03	Target Haskell Ave. Dallas, TX 75	8.39	purchase of clean up supplies	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-31-03	John McHenry	168.00

8 Purpose of payment (See instructions regarding type of information required.): security for Memorial Day Event

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 ($)
5-31-03	Cool 2	1300.00

Purpose of payment (See instructions regarding type of information required.): rental of generator for Memorial Day Event

-- 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 ($)
5-2-03	Sheila Farrington and Assoc.	850.00

Purpose of payment (See instructions regarding type of information required.): campaign consultant fees

-- 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 ($)
4-30-03	Donald W. Hill [redacted] Dallas, Texas 75232	560.00

Purpose of payment (See instructions regarding type of information required.): reimbursement for payment to Campaign Walkers and workers

-- Complete if direct expenditure to benefit C/OH --: Candidate / Officeholder name; Office sought; Office held

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Revised 04/04/2000

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
5-31-03	Party City 3107 W. Camp Wisdom Rd Dallas, TX 75237	71.34

8 Purpose of payment (See instructions regarding type of information required.)
Miscellaneous supplies for memorial Day Celebration

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 ($)
5-31-03	Donald W. Hill [redacted] Dallas, Texas 75232	360.00

Purpose of payment (See instructions regarding type of information required.)
reimbursement for payment to Paul Quinn students for work at Memorial Day Event

-- 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 ($)
5-30-03	Moore's Disposal	211.08

Purpose of payment (See instructions regarding type of information required.)
toilet facilities for Memorial Day Event

-- 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 ($)
5-31-03	Jimmy Busbee	168.00

Purpose of payment (See instructions regarding type of information required.)
Security for Memorial Day Event

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Only)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-2-03	Donald W. Hill [redacted] Dallas, TX 75232	28.00

8 Purpose of payment (See instructions regarding type of information required.)
miscellaneous campaign day expenditures including food, workers supplies,

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.)

-- 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.)

-- 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.)

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

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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 files)

2 Total pages filed:

OFFICE USE ONLY

Date Received: RECEIVED 2003 SEP 22 PM 2:29 CITY SECRETARY DALLAS, TEXAS

Date Hand-delivered or Date Postmarked:

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: DONALD | MI: W.

NICKNAME | LAST: HILL | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: DALLAS, TX. | STATE: | ZIP CODE: 75232

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: DONALD | MI: W.

NICKNAME | LAST: HILL | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: DALLAS, TX. | STATE: | ZIP CODE: 75232

7 CAMPAIGN TREASURER PHONE

AREA CODE: (214) | PHONE NUMBER: 374-1085 | EXTENSION

8 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 COH - FR)

9 PERIOD COVERED

Month / Day / Year: 04 / 01 / 03 THROUGH 09 / 25 / 03

10 ELECTION

ELECTION DATE (Month / Day / Year): 05 / 03 / 03

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): CITY COUNCIL DISTRICT 5

12 OFFICE SOUGHT (if known): CITY COUNCIL DISTRICT 5

13 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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: DONALD W. HILL

15 ACCOUNT # (Ethics Commission Only)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 350 or
	4. TOTAL POLITICAL EXPENDITURES	$ 6,260.73
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 AFFIDAVIT

BETTY L. FOXX NOTARY PUBLIC STATE OF TEXAS EXPIRES 02-27-2007

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 25th day of April, 2003, to certify which, witness my hand and seal of office.

Betty L. Foxx — Signature of officer administering oath
Betty L. Foxx — Printed name of officer administering oath
Secretary — Title of officer administering oath

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/7/03	Gerald & Marsherria Wilson [redacted] KATY, TX. 77450	500.00	
4/4/03	Tim Byrne [redacted] Dallas, TX. 75201	300.00	
04/09/03	Rodger R. Meier DALLAS, TX.	200.00	
04/04/03	Kalston Outdoor Advertising [redacted] Dallas, TX. 75229	200.00	
04/02/03	Renee Higginbotham-Brooks [redacted] Ft. Worth, TX. 76102	100.00	

9 Principal occupation (Optional) / 10 Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/04/03	L. A. Bedford Jr. [redacted] Dallas, TX. 75215	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/15/03	Ray L. Hunt [redacted] Dallas, Tx. 75202	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/09/03	HalFF Assoc. State P.A.C. [redacted] Dallas, Tx. 75225	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/17/03	James P. or Pamela Graham [redacted] Dallas, Tx. 75225	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/15/03	M. Thomas Lardner [redacted] Dallas, Tx. 75209	200.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

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)
04/09/03	WINSTEAD, SECHREST, & MINICK, P.A.C. 5400 RENAISSANCE TOWER / 1201 ELM ST. DALLAS, TX. 75270	250.00	
04/07/03	ING TIEN PEK & ALICE CHOO NEO PEK 5960 TEMPLE DR. PLANO, TX. 75093	50.00	
04/04/03	DAVID K. Y. WU [redacted] DALLAS, TX. 75225	500.00	
04/15/03	CHI CHING LIN [redacted] RICHARDSON, TX. 75082	100.00	
04/17/03	STACY Y. CHOU [redacted] DALLAS, TX. 75252	200.00	

9 Principal occupation (Optional)	10 Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
04/17/03	Jim Lin or Lilly Chang [redacted] Plano, Tx. 75075	100.00			
04/17/03	Ful-Chu Li [redacted] Richardson, Tx. 75082	100.00			
04/24/03	Greater Dallas Assoc of Realtors P.A.C. [redacted] Dallas, Tx. 75247	250.00			
04/01/03	Amalgamated Transit Union [redacted] Washington, D.C. 20016	500.00			
04/08/03	William A. Shirley Jr. [redacted] Dallas, Tx. 75204	500.00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: DONALD W. HILL

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/09/03	ANDREWS & KURTH TEXAS P.A.C. [redacted] HOUSTON, TX. 77002	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/14/03	SOUTHWEST AIRLINES CO. FREEDOM FUND [redacted] DALLAS, TX. 75235	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/03/03	FORREST SMITH [redacted] DALLAS, TX. 75204	200.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/15/03	ANTHONY D. LYONS [redacted] ARLINGTON, TX. 76016	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/15/03	JULIA GOODEN [redacted] DALLAS, TX. 75208	100.00	
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: DONALD W. HILL

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)
03/15/03	MARVIN ROBINSON [redacted] DALLAS, TX. 75208	1,000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / ☐ out-of-state PAC (ID#:) / Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/06/03	RICHARD KNIGHT, JR [redacted] DALLAS, TX. 75232	200.00	

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-20-03	Hertz Rent-A-Car Love Field Dallas, TX	92.23

8 Purpose of payment (See instructions regarding type of information required.): rental car for walkers

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 ($)
4-20-03	Donald W Hill [redacted] Dallas, TX 75232	140.00

Purpose of payment (See instructions regarding type of information required.): reimbursement for payment to additional walkers

-- 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 ($)
4-4-03	Anthony Marsh [redacted] Dallas, TX 75203	300.00

Purpose of payment (See instructions regarding type of information required.): payment for movement of campaign furniture and materials

-- 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 ($)
4-15-03	Donald W. Hill P.C. 400 South Zang Blvd #600 Dallas, Tx 75208	300.00

Purpose of payment (See instructions regarding type of information required.): contract labor for correction of campaign contribution data base

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission fills)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
4-5-03	Ben Robinson Arlington, TX	150.00

8 Purpose of payment (See instructions regarding type of information required.) campaign preparation of labels

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 ($)
4-5-03	Nicole May Arlington, Tx	275.00

Purpose of payment (See instructions regarding type of information required.) campaign list data base reconfiguration

-- 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 ($)
4-5-03	Joseph Morton Arlington, TX	100.00

Purpose of payment (See instructions regarding type of information required.) preparation of campaign mailings

-- 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 ($)
4-5-03	Wanda Robinson Arlington, TX	100.00

Purpose of payment (See instructions regarding type of information required.) preparation of campaign mailings

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-4-03	Farrington & Associates 5318 Columbia Dallas, TX	550 00

8 Purpose of payment (See instructions regarding type of information required.)
consultant fee for work on mailings, campaign report preparation

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 ($)
4-5-03	Lois Morton ~~Arlington, TX~~ Hurst, TX	300 00

Purpose of payment (See instructions regarding type of information required.)
postage, paper, envelopes, computer equipment and copies

-- 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 ($)
4-11-03	Donald W. Hill P.C. 400 South Zang #600 Dallas, TX	200 00

Purpose of payment (See instructions regarding type of information required.)
reimbursement for campaign report preparation and campaign (bond) activities

-- 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 ($)
4-15-03	Donald W. Hill [redacted] Dallas TX 75233	60 00

Purpose of payment (See instructions regarding type of information required.)
reimbursement for bond campaign travel expense, campaign activities in consultants luncheon and related expenses

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
4-10-03	Donald W. Hill [redacted] Dallas, TX 75232	650.00

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement for campaign walkers for bond vote

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 ($)
4-25-03	Ferrell Woodhouse Dallas, Texas	257.50

Purpose of payment (See instructions regarding type of information required.): T-Shirts for Campaign Walkers

-- 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 ($)
4-18-03	Farrington and Associates 5318 Columbia Dallas, TX	1600.00

Purpose of payment (See instructions regarding type of information required.): Consultant fees

-- 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 ($)
4-24-03	McSinan Florist Dallas, TX	86.00

Purpose of payment (See instructions regarding type of information required.): flowers for staff

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-23-03	Donald W. Hill [redacted] Dallas, Tx 75232	500

8 Purpose of payment (See instructions regarding type of information required.): advance for payment of bond campaign walkers

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.)

** 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.)

** 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.)

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

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
4-1-03	Donald W. Hill P.C. 400 South Zang #600 Dallas, TX 75208	200 00

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for campaign report preparation and bond campaign activities, work on database

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)
4-15-03	Donald W. Hill P.C. 400 South Zang #600 Dallas, TX 75208	300 00

Purpose of payment (See instructions regarding type of information required.)
Work on correction of data base on contributor reimbursement

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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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
TITLE | FIRST: Donald | MI: W.
NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE
Dallas, Tx. 75232
☐ Change of Address

5 CAMPAIGN TREASURER NAME
TITLE | FIRST: Donald | MI: W.
NICKNAME | LAST: Hill | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
same as above

7 CAMPAIGN TREASURER PHONE
AREA CODE: (214) PHONE NUMBER: 374-1085 EXTENSION:

8 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)

9 PERIOD COVERED
Month Day Year: 01 / 01 / 03 THROUGH Month Day Year: 12 / 08 / 03

10 ELECTION
ELECTION DATE Month Day Year: 05 / 03 / 03
ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE
OFFICE HELD (if any): City Council #5

12 OFFICE SOUGHT (if known)
City Council #5

13 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

RECEIVED
2003 APR -7 PM 2:45
CITY SECRETARY
DALLAS, TEXAS

OFFICE USE ONLY
Date Received
Date Hand-delivered / Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission Only)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 190.00
	4. TOTAL POLITICAL EXPENDITURES	$ 5867.27
OUTSTANDING LOAN TOTALS	5. 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.

[illegible] Notary Public, State of Texas My Commission Expires SEPTEMBER 28, 2004

AFFIX NOTARY STAMP / SEAL ABOVE

Donald W Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W Hill, this the 3rd day of April, 20 03, to certify which, witness my hand and seal of office.

Maria Elena Martinez — Maria Elena Martinez — Notary Public
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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Revised 05/11/2000

COD_CSO 0003563

0002

030283

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

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 ($)	8 In-kind contribution description (if applicable)
	J. McDonald Williams [redacted] Dallas, Tx.	1,000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/27/03	Linebarger, Goggan, Blair, & Simpson P.O. Box 17428 Austin, Tx	1,000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/19/03	Kathy Nealy & Associates 1211 Willion Glen Dallas, Tx 75232	1,000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-26-03	Dallas Police Assoc. 2811 Jackson St. Dallas, TX 75201	250.00	
Principal occupation (Optional)	Employer (Optional)		
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)
3-31-03	Pete Schentel [redacted] Dallas, TX 75201	300.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission fills)

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)
3-25-01	David Biegler [redacted] Dallas, Tx 75201	100.	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
3-31-03	Dolores Barzune [redacted] Dallas, TX 75220-3915	100.	

Principal occupation (Optional) | Employer (Optional)

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)
3-31-03	H. Craig Evans [redacted] Dallas, Tx 75225	250.	

Principal occupation (Optional) | Employer (Optional)

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)
4-1-03	Peter Vogel [redacted] Dallas, Tx 75230	100.	

Principal occupation (Optional) | Employer (Optional)

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)
4-2-03	Dr. James Rodriguez [redacted] Dallas, Tx 75230	100.	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Revised 04/03/20

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4-1-03	George Shafer [redacted] Irving, TX 75062-3955	250.	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-31-03	H.K. Simon [redacted] Irving, TX 75062-3155	100.	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-20-03	Hughes and Luce Comm. PAC 1717 Main Ste 2800 Dallas, TX 75201	500.	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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030283

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-25-03	U.S. Post Office (Main) 1-30 and Sylvan Dallas, Tx	270.00

8 Purpose of payment (See instructions regarding type of information required.): Postage

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 ($)
3-26-03	Lois Morton Hurst, Tx.	25.00

Purpose of payment (See instructions regarding type of information required.): Office Supplies

** 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 ($)
3-26-03	KinKo's	60.00

Purpose of payment (See instructions regarding type of information required.): Copies

** 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 ($)
3-26-03	Lois Morton Hurst, TX	62.00

Purpose of payment (See instructions regarding type of information required.): Office Supplies

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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0006

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 030283 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
2-26-03	Sheila Farrington, Dallas, Tx.	178.00

8 Purpose of payment (See instructions regarding type of information required.): Office Supplies (paper, envelopes, stamps)

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 ($)
4-1-03	Office Max	21.63

Purpose of payment (See instructions regarding type of information required.): Office Supplies

** 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 ($)
1-21-03	U.S. Post Office, Haskell & Elm, Dallas, Tx	4.00

Purpose of payment (See instructions regarding type of information required.): post office Box Rental

** 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 ($)
1-26-03	Office Max, Haskell Avenue, Dallas, Tx	62.75

Purpose of payment (See instructions regarding type of information required.):

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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COD_CSO 0003568

0007

030283

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES — SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2-6-03	Office Max Haskell Avenue Dallas, TX 25206	10.82

8 Purpose of payment (See instructions regarding type of information required.): office supplies

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 ($)
1-30-03	Office Max Haskell Ave Dallas, Tx 75201	91.57

Purpose of payment (See instructions regarding type of information required.): office supplies

-- 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 ($)
1-30-03	Mary Lucky Redbird Lane Dallas, Tx 75232	70.00

Purpose of payment (See instructions regarding type of information required.): banquet ticket

-- 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 ($)
3-3-03	Donald Hill P.C. 400 South Zang #600 Dallas, TX 75208	1200

Purpose of payment (See instructions regarding type of information required.): Mo. rent for office for Campaign office

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

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0008

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-7-03	Donald W. Hill 400 South Zang #600 Dallas, TX 75208	500

8 Purpose of payment (See instructions regarding type of information required.): payment for legislative trip to Austin for testimony

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 ($)
3-13-03	Farrington and Associates 5813 Columbia Dallas, TX 75201	800.

Purpose of payment (See instructions regarding type of information required.): political/campaign consulting work

-- 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 ($)
3-17-03	Concord Church 6808 Boulder Dallas, TX 75232	40.

Purpose of payment (See instructions regarding type of information required.): political ad/banquet ticket

-- 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 ($)
3-17-03	Concord Church 6808 Boulder Dallas, TX 75232	65

Purpose of payment (See instructions regarding type of information required.): political ad

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

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Revised 04/01/2000

COD_CSO 0003570

0009

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / Payee address; City; State; Zip Code	7 Amount ($)
3-31-03	Donald W. Hill P.C. 400 S. Zang #600 Dallas, TX	1200.

8 Purpose of payment (See instructions regarding type of information required.)
campaign office rental, equipment, staff

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 ($)
3-28-03	Farrington & Associates 5813 Columbia Dallas, TX 7620	150.

Purpose of payment (See instructions regarding type of information required.)
office supplies

-- 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.)

-- 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.)

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

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Revised 08/01/2000

COD_CSO 0003571

0010

030283

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
3-3-03	Donald Hill P.C 400 South Zang #600 Dallas, TX 75208	1200

8 Purpose of payment (See instructions regarding type of information required.): campaign office rental payment, equipment and staff

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)
3-3-03	Donald Hill P.C 400 South Zang #600 Dallas, TX 75208	1200

Purpose of payment (See instructions regarding type of information required.): campaign office Rental, equipment and staff

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)
3-28-03	Donald W. Hill P.C 400 South Zang #600 Dallas, TX 75208	4300.00

Purpose of payment (See instructions regarding type of information required.): reimbursement of office supplies and payment of consultant services (reimbursement)

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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Revised 04/03/2000

COD_CSO 0003572

0011

030251

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME
TITLE: FIRST: Donald MI: W.
NICKNAME: LAST: Hill SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE
☐ Change of Address
Dallas, Texas 75232

5 CAMPAIGN TREASURER NAME
TITLE: FIRST: Donald MI: W.
NICKNAME: LAST: Hill SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
same as above

7 CAMPAIGN TREASURER PHONE
AREA CODE: PHONE NUMBER: EXTENSION:
(214) 374 - 1085

8 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)

9 PERIOD COVERED
Month Day Year: 07 / 01 / 02 THROUGH Month Day Year: 12 / 31 / 02

10 ELECTION
ELECTION DATE Month Day Year: 05 / 03 / 03
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE
OFFICE HELD (if any): City Council #5

12 OFFICE SOUGHT (if known)

13 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

OFFICE USE ONLY
Date Received
RECEIVED
2003 JAN 29
CITY SECRETARY
DALLAS, TEXAS
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

GO TO PAGE 2

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COD_CSO 0003573

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030251

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	$ 11,600.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 13,193.39
4.	TOTAL POLITICAL EXPENDITURES	$

OUTSTANDING LOAN TOTALS

5.	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.

Donald W. Hill
Signature of Candidate or Officeholder

NOTARY PUBLIC STATE OF TEXAS
BETTY L. FOXX
Notary Public, State of Texas
My Commission Expires
FEBRUARY 19, 2003

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DONALD W. HILL, this the 15th day of January, 20 03, to certify which, witness my hand and seal of office.

Betty L. Foxx
Signature of officer administering oath

BETTY L. FOXX
Printed name of officer administering oath

Secretary
Title of officer administering oath

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Revised 05/11/2000

COD_CSO 0003574

0002

030251

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

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)
07/09/02	Bettis Norman	[redacted] Dallas, Tx. 75237	1,000.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
07/05/02	Pamela Dunlop Gates	[redacted] Ft. Worth, Tx. 76119	100.00	

Principal occupation (Optional) | Employer (Optional)

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)
07/16/02	Albert Black	[redacted] Dallas, Tx. 75208	500.00	

Principal occupation (Optional) | Employer (Optional)

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)
07/10/02	Gus Warren	[redacted] Desoto, Tx. 75115	500.00	

Principal occupation (Optional) | Employer (Optional)

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)
06/28/02	Ruel Hamilton	[redacted] Dallas, Tx. 75225	5,000.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	Jay Lesbi [redacted] Dallas, Tx. 75216	1,000.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/03/02	Anthony D. Hunt [redacted] Dallas, Tx. 75237	1,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/25/02	Gerald B. Alley [redacted] Arlington, Tx.	1,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/19/02	Myron E. Mims [redacted] Dallas, Tx. 75201	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/30/02	Duncan Companies [redacted] Arlington, Tx. 76011	500.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

030251

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME

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)
	[redacted]	[redacted]	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
07/02/02	Gaston Uptown Lmtd. Partnership. John Collins 709 Paulus Dallas, Tx. 75214	500.00	

Principal occupation (Optional) | Employer (Optional)

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)

Principal occupation (Optional) | Employer (Optional)

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)

Principal occupation (Optional) | Employer (Optional)

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)

Principal occupation (Optional) | Employer (Optional)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/02	Donald W. Hill [redacted] Dallas, Tx. 75232	2,685.00

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement for expenses & services related to 06/28/02 Fundraiser.

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 ($)
07/09/02	Donald W. Hill [redacted] Dallas, Tx. 75232	400.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement of expenses related to NASP convention 2002

-- 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 ($)
07/03/02	Donald W. Hill [redacted] Dallas, Tx. 75232	900.00

Purpose of payment (See instructions regarding type of information required.): Advance for expenses ~~to be~~ incurred for 07/21/02 Pleasant Grove Event

-- 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 ($)
07/05/02	Donald W. Hill [redacted] Dallas, Tx. 75232	100.00

Purpose of payment (See instructions regarding type of information required.): Lunch expense

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
07/08/02	Donald W. Hill [redacted] Dallas, Tx. 75232	100.00

8 Purpose of payment (See instructions regarding type of information required.): Lunch Expense

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 ($)
07/10/02	Donald W. Hill [redacted] Dallas, Tx. 75232	300.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement to Law Offices for fundraiser related expenses

-- 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 ($)
07/15/02	Donald W. Hill [redacted] Dallas, Tx. 75232	50.00

Purpose of payment (See instructions regarding type of information required.): Lunch Expense

-- 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 ($)
07/11/02	Donald W. Hill [redacted] Dallas, Tx. 75232	1,300.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement for services rendered related to the Pleasant Grove Event.

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
07/17/02	Shirley Blue [redacted] Dallas, Tx. 75232	225.00

8 Purpose of payment (See instructions regarding type of information required.): Payment for catering job on the 06/28/02 Fundraiser

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 ($)
08/30/02	Law Office of Donald W. Hill [redacted] Dallas, Tx. 75232	950.00

Purpose of payment (See instructions regarding type of information required.): Services to campaign for campaign officeholder

-- 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 ($)
08/30/02	Donald W. Hill [redacted] Dallas, Tx. 75232	2,000.00

Purpose of payment (See instructions regarding type of information required.): Back-to-Schoo Bash Expenses & payment for services rendered

-- 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 ($)
08/30/02	Donald W. Hill [redacted] Dallas, Tx. 75232	973.39

Purpose of payment (See instructions regarding type of information required.): Duckey Bobs: Tent, [redacted] Party Rental For Back to School Bash

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/09/02	Donald W. Hill [redacted] Dallas, Tx. 75232	70.00

8 Purpose of payment (See instructions regarding type of information required.): Lunch Expense

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 ($)
09/09/02	Donald W. Hill [redacted] Dallas, Tx. 75232	100.00

Purpose of payment (See instructions regarding type of information required.): Dinner Expense

-- 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 ($)
09/05/02	Donald W. Hill [redacted] Dallas, Tx. 75232	450.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement for database development expenses & services related to fundraising activities

-- 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 ($)
09/06/02	Donald W. Hill [redacted] Dallas, Tx. 75232	475.00

Purpose of payment (See instructions regarding type of information required.): Advance payment for expenses related to Congressional Black Caucus Trip

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
08/31/02	Party Faces Inc. P.O. Box 271287 Flower Mound, Tx. 75027	70.00

8 Purpose of payment (See instructions regarding type of information required.)
Services rendered for Back-to-school Bash

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 ($)
09/11/02	Donald W. Hill [redacted] Dallas, Tx. 75252	350.00

Purpose of payment (See instructions regarding type of information required.)
Gifts for constituants as Thank You's for service(fruit baskets)

-- 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 ($)
10/04/02	Sheila Farrington / Farrington & Assoc. 1409 So. Lamar #524 Dallas, Tx. 75214	1350.00

Purpose of payment (See instructions regarding type of information required.)
Pre-planning & work on Hill Birthday Christmas & New Year Campaign Party

-- 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 ($)
11/12/02	James Warren / Burning Bush Baptist Church [redacted] Dallas, Tx.	100.00

Purpose of payment (See instructions regarding type of information required.)
Contribution to fundraiser for Day Care

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/02	Ron Kirk For Senate	250.00

8 Purpose of payment (See instructions regarding type of information required.): Campaign Contribution

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.)

-- 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.)

-- 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.)

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

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COD_CSO 0003583

0011

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought — Office held	
Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought — Office held	
Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought — Office held	
Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought — Office held	

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0012

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission fills)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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0013

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address: City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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0015

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Donald W. Hill 6 Payee address; City; State; Zip Code [redacted] Dallas, Tx. 75232 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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CCD_CSO 0003588

0016

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #

2 Total pages filed.

3 CANDIDATE / OFFICEHOLDER NAME
TITLE | FIRST: Donald | MI: W. | NICKNAME | LAST: Hill | SUFFIX

OFFICE USE ONLY
Date Received: RECEIVED JAN 23 2003 CITY SECRETARY DALLAS, TEXAS
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Legal | Totals
Date Processed
Date Imaged

4 ORIGINAL REPORT TYPE
- [x] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED
Month Day Year: 07 / 01 / 02 THROUGH Month Day Year: 12 / 31 / 02

6 EXPLANATION OF CORRECTION
misidentification of the use of the funds and purpose of the expenditures in the orginal report.

7 AFFIDAVIT

BETTY L. FOXX
Notary Public, State of Texas
My Commission Expires
FEBRUARY 19, 2003

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Donald W. Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Donald Hill this the 21 day of January 20 03

to certify which, witness my hand and seal of office

Betty L. Foxx — Betty Foxx — Secretary
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

(Revised 05/11/2000)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
07/17/02	Shirley Blue [redacted] Dallas, TX. 75232	225.00

8 Purpose of payment (See instructions regarding type of information required.): Payment for catering job on the 06/28/02 Fundraiser

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 ($)
08/30/02	Law Office of Donald W. Hill [redacted] Dallas, TX. 75232	950.00

Purpose of payment (See instructions regarding type of information required.): Services to campaign for Campaign officeholder

-- 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 ($)
08/30/02	Donald W. Hill 1708 Boca Chica Dr. Dallas, TX. 75232	2,000.00 error

Purpose of payment (See instructions regarding type of information required.): Back-to-Schoo Bash Expenses & payment for services rendered

-- 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 ($)
08/30/02	Donald W. Hill [redacted] Dallas, TX. 75232	973.39

Purpose of payment (See instructions regarding type of information required.): Duckey Bobs: Tent, [redacted] Party Rental For Back to School Bash

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

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
10/15/02		500.00		
09/15/02	Law Offices of Donald Hill 400 Zang #600 Dallas, Tx. 75208	1,500.00	payment for data base development related to fundraising activities; other expenses related to officeholder activities	

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0003

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/01/02	Donald W. Hill [redacted] Dallas, TX. 75232	2,685.00

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement for expenses & services Related to 06/28/02 Fundraiser.

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 ($)
07/09/02	Donald W. Hill [redacted] Dallas, TX. 75232	400.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement of expenses related to NASP convention 2002

-- 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 ($)
07/03/02	Donald W. Hill [redacted] Dallas, TX. 75232	900.00

Purpose of payment (See instructions regarding type of information required.): Advance for expenses ~~to~~ incurred for 07/21/02 Pleasant Grove Event

-- 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 ($)
07/05/02	Donald W. Hill [redacted] Dallas, TX. 75232	100.00

Purpose of payment (See instructions regarding type of information required.): Lunch expense

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
07/01/02	Farrington & Assoc. 1409 So. Lamar Dallas, Tx. 75214	1,685.00

8 Purpose of payment (See instructions regarding type of information required.)
Professional Services related to 06/28/02 Fundraiser

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 ($)
07/01/02	Kristin Hill [redacted] Dallas, Tx. 75232	1,000.00

Purpose of payment (See instructions regarding type of information required.)
Fundraiser data base development

-- 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 ($)
10/15/02	Donald W. Hill [redacted] Dallas, TX 75206	500.00

Purpose of payment (See instructions regarding type of information required.)
reimbursement for campaign contribution for Ron Kirk

-- 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.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000

COD_CSO 0003593

0005

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 030251

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Don | MI: W. | NICKNAME | LAST: Hill | SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

4 ORIGINAL REPORT TYPE

- [x] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month Day Year: 07 / 01 / 02 THROUGH Month Day Year: 12 / 31 / 02

6 EXPLANATION OF CORRECTION

Failure to properly allocation funds received as a campaign contributions.

7 AFFIDAVIT

BETTY L. FOXX
Notary Public, State of Texas
My Commission Expires
FEBRUARY 19, 2003

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me by DONALD W. Hill this the 21 day of JANUARY, 20 03

to certify which, witness my hand and seal of office.

Betty L Foxx — Signature of officer administering oath
Betty L Foxx — Printed name of officer administering oath
Secretary — Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed on recycled paper

(Revised 05/11/2000)

COD_CSO 0003594 0006

030261

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
07/09/02	Pettis Norman [redacted] Dallas, Tx. 75231	1,000.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
07/05/02	Pamela Dunlop Gates Contributor address; City; State; Zip Code [redacted] FT. Worth, Tx. 76119	100.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
07/16/02	Albert Black Contributor address; City; State; Zip Code [redacted] Dallas, Tx. 75208	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
07/10/02	Gus Warren Contributor address; City; State; Zip Code [redacted] DeSoto, Tx. 75115	500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/28/02	Ruel Hamilton Contributor address; City; State; Zip Code error [redacted] Dallas, Tx. 75225	5,000.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Revised 04/03/2000

COD_CSO 0003595

0007

030251

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Full name of contributor / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/28/02	Ruel Hamilton [redacted] Dallas, Tx. 75225	1,000.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/02	Dana Hamilton [redacted] Dallas, Tx. 75225	1,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/02	Mandy Hamilton [redacted] Dallas, Tx. 75225	1,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/02	John Hamilton [redacted] Dallas, Tx. 75225	1,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/28/02	Chris Hamilton [redacted] Dallas, Tx. 75225	1,000.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Revised 04/03/2000

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COD_CSO 0003596

0008

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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
TITLE: FIRST: Donald MI: W
NICKNAME: LAST: Hill SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE
Dallas, Texas 75232

5 CAMPAIGN TREASURER NAME
TITLE: FIRST: Donald MI: W
NICKNAME: LAST: Hill SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): Same APT / SUITE #: CITY: STATE: ZIP CODE:

7 CAMPAIGN TREASURER PHONE
AREA CODE: (214) PHONE NUMBER: 343-1085 EXTENSION:

8 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)

9 PERIOD COVERED
Month Day Year: 12/31/01 THROUGH Month Day Year: 6/30/02

10 ELECTION
ELECTION DATE Month Day Year: 5/3/03
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE
OFFICE HELD (if any): City Council #5

12 OFFICE SOUGHT (if known)

13 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

OFFICE USE ONLY
Date Received
RECEIVED
2002 JUL 15 PM 4:59
CITY SECRETARY
DALLAS, TEXAS
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

GO TO PAGE 2

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Revised 05/11/2000

COD_CSO 0003597

0001

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ [illegible]
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4000

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
4.	TOTAL POLITICAL EXPENDITURES	$ 0

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
LORRI A. ELLIS
Notary Public, State of Texas
My Commission Expires
10/29/2002

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.

Donald W. Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald W. Hill, this the 15th day of July, 2002, to certify which, witness my hand and seal of office.

Lorri A. Ellis — Lorri A. Ellis — Notary Public
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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Revised 05/11/2000

COD_CSO 0003598

0002

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

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)
6-28	Steve Witherspoon	1000	
9 Principal occupation (Optional)	10 Employer (Optional)		

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)
6-28	Martin Burrell	500	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
6-28	Keith Rosbury [redacted] Plano, TX 75093	1000	
Principal occupation (Optional)	Employer (Optional)		

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)
6-28	Kathy Nealy	500	
Principal occupation (Optional)	Employer (Optional)		

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)
6-[illegible]-02	Forrest Smith	1000	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Revised 04/01/2000

COD_CSO 0003599

0003

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Revised 04/03/2000

COD_CSO 0003600

0004

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($)

6 Is lender a financial institution? Y N

8 Lender address: City: State: Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial institution? Y N

Lender address: City: State: Zip Code

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- 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 ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 04/04/2000

COD_CSO 0003602

0006

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission fills)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address: City: State: Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Business name Business address: City: State: Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Business name Business address: City: State: Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Business name Business address: City: State: Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 04/03/2000

COD_CSO 0003604

0008

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 1997

COD_CSO 0003605

0009

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Revised 1997

COD_CSO 0003606

0010

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. | FIRST: Donald | MI: W

NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

Dallas, Texas 75232

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Mrs. | FIRST: Mary | MI: L

NICKNAME | LAST: H. Hill | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 7575 South Westmoreland #222 | APT / SUITE #: | CITY: Dallas, Texas | STATE: | ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: (972) 709 6689 | EXTENSION

8 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)

9 PERIOD COVERED

Month Day Year: 7 / 01 / 2001 THROUGH Month Day Year: 12 / 31 / 01

10 ELECTION

ELECTION DATE Month Day Year: 5 / 01 / 03

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Council

12 OFFICE SOUGHT (if known)

13 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: N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

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COD_CSO 0003607

Revised 05/11/2000

0001

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	$ 200.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 250.00

OUTSTANDING LOAN TOTALS

5.	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.

Donald W. Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald W. Hill, this the 15th day of January 20 02, to certify which, witness my hand and seal of office.

Lonzella Green — Lonzella Green — Notary Public
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

Printed on recycled paper

Revised 05/11/2000

0002

COD_CSO 0003608

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

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)
11-3-01	Chester Owens	200	

9 Principal occupation (Optional)	10 Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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0003

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule B1:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	$

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount of pledge ($)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
10 Principal occupation (optional)	11 Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:)	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:_____)	9 Loan Amount ($)
6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable	14 Name of guarantor	16 Amount Guaranteed ($)
	15 Guarantor address: City: State: Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed ($)
	Guarantor address: City: State: Zip Code	

Principal Occupation	Employer

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

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0005

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11-10-01	Law Office of Donald W. Hill 400 South Zang #600 Dallas, Texas	50.00

8 Purpose of payment (See instructions regarding type of information required.)
reimbursement for postage

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 ($)
11-27-01	Donald W. Hill [redacted] Dallas, Texas 75232	200.00

Purpose of payment (See instructions regarding type of information required.)
reimbursement for expenses related to campaign workers

-- 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.)

-- 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.)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address: City: State: Zip Code	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Business name Business address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City: State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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0009

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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): N/A

2 Total pages filed: 14

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR | FIRST: Donald | MI: W
NICKNAME: — | LAST: Hill | SUFFIX: —

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE
Dallas, TX 75232

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: MRS | FIRST: Mary | MI: L.
NICKNAME: — | LAST: Hill | SUFFIX: —

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 7575 S. Westmoreland Dr # 222 | APT / SUITE #: | CITY: | STATE: | ZIP CODE
Dallas, TX 75232

7 CAMPAIGN TREASURER PHONE

AREA CODE: (972) | PHONE NUMBER: 709-6689 | EXTENSION:

8 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)

9 PERIOD COVERED

Month / Day / Year: / / THROUGH Month / Day / Year: / /

10 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 5 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Dallas City Council

12 OFFICE SOUGHT (if known): Dallas City Council / Dist 5

13 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: N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-3070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission Only): NA

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

☐ additional page

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: NA

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	$ 9,100.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ - 0
4.	TOTAL POLITICAL EXPENDITURES	$ 14,772.25

OUTSTANDING LOAN TOTALS

5.	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.

NOTARY PUBLIC STATE OF TEXAS
GWEN JOHNSON
NOTARY PUBLIC
State of Texas
Comm. Exp. 10-24-2001

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald W. Hill, this the 13th day of July, 20 01, to certify which, witness my hand and seal of office.

Gwen Johnson

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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Revised 05/11/2000

000002

COD_CSO 0003618

FILER NAME: HILL, DONALD W.
DIE: 07-16-01

SUMMARY REPORT–SCHEDULE A

DATE	CONTRIBUTOR	AMOUNT
04–19-01	CONSTRUCTIVE CITIZENSHIP PROGRAM	250.00
04-4-01	FORREST SMITH	100.00
05-2-01	DAVID DEAN	250.00
05-3-01	ANTHONY LYONS	500.00
04-0 6-01	L.G. FULLER	200.00
04-27-01	FREDERICK HAYNES	250.00
04-9-01	TBE GROUP	100.00
04-21-01	JAMES JEFFERSON	50.00
04-04-01	J. LYNN HARTFORD	500.00
04-06-01	TURNER, COLLIE, BRADEN (TOM BURKE)	250.00
04-06-01	DENNIS W. PETERSEN	150.00
04-02-01	JESSE JONES	50.00
04-30-01	NEAL D. SLEEPER	100.00
04-24-01	SOUTHWEST AIRLINES (RON RICKS)	250.00
04-19-01	PHILIP YERBY	250.00
05-05-01	CRAIG WATKINS	500.00
05-02-01	RAY L. HUNT	250.00
05-02-01	JAMES DANNENBAUM	1,000.00
04-19-01	JAMES MAIER DEAN	100.00
05–01-01	GEORGE SCHRADER	50.00
05-01-01	DANIEL A. DECKER	100.00
04-30-01	TEXAS BELL EMPLOYEE	250.00
05-11-01	J.TAYLOR CRANDALL	200.00
05-18-01	KATHY NEALY	500.00
04-24-01	IRWIN R. SALMONSON	50.00
05-25-01	AMERICAN AIRLINES, PAC	250.00
06-08-01	WINSTEAD SECHREST& MINICK, PAC	250.00
06-27-01	BBSJ	100.00
	TOTAL	9,100.00

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

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)
4/19/01	Constructive Citizenship Program Elwin Skiles P.O. Box 742496 Dallas	$250.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
4/4/01	Forrest Smith [redacted] Dallas	$100.00	

Principal occupation (Optional)	Employer (Optional)

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)
5/2/01	David Dean [redacted] Dallas	$250.00	

Principal occupation (Optional)	Employer (Optional)

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)
5/3/01	Anthony Lyons [redacted] Dallas	$500.00	

Principal occupation (Optional)	Employer (Optional)

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)
4/6/01	L.G. Fuller Dallas, Tx	$200.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

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)
5/5/01	Craig Watkins [redacted] Dallas, TX 75232	$500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/01	Ray L. Hunt [redacted] Dallas	$250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/2/01	James Dannenbaum [redacted] Houston, TX	$1,000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/01	James Maier Dean [redacted] Dallas, TX	$100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/1/01	George Schrader [redacted] Dallas, TX	$50.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

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)
4/27/01	Frederick Haynes [redacted] Dallas	$250.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
4/9/01	TBE Group [redacted] Clearwater, Fla	$100.00	

Principal occupation (Optional) | Employer (Optional)

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)
4/24/01	James Jefferson [redacted] Dallas	$50.00	

Principal occupation (Optional) | Employer (Optional)

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)
4/4/01	J. Lynn Hartford [redacted] Dallas	$500.00	

Principal occupation (Optional) | Employer (Optional)

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)
4/6/01	Turner, Collie, Braden (Tom Burke) [redacted] Houston, TX	$250.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

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)
4/6/01	Dennis W. Petersen [redacted] Houston, TX	$150.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
4/29/01	Jesse Jones [redacted] Dallas,	$50.00	

Principal occupation (Optional)	Employer (Optional)

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)
4/30/01	Neal D. Sleeper [redacted] Dallas	$100.00	

Principal occupation (Optional)	Employer (Optional)

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)
4/24/01	South West Airlines (Ron Ricks) P.O. Box 36611 Dallas,	$250.00	

Principal occupation (Optional)	Employer (Optional)

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)
4/19/01	Philip Yerby [redacted] Plano, TX	$250.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files): NA

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)
5/1/01	Daniel A. Decker [redacted] Dallas	$100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/30/01	Texas Bell Employee [redacted] Austin, Tx	$250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/11/01	J. Taylor Crandall [redacted] Ft. Worth, TX 76102	$200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/7/01	BBSJ [redacted] Dallas, TX 75240	$100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/8/01	Winstead, Sechrest & Minick, PAC [redacted] Dallas, TX. 75270	$250.	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Revised 04/03/2000

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/8/01	Kathy Nealy [redacted] Dallas, TX 75232	$ 500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
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)
4/24/01	Irwin R. Salmonson [redacted] Austin, TX 78731	$ 50.00	
Principal occupation (Optional)		Employer (Optional)	
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)
5/25/01	American Airlines 1101 17th St. N.W. No 600 Washington, DC. 20036	$ 250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES — SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/1/01	Lois Robinson [redacted] Colleyville, TX	50.00

8 Purpose of payment (See instructions regarding type of information required.): gas, expenses (general operations Reports, Letters,

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 ($)
5/1/01	Dorothy Dean [redacted] Dallas, TX	$ 100.00

Purpose of payment (See instructions regarding type of information required.): gas allowance, Expenses general operations

-- 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 ($)
5/1/01	W.D Anderson [redacted] Dallas, TX	$ 125.00

Purpose of payment (See instructions regarding type of information required.): Pick up Signs Sign Put Out (Build Signs)

-- 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 ($)
5/1/01	Ben Robinson [redacted] Colleyville, TX	$ 450.00

Purpose of payment (See instructions regarding type of information required.): Pick up Signs, Labels, Letters, Sign Put out (Build Signs)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/18/01	U.S. Post Office Dallas, TX.	$ 34.00

8 Purpose of payment (See instructions regarding type of information required.): Stamps - Campaign Letter

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 ($)
5/5/01	Sam's Club I 20 Dallas, TX	$ 140.00

Purpose of payment (See instructions regarding type of information required.): Campaign Refreshments and gas

-- 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 ($)
4/29/01	Marriott 3713 Tudor Blvd. Austin, TX	$ 307.00

Purpose of payment (See instructions regarding type of information required.): Expenses related to NER/TSTA trip

-- 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 ($)
5/5/01	Lois Robinson [redacted] Colleyville, TX 76034	$ 1,500.00

Purpose of payment (See instructions regarding type of information required.): Expenses, general operations payroll on Election day-workers payroll

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/18/01	Ed Valentine [redacted] Dallas, TX 75235	$ 324.75

8 Purpose of payment (See instructions regarding type of information required.): Campaign Literature for election

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 ($)
4/4/01	Office Depot 7800 Grapevine Hwy No. Richland Hills	36.78

Purpose of payment (See instructions regarding type of information required.): Computer Cartridge

-- 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 ($)
5/3/01	Carnival Food Store 912 W. 12th Dallas, TX	118.41

Purpose of payment (See instructions regarding type of information required.): Campaign Refreshments for Workers

-- 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 ($)
5/12/01	Lois Robinson [redacted] Colleyville, TX 76034	2,000.00

Purpose of payment (See instructions regarding type of information required.): Reports, general operations Contract Labor

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
5/4/01	TRATech Co. 221 W. Centre Dallas, TX 75208	315.00	Campaign Shirts for workers	
5/2/01	Ed Valentine [redacted] Dallas, TX 7523s-	$2,158.90	Campaign Literature for election	
4/7/01	Ed Valentine [redacted] Dallas, TX 7523s-	$90.00	Campaign envelopes for	
5/4/01	Circuit City Store 3505 N.R.H, TX 76180	$97.41	Fax Machine For Campaign	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
5/15/01	Donald W Hill [redacted] Dallas, TX 75232	$200.00

8 Purpose of payment (See instructions regarding type of information required.): Re-imbursement for campaign dinner

9 -- Complete if direct expenditure to benefit C/OH --: Candidate / Officeholder name: Donald W. Hill; Office sought: City Council; Office held:

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
5/22/01	Donald W. Hill [redacted] Dallas, 75232	$700.00

Purpose of payment (See instructions regarding type of information required.): Re-imbursement for expenses in relation - to get out the vote for 6-2 Run off

-- 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 ($)
5/25/01	Donald W. Hill [redacted] Dallas, TX 75232	$600.00

Purpose of payment (See instructions regarding type of information required.): Re-imbursement to Donald W. Hill for expenses - Related to get out the vote on 6/2/01 run off

-- 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 ($)
6/23/01	Donald W. Hill [redacted] Dallas, TX 75230	$500.00

Purpose of payment (See instructions regarding type of information required.): Re-imbursement for expenses to NEA/TSTA Convention

-- Complete if direct expenditure to benefit C/OH --: Candidate / Officeholder name: Donald W. Hill; Office sought: City Council; Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME Donald W. Hill

3 ACCOUNT # (Ethics Commission filers) NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/1/01	Lois Robinson [redacted] Colleyville, TX	3,725.00

8 Purpose of payment (See instructions regarding type of information required.) Reports, contract labor, etc, 5-16-01 - to 7-16-01

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 ($)
6/23/01	Donald W. Hill [redacted] Dallas, TX 75232	$500.00

Purpose of payment (See instructions regarding type of information required.) Expenses related to NASP Annual Conference / DPF pension Board

-- 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 ($)
7/14/01	Donald W. Hill [redacted] Dallas, TX 75232	$ 200.00

Purpose of payment (See instructions regarding type of information required.) Expenses related to outgoing council members gifts.

-- 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 ($)
6/14/01	Donald W. Hill [redacted] Dallas, TX 75232	$500.00

Purpose of payment (See instructions regarding type of information required.) Legal fees related to election contest

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Donald W. Hill / Office sought: City council / Office held

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COD_CSO 0003631

000015

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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 files): N/A

2 Total pages filed: 17

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. | FIRST: Donald | MI: W.
NICKNAME: — | LAST: Hill | SUFFIX: —

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

[redacted]

Dallas, TX 75232

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Mrs. | FIRST: Mary | MI: L
NICKNAME: — | LAST: Hill | SUFFIX: —

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7575 S. Westmoreland Dr. #222
Dallas, TX 75232

7 CAMPAIGN TREASURER PHONE

AREA CODE: (972) | PHONE NUMBER: 709-6689 | EXTENSION: —

8 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)

9 PERIOD COVERED

Month / Day / Year — THROUGH — Month / Day / Year

10 ELECTION

ELECTION DATE (Month / Day / Year): 05/05/01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Dallas City Council

12 OFFICE SOUGHT (if known): Dallas City Council

13 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: N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

OFFICE USE ONLY

Date Received: RECEIVED 2001 APR 26 PM 3:54 CITY SECRETARY DALLAS, TEXAS

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

COD_CSO 0003632

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission filers): N/A

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: N/A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 30.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 14,630.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,821.76

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

PERLA M. GONZALEZ
Notary Public, State of Texas
My Commission Expires 03-02-03

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.

Donald W. Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

COD_CSO 0003633

Sworn to and subscribed before me, by the said Donald W. Hill, this the 26 day of April, 20 01, to certify which, witness my hand and seal of office.

Perla M Gonzalez — Perla M Gonzalez — Notary Public
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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Revised 05/11/2000

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NOT AN ETHICS COMMISSION FORM - FOR PROOFREADING PURPOSES ONLY

SUMMARY REPORT - SCHEDULE A

Filer Name: HILL, DONALD W. "DON" Account#: 00000
DUE: 04/27/2001 04/05/2001 THRU 04/26/2001 PRINTED: 04/25/2001

FLAGS	DATE	CONTRIBUTER NAME	AMOUNT
	04/10/2001	DALLAS POLICE OFFICERS ASSOCIATION	500.00
	04/05/2001	THE REAL ESTATE COUNCIL COMM. LEADERSHIP COMM.	2,500.00
	04/02/2001	GREATER DALLAS ASSOC. OF REALTORS PAC	1,000.00
D	03/22/2001	HUGHES & LUCE, L.L.P.	500.00
	04/05/2001	GEORGE F. BOEHME	1,000.00
	04/05/2001	ELIZABETH BOEHME	1,000.00
D	03/30/2001	DON T. O'BANNON, JR.	100.00
	04/12/2001	L.A. BEDFORD, JR.	100.00
	04/10/2001	R.H. RICHMOND, JR.	200.00
	04/15/2001	MR. AND MRS. RONALD STEINHART	100.00
	04/16/2001	J.M. HAGGER, JR.	250.00
	04/04/2001	CHARLES JOEKEL	500.00
	04/20/2001	DAVID W. BIEGLER	250.00
	04/11/2001	DALLAS FIREFIGHTERS ASSOC. PUBLIC SAFETY COMM.	1,000.00
	04/12/2001	LINEBARGER HEARD GOGGAN BLAIR PENA	1,000.00
	04/19/2001	LAW OFFICES OF MARC H. RICHMAN	100.00
	04/19/2001	PRINTICE L. OR CYNTHIA GARY	300.00
	04/14/2001	THE DALLAS BREAKFAST GROUP PAC	500.00
	04/05/2001	B. DON HILL	1,000.00
	04/21/2001	VICTOR J. ELMORE	350.00
	04/14/2001	C. W. WHITAKER	100.00
	04/23/2001	JOYCE FOREMAN	100.00
	04/17/2001	MR. OR MRS. J. J. COLLMER	250.00
	04/21/2001	A. GUS WARREN	250.00
	04/23/2001	DONALD & MINNIE DAVID	30.00
	04/22/2001	GREGORY A. CAMPBELL	250.00
	04/19/2001	APARTMENT ASSOCIATION OF GREATER DALLAS PAC	1,000.00
	04/10/2001	HALFF ASOCIATES STATE PAC	400.00
		ITEMIZED TOTAL:	14,630.00
		UNITEMIZED TOTAL:	0.00
		CALCULATED TOTAL CONTRIBUTIONS:	14,630.00
		TOTAL RECORDED ON C/OH Page 2:	**14,630.00**

* FLAG KEY *
P = Out-of-state PAC; D = Date not in period; N = No Name; Z = Zero Amount

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

COD_CSO 0003634

000003

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

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)
4-10-01	Dallas Police officers 2108 Jackson St Dallas, TX 75201	$500.00	N/A
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-5-01	The Real Estate Council Community Leadership Committee 8201 Preston Rd # 320 Dallas, TX 75225	$2,500.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-2-01	Greater Dallas Ass. of Realators Political Action Committe, Non-Corp Dallas, TEX 75247	$1,000.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-22-01	Hughes & Luce LLP 1717 main st # 2800 Dallas, TX 75201	$500.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-4-01	George F. Boehme [redacted] Houston, TX 77005	$1,000.00	N/A
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

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)
4-4-01	Elizabeth Boehme [redacted] Houston, Tex 77005	$ 1,000.00	NA

9 Principal occupation (Optional)	10 Employer (Optional)

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)
3-30-01	Don T. O'Bannon, JR. [redacted] Dallas, TX 75233	$ 100.00	NA

Principal occupation (Optional)	Employer (Optional)

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)
4-12-01	L.A. Bedford, JR [redacted] Dallas, TX 75215	$ 100.00	NA

Principal occupation (Optional)	Employer (Optional)

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)
4-10-01	R.H. Richmond, JR [redacted] Dallas, TX 75214	$ 200.00	NA

Principal occupation (Optional)	Employer (Optional)

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)
4-15-01	MR & MRS Ronald Steinhart [redacted] Dallas, TX 75230	$ 100.00	NA

Principal occupation (Optional)	Employer (Optional)

COD_CSO 0003636

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

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)
4-16-01	J.M. Haggar, JR. [redacted] Addison, TX 75001	$250.00	NA
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-4-01	Charles Joekel [redacted] Houston, TX 77027	$500.00	NA
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-20-01	David W. Biegler [redacted] Dallas, TX 75201	$250.00	NA
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4-11-01	Dallas Firefighters Ass. Public Safety Committee P.O. Box 225437 Dallas, TX 75222	$1,000.00	NA
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Optional)		

COD_CSO 0003637

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/12/01	Linebarger Heard Goggan Blair, Graham P.O. Box 17428 Austin, TX 78760	$1,000.00	N/A
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/01	Law Offices of Marc H. Richman 304 S. Record Street Dallas, TX 75202	$100.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/01	Printice L. or Cynthia Gary [redacted] Dallas, TX 75248	$300.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/5/01	The Dallas Breakfast Group, PAC 100 N. Central Expwy Dallas TX 75801	$500.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/18/01	B. Don Hill [redacted] Dallas, TX 75093	$1,000.00	N/A
Principal occupation (Optional)	Employer (Optional)		

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/21/01	Victor J. Elmore [redacted] Dallas, TX 75232	$35.00	N/A
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/01	C. W. Whitaker [redacted] Dallas, TX 75232	$100.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/23/01	Joyce Foreman [redacted] Dallas, TX 75232	$100.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/17/01	Mr. or Mrs. J. J. Collmer [redacted] Dallas, TX 75248	$250.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/21/01	A. Gus Warren [redacted] Dallas, TX 75237	$250.00	N/A
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hall

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/23/01	Donald & Minnie David [redacted] Dallas, TX 75224	$ 30.00	N/A
9 Principal occupation (Optional)	10 Employer (Optional)		
4/22/01	Gregory A. Campbell [redacted] Colleyville, TX 76034	$ 250.00	N/A
Principal occupation (Optional)	Employer (Optional)		
4/19/01	Apartment Association of Greater Dallas PAC 4230 LBJ Frwy.; Suite 140 Dallas, TX 75244	$1,000.00	N/A
Principal occupation (Optional)	Employer (Optional)		
4/12/01	Halff Associates State PAC [redacted] Dallas, TX 75225	$400.00	N/A
Principal occupation (Optional)	Employer (Optional)		
Principal occupation (Optional)	Employer (Optional)		

COD_CSO 0003640

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
4-25-01	Valerie Hicks, Co [redacted] Dallas, TX 75216	$ 200.00	Campaign Contract Labor	
4-6-01	Office Depot [redacted] Dallas, Tex	$ 29.48	Campaign Envelopes	
4-4-01	Florence Williams [redacted] Dallas, TX 75241	$ 30.00	Re-imbursement for Supplies	
4-1-01	Mac Frugals Store # 4196 Dallas, TX	$ 8.64	Office Supplies, Pen Pencils	

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COD_CSO 0003641

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held
3-29-01	KinKo's 3201 W. Airport Fwy Irving	$54.05	Campaign Literature	
4-4-01	Office Depot 1000 W. Airport Fwy Irving, TX 75062	$141.81	Campaign Supplies Envelopes, Paper, Labels	
4-10-01	U.S. Postal Service Dallas, TX 75222	$34.00	Stamps for Letters	
4-10-01	U.S. Postal Dallas, TX	$75.00	P.O. Box for Campaign	

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COD_CSO 0003642

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure	9 – Complete if direct expenditure to benefit C/OH – Candidate / Officeholder name / Office sought / held
4-01-01	Xpedx Paper CO 501 N. Stemmons #300 Dallas 75207	$ 14.43	Envelopes for Campaign	
4-4-01	Mac Frugals #1496 IRving, TX	$ 14.07	Office Supplies for Campaign	
4-21-01	Lois Robinson [redacted] Colleyville, TX 76034	$ 60.00	Meals for Campaign Workers	
4-20-01	Ben Robinson, CO [redacted] Colleyville, TX 76034	$ 250.00	Campaign Sign Distribution Contract Labor	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-10-01	Ben Robinson, Co [redacted] Colleyville, Tx 76034	$ 100.00

8 Purpose of payment (See instructions regarding type of information required.): Contract Campaign Labels - Labor

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

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-19-01	Dorothy Dean [redacted] Dallas, TX	$ 500.00

Purpose of payment (See instructions regarding type of information required.): Contract Labor Early Voting Mailers, Distribution

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

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-25-01	Lois Robinson [redacted] Colleyville, TX 76034	$ 275.00

Purpose of payment (See instructions regarding type of information required.): Re-imbursement for gas, Supplies, Copying,

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

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-25-01	Lois Robinson [redacted] Colleyville, TX	$ 300.00

Purpose of payment (See instructions regarding type of information required.): Flyers, Copying, Computer Work Campaign Work

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

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POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-17-01	Home Depot 251 S. Industrial Euless, TX 76040	$64.78

8 Purpose of payment (See instructions regarding type of information required.): Sticks for Signs

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 ($)
4-6-01	Vickie Boone [redacted] IRVing, TX	$100.00

Purpose of payment (See instructions regarding type of information required.): Campaign-Labor Data Entry of Labels

-- 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 ($)
4501	Xpedx Paper CO 501 N. Stemmons Dallas, TX	$17.59

Purpose of payment (See instructions regarding type of information required.): Paper for Letters

-- 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 ($)
4-6-01	U.S. Postal Dallas, TX	$170.00

Purpose of payment (See instructions regarding type of information required.): Campaign Stamps for Mailers

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-30-01	U.S. Postal Service	$ 109.00

8 Purpose of payment (See instructions regarding type of information required.): Stamps for Campaign

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 ($)
4-4-01	Ed. Valentine Co. [redacted] Dallas, TX 75233	$ 37.89

Purpose of payment (See instructions regarding type of information required.): Press Labels

-- 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 ($)
4-9-01	TRATech 221 W. Centre Dallas, TX 75208	$ 16.78

Purpose of payment (See instructions regarding type of information required.): Campaign Copies - Letters

-- 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 ($)
4-12-01	Davis-Hawn Co [redacted] Dallas, Tex	$78.07

Purpose of payment (See instructions regarding type of information required.): Sticks for Signs

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

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POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-5-01	Charles Whitmore [redacted] Dallas, TX 75232	$43.72

8 Purpose of payment (See instructions regarding type of information required.): Campaign Breakfast

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 ($)
4-9-01	Tejano Restaurant Dallas, TX	$24.40

Purpose of payment (See instructions regarding type of information required.): Campaign Refreshments

-- 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 ($)
4-12-01	TRATECH Services 221 W. Centre Dallas, TX	$1,519.83

Purpose of payment (See instructions regarding type of information required.): Campaign Signs

-- 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 ($)
4-18-01	Lois Robinson [redacted] Colleyville, TX 76034	$500.00

Purpose of payment (See instructions regarding type of information required.): Temporary Contract Labor - Campaign Work

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-1-01	Wyndham Anatole Dallas, TX	$30.52

8 Purpose of payment (See instructions regarding type of information required.): Campaign Workers Lunch

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 ($)
3-30-01	TRATECH 221 W. Centre Dallas, TX	$2250

Purpose of payment (See instructions regarding type of information required.): Campaign Copies

-- 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.)

-- 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.)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received: RECEIVED 2001 APR -5 PM 2:42 CITY SECRETARY DALLAS, TEXAS

Date Hand-delivered / Date Postmarked

Receipt # / Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: | FIRST: Donald | MI: W.

NICKNAME: | LAST: Hill | SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: [redacted] APT / SUITE #: | CITY: Dallas | STATE: TX | ZIP CODE: 75232

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: | FIRST: Mary | MI: L.

NICKNAME: | LAST: Hill | SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 7575 Westmoreland | APT / SUITE #: Apt. 222 | CITY: Dallas, | STATE: TX | ZIP CODE: 75237

7 CAMPAIGN TREASURER PHONE

AREA CODE: (972) | PHONE NUMBER: 709-6689 | EXTENSION:

8 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)

9 PERIOD COVERED

Month / Day / Year: 1 / 1 / 01 THROUGH Month / Day / Year: 3 / 26 / 01

10 ELECTION

ELECTION DATE Month / Day / Year: 5 / 5 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Council District 5

12 OFFICE SOUGHT (if known): City Council District 5

13 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: N/A

Address / PO Box: | Apt. / Suite #: | City: | State: | Zip Code:

☐ additional pages

GO TO PAGE 2

COD_CSO 0003649

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: N A

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 200.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.
4.	**TOTAL POLITICAL EXPENDITURES**	$ 1240.45

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

LORRI A. ELLIS
Notary Public, State of Texas
My Commission Expires
10/2002

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.

Donald W. Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald W. Hill, this the 5th day of April, 2001, to certify which, witness my hand and seal of office.

Lori A. Ellis — Signature of officer administering oath
Lori A. Ellis — Printed name of officer administering oath
Notary Public — Title of officer administering oath

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Revised 05/11/2000

COD_CSO 0003650

000002

010205

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1-9-01	Mary Lucky Dallas, TX	70.

8 Purpose of payment (See instructions regarding type of information required.) Adv ertising on behalf of NAACP at Quiet for Success function

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 ($)
2-7-01	Donald W. Hill [redacted] Dallas, Tx 75232	170.45

Purpose of payment (See instructions regarding type of information required.) Reimbursement for monies paid in connection with trip to Mexico City as Pension Board / City Council Member

-- 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 ($)
3-16-01	Donald W. Hill [redacted] Dallas, Tx 75232	100.00

Purpose of payment (See instructions regarding type of information required.) Reimbursement for political contribution from personal funds made to Candidate Caraway (District 6)

-- 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.)

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

COD_CSO 0003651

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Revised 04/04/2000

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
1-9-01	Law offices of Donald W. Hill [redacted] Dallas, TX 75232	1500.00

8 Purpose of payment (See instructions regarding type of information required.): Legal, administrative, and secretarial services, in support of officeholder and campaign activities

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
2-7-01	Donald W. Hill [redacted] Dallas, Texas 75232	Travel and related expenses in connection with trip to Mexico City as Pension Board/City Council Member	170.45	☑
3-19-9	Donald W. Hill [redacted] Dallas, Texas 75232	Political Contribution to Candidate Caraway (District 6)	1000.00	☑
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

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)
1-17-a	Texas Real Estate PAC Austin, Texas	200.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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)

Principal occupation (Optional)	Employer (Optional)

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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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Donald | MI: W.

NICKNAME | LAST: Hill | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: Dallas STATE: TX ZIP CODE: 75232

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Donald | MI: W.

NICKNAME | LAST: Hill | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1708 Boca Chica APT / SUITE #: CITY: Dallas STATE: TX ZIP CODE: 75232

7 CAMPAIGN TREASURER PHONE

AREA CODE: (214) PHONE NUMBER: 374-1085 EXTENSION:

8 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)

9 PERIOD COVERED

Month Day Year: 7 / 16 / 2000 THROUGH Month Day Year: 12 / 31 / 2000

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Council

12 OFFICE SOUGHT (if known)

13 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: None

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

COD_CSO 0003655

GO TO PAGE 2

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission fills)

16 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7195
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4. TOTAL POLITICAL EXPENDITURES	$ 4181.16
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

LORRI A. ELLIS
Notary Public, State of Texas
My Commission Expires
10/29/2002

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.

Donald W. Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald W Hill, this the 16th day of January, 2001, to certify which, witness my hand and seal of office.

Lorri A. Ellis — Lorri A. Ellis — Notary Public
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-21-00	Clifton Miller [redacted] Trophy Club, Texas 76262	250.	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Mr. and Mrs. JMDonald Williams [redacted] Dallas, Texas 7520[illegible]	500.	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Greg Campbell [redacted] Colleyville, Texas 76034	500.	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Kevin E and Lashan Davis [redacted] Sunnyvale, Texas 75182	250	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Lee Holt McKinney [redacted] DeSoto, Texas 75115	75.	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: Donald W. Hill

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)	9 Principal occupation (Optional)	10 Employer (Optional)
7-21-00	Hugh Robinson	[redacted] Dallas, Texas 75204	500			
7-21-00	Curtis Ransom	[redacted] Coppell, Texas 75019	500			
7-21-00	B. Don Hill	[redacted] Plano, Texas 75093	1000.			
7-21-00	Kathleen Lyons	[redacted] Oakworthington Gardens, Texas 76016	500			
7-21-00	Willis Johnson	[redacted] Grand Prairie, Texas 75052	500.			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-21-00	Kenneth D. Martin and Associates P.C. [redacted] Lewisville, Texas 75067	250.	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Pettis Norman [redacted] Dallas, Texas 75231	500.	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Scott Sessions [redacted] Dallas, Texas 75205	100.	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Sandra Coaxum [redacted] Dallas Texas 75232	200.	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Chris Thompson Teresa Thompson [redacted] DeSoto, Texas 75115	50.	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7-21-00	Anthony Preston [redacted] Dallas, Texas 75217	25.	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Mr. & Mrs. Thomas Thompson [redacted] Dallas, Texas 75238-2503	25.	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-21-00	Georgie Cornelius [redacted] Dallas, Texas 75208	20.	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-27-00	TREPAC / Texas Association of Realtors Political Action Committee [redacted] Austin, Texas 78767-1586	200.	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-3-00	Karl R. Butler [redacted] Dallas, Texas 75230	250.	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-5-00	TEXBELL Employee Political Action Committee 1616 Guadalupe, Suite 501 Austin, Texas 78701-1298	500	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7-10-00	Linebarger Heard Goggan Blair Pena & Sampson	500	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
7-21-00	John Ware [redacted] Dallas, Texas 75201	500.	
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
7-21-00	Richard Knight [redacted] Ft. Worth, Texas 76117	500	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
7-21-00	Richard Davis [redacted] Dallas, Texas 75241	500.	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
7-21-00	Rick Douglas [redacted] Dallas, Texas 7500[illegible]	500.	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
7-21-00	L.D. Dabney	500.	
Principal occupation (optional)	Employer (optional)		

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission Use)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address, City, State, Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
7-21-00	Dr. Lee Monroe [redacted] Dallas, Texas 75241	500.	

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
7-21-00	Davis Stephens	500	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
7-21-00	Albert and Gwyneith Block [redacted] Dallas, Texas 75208	1000	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address, City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8-8-00	Elite News [redacted] Dallas, Texas	100.

8 Purpose of payment (See instructions regarding type of information required.): Political/Campaign Advertising

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 ($)
8-9-00	Clark American [redacted] Dallas, Texas 75202	50.

Purpose of payment (See instructions regarding type of information required.): Check orders

-- 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 ($)
8-31-00	Donald W. Hill [redacted] Dallas, Texas 75232	106 00

Purpose of payment (See instructions regarding type of information required.): reimbursement for luncheon for council members

-- 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 ($)
9-3-00	Concord Missionary Baptist Church [redacted] Dallas, Texas	125

Purpose of payment (See instructions regarding type of information required.): Political /Campaign advertising

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission fills)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
9-10-00	Concord Missionary Baptist Church [redacted] Dallas, Texas	200.00

8 Purpose of payment (See instructions regarding type of information required.): Banquet ticket purchase Political/Campaign Advertising

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 ($)
9-7-00	Yvonne Davis [redacted] Dallas, Texas 75208	50.00

Purpose of payment (See instructions regarding type of information required.): Political/campaign contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: ~~Yvonne Davis~~ / Office sought / Office held: State Representative

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
9-13-00	Donald W. Hill [redacted] Dallas, Texas 75252	500.00

Purpose of payment (See instructions regarding type of information required.): Reimbursement for entertainment and travel expenses for Legislative Caucus Weekend which exceed City Guidelines

-- 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 ($)
9-28-00	Geraldine Hall Florist [redacted] Dallas, Texas 75201	72.53

Purpose of payment (See instructions regarding type of information required.): Thank you gift for a helper

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

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POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
11-16-00	Donald W. Hill [redacted] Dallas, Texas 75232	200.

8 Purpose of payment (See instructions regarding type of information required.): Reimbursement for travel and entertainment expenses related to TML state conference in excess

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 ($)
12-27-00	Donald W. Hill [redacted] Dallas, Texas	100

Purpose of payment (See instructions regarding type of information required.): Reimbursement for entertainment expenses for campaign workers

-- 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 ($)
12-11-00	Donald W. Hill [redacted] Dallas, Texas 75208	200

Purpose of payment (See instructions regarding type of information required.): Reimbursement for entertainment and travel related expenses of NLC trip to Boston in excess

-- 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 ($)
12-23-00	Circuit City	148863

Purpose of payment (See instructions regarding type of information required.): purchase of computer

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

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POLITICAL EXPENDITURES — SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
9-28-00	Gruv-On [redacted] Dallas, Texas 75202	189.00

8 Purpose of payment (See instructions regarding type of information required.) Campaign/Political Travel accessories/equipment

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 ($)
9-28-00	Donald W. Hill [redacted] Dallas, Texas 75232	100.00

Purpose of payment (See instructions regarding type of information required.) Reimbursement for officeholder related- Entertainment expenditures

-- 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 ($)
11-3-00	Donald W. Hill [redacted] Dallas, Texas 75232	400.

Purpose of payment (See instructions regarding type of information required.) reimbursement for office holder expenses related to 2000 presidential election including rental car ($328.40) for election workers

-- 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 ($)
11-16-00	Donald W. Hill [redacted] Dallas, Texas 75232	200

Purpose of payment (See instructions regarding type of information required.) Reimbursement for office holder travel expense related to Redistricting meeting in Washington, D.C.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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COD_CSO 0003667

000013

010205

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
11-10-00	Enterprise Rental Cars 1111 W. Ledbetter Dr. #420 Dallas, Texas 75228	rental car for transporting workers related to 2000 Presidential elections	328.98	☑
11-3-00	Donald W. Hill [redacted] Dallas, Texas 75232	Food and other expenditures for election workers related to 2000 Presidential election	71.02	☑
9-01-00	Donald W. Hill [redacted] Dallas, Texas	Luncheon for Council members	106.00	☑
9-13-00	Donald W. Hill [redacted] Dallas, Texas 75232	Travel and Entertainment Expenses	500.00	☑
9-28-00	Donald W. Hill [redacted] Dallas, Texas 75232	Entertainment Expense	100.00	☑

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COD_CSO 0003668

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-[redacted] 010205

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME: Donald W. Hill II

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	8 Amount ($)	7 Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
11-16-00	Donald W. Hill II [redacted] Dallas, TX 75232	200	travel and entertainment for redistricting trip	☑
11-16-00	Donald W. Hill II [redacted] Dallas, Texas 75232	200	travel and entertainment for TML	☐
12-4-00	Donald W. Hill II [redacted] Dallas, Texas 75232	200	Travel and entertainment for NLC	☐
12-27-00	Donald W. Hill II [redacted] Dallas, Texas 75232	100	entertainment expenses for dinner and breakfast for campaign workers	☐
Date	Payee name Payee address: City, State, Zip Code	Amount ($)	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended ☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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 files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME
TITLE: Councilmember FIRST: Donald MI: W.
NICKNAME: 1 LAST: Hill SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: DALLAS STATE: TX ZIP CODE: 75232
☐ Change of Address

5 CAMPAIGN TREASURER NAME
TITLE: Councilmember FIRST: Donald MI: W.
NICKNAME: 1 LAST: Hill SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] APT / SUITE #: CITY: DALLAS STATE: TX ZIP CODE: 75232

7 CAMPAIGN TREASURER PHONE
AREA CODE: (214) PHONE NUMBER: 374-1085 EXTENSION:

8 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)

9 PERIOD COVERED
Month Day Year: 1 / 1 / 00 THROUGH Month Day Year: 7 / 15 / 00

10 ELECTION
ELECTION DATE Month Day Year: 5 / 2 / 99
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE
OFFICE HELD (if any): ~~DA~~ DALLAS City Council

12 OFFICE SOUGHT (if known)

13 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: None
Address / PO Box: Apt. / Suite #: City: State: Zip Code:
☐ additional pages

OFFICE USE ONLY
Date Received: 03 JUL 15 PM 3:57
Date Hand-delivered or Date Postmarked:
Receipt # Amount
Date Processed
Date Imaged

GO TO PAGE 2

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 200.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
4.	TOTAL POLITICAL EXPENDITURES	$ 212.00

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

REGINA K. FOSTER
Notary Public, State of Texas
My Commission Expires
10/29/2002

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.

Donald W Hill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DONALD W HILL, this the 17th day of July, 2000, to certify which, witness my hand and seal of office.

Regina K. Foster REGINA K. FOSTER NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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Revised 11/18/1998

COD_CSO 0003671

0002

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC None 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	9 Principal occupation (Optional)	10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Principal occupation (Optional)	Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Principal occupation (Optional)	Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Principal occupation (Optional)	Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	Principal occupation (Optional)	Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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COD_CSO 0003672

Revised 11/11/1998

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4/10/2000	Hollis Brashear [redacted] Dallas, TX 75232	200.00	

10 Principal occupation (optional)	11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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COD_CSO 0003673

0004

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender None ☐ out-of-state PAC	9 Loan Amount ($)
6 Is lender a financial institution? Y N	8 Lender address: City: State: Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable	14 Name of guarantor	16 Amount Guaranteed ($)
	15 Guarantor address: City: State: Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender ☐ out-of-state PAC	Loan Amount ($)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed ($)
	Guarantor address: City: State: Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/6/2000	Accent Storage	212.00

8 Purpose of expenditure (See instructions regarding type of information required.)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure (See instructions regarding type of information required.)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure (See instructions regarding type of information required.)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure (See instructions regarding type of information required.)

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
	5 None	
	7 Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ 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.)	☐ Reimbursement from political contributions intended

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COD_CSO 0003676

Revised 11/12/99

0007

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name None 6 Business address; City; State; Zip Code	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

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COD_CSO 0003677

0008

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
	5 Payee name None	
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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Revised 11/12/1999

0009

COD_CSO 0003678

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name / 6 Payor address: City; State; Zip Code / 7 Reason for credit	8 Amount ($)
	5 None	
Date	Payor name / Payor address: City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address: City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address: City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address: City; State; Zip Code / Reason for credit	Amount ($)

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Revised 1997

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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
2000 JAN 18 PM 4:49
CITY SECRETARY
DALLAS, TEXAS

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
TITLE: Council member FIRST: Donald MI: W.
NICKNAME: 1 LAST: Hill SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: Dallas STATE: Tx ZIP CODE: 75232

5 CAMPAIGN TREASURER NAME
TITLE: Donald FIRST: W. MI:
NICKNAME: 1 LAST: Hicks SUFFIX: r.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 6840 Talbot Parkway APT / SUITE #: CITY: Dallas, Texas STATE: ZIP CODE: 75232

7 CAMPAIGN TREASURER PHONE
AREA CODE: (214) PHONE NUMBER: 941-8999 EXTENSION:

8 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)

9 PERIOD COVERED
Month Day Year: 7 / 16 / 99 THROUGH Month Day Year: 12 / 31 / 99

10 ELECTION
ELECTION DATE Month Day Year: 5 / 2 / 99
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE
OFFICE HELD (if any): Dallas City Council

12 OFFICE SOUGHT (if known)

13 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: None
Address / PO Box: Apt. / Suite #: City: State: Zip Code:
☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 990920 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Donald W. Hill

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S) — This listing includes political expenditures 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: GENERAL / SPECIFIC

COMMITTEE NAME: None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE ACTIVITY — Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 100.

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.
4.	**TOTAL POLITICAL EXPENDITURES**	$ 635.

OUTSTANDING LOAN TOTALS

5.	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.

REGINA K. FOSTER
Notary Public, State of Texas
My Commission Expires
10/29/2002

Signature of Candidate or Officeholder

COD_CSO 0003681

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 18TH day of JANUARY, 2000, to certify which, witness my hand and seal of office.

Regina K. Foster — Signature of officer administering oath

REGINA K. FOSTER — Print name of officer administering oath

NOTARY PUBLIC — Title of officer administering oath

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Revised 8/1/1998

0002

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9-7-99	Ronald Steinhart [redacted] Dallas, Texas 75201 ☐ out-of-state PAC	100.	check # NA

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Revised 11/11/1999

COD_CSO 0003682

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	None		
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor ☐ out-of-state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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COD_CSO 0003683

0003

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission fills)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender: None ☐ out-of-state PAC

8 Lender address: City: State: Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address: City: State: Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC

Lender address: City: State: Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address: City: State: Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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

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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: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-16-99	Linda Sorrells [redacted] Dallas, Texas 75208	333.

8 Purpose of expenditure (See instructions regarding type of information required.): Purchase of plane ticket for political convention

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-9-99	Donald W. Hill P.C. [redacted] Dallas, Texas 75208	250.00

Purpose of expenditure (See instructions regarding type of information required.): Repayment of loan

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-1-99	Accent Storage	26.00

Purpose of expenditure (See instructions regarding type of information required.):

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-1-99	Accent Storage	26.00

Purpose of expenditure (See instructions regarding type of information required.):

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

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COD_CSO 0003685

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount ($)

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

Date	Business name Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name — Office sought / held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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CREDITS (optional) SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address: City: State: Zip Code 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

* Form approved 09/01/1997 by Texas Ethics Commission 1-800-325-8506

[redacted]DATE/OFFICEHOLDER FORM C/OH
[redacted]GN FINANCE REPORT Cover Sheet Pg 1

99 JUL 15 PM 2:07
CITY SECRETARY
DALLAS TEXAS

[1] Account #: 00000000 [2] Total Pages Filed: ____

[3] CANDIDATE/ OFFICEHOLDER NAME — Title: Attorney; First: Donald; Middle: W; Nickname: DON; Last: HILL; Suffix:

[4] CANDIDATE/ OFFICEHOLDER ADDRESS — Line 1: [redacted]; Suite:; Line 2:; City: Dallas; State: TX; Zip: 75232
( ) Change of Address

[5] CAMPAIGN TREASURER NAME — Title: COUNCILMAN; First: DONALD; Middle: W; Nickname: DON; Last: HICKS; Suffix: SR

[6] CAMPAIGN TREASURER ADDRESS — Line 1: [redacted]; Suite: [redacted]; Line 2:; City: Dallas; State: TX; Zip: 75201

[7] CAMPAIGN TREASURER PHONE: (214) 871-8999 Extension:

[8] REPORT TYPE: **Final Report / Dissolution Report**

[9] PERIOD COVERED: 04/24/1999 THROUGH 07/15/1999

[10] ELECTION DATE: 05/01/1999 ELECTION TYPE: General

[11] OFFICE HELD (if any): NONE

[12] OFFICE SOUGHT (if known): DALLAS CITY COUNCIL DISTRICT 5

[13] 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: Suite:

( ) additional pages

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

----- OFFICE USE ONLY -----

Receipt #_____

HD/PM_____ Amount:_____

Date Processed

COD_CSO 0003691

[14] C/OH Name: **HILL, Donald W. "DON"** [15] Account: **00000000**

[16] SUPPORTING POLITICAL COMMITTEES

** This listing includes political expenditures by political committees for candidates or officeholders. 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. **

( ) additional pages

Committee Type (General or Specific):

Committee name:

Committee address:

Committee Treasurer:

Treasurer address:

[17] NO REPORTABLE ACTIVITY ( ) Check here if no reportable activity occurred during this reporting period. (Sign affidavit below)

[18] CONTRIBUTION TOTALS	1.	Total political contributions of $50 or less (other than pledges, loans or guarantees of loans) unless itemized	**$0.00**
	2.	TOTAL POLITICAL CONTRIBUTIONS (other than pledges, loans, or guarantees of loans)	**$14,181.34**
EXPENDITURE TOTALS	3.	Total political expenditures of $50 or less, unless itemized	**$0.00**
	4.	TOTAL POLITICAL EXPENDITURES	**$16,772.34**
OUTSTANDING LOAN TOTALS	5.	Total principal amount of all outstanding loans as of the last day of the reporting period	**$0.00**

[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.

Jacquelyn Y.G. Shamlin
Notary Public
State of Texas
My Comm. Exp. 08-10-00

Affix Notary Stamp/Seal Above

Donald W. Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 14th day of July, 1999, to certify which, witness my hand and seal of office.

Jacquelyn Y.G. Shamlin — Signature of officer administering oath

Jacquelyn Y.G. Shamlin — Print name of officer administering oath

Notary Public — Title of officer administering oath

COD_CSO 0003692

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **AKIN, GUMP, STRAUSS, HAUER & FELD, TEXAS**

[6] Contributor address: **816 CONGRESS AVENUE** Suite: **1900**
Austin TX 78701

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK #1572
THE FROST NATIONAL BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **AMERICAN AIRLINES**

[6] Contributor address: **P.O. BOX 619616**
Dallas TX 75261-9616

[7] Amount of Contribution: **$500.00**

[8] In-kind contribution description (if applicable):
CHECK #3875
NATIONS BANK N.A.

DANIEL B. HAGAN, MANAGING DIRECTOR, CORPORATE AFFAIRS
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **ANDERSON, CHARLES A.**

[6] Contributor address: [redacted]
Dallas TX 75205

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK #4897
CHASE BANK OF TEXAS, N.A.
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? [N]

COD_CSO 0003693

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[5] Full name of contributor: **APARTMENT ASSOCIATION GREATER-DALLAS**

[6] Contributor address: **4230 LBJ FRWY, WING IV Suite: 140**
Dallas TX 75244

[7] Amount of Contribution: **$1,000.00**

[8] In-kind contribution description (if applicable):
CHECK #1281
BANK ONE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/28/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **BAILEY & MAYS ATTORNEY AT LAW**

[6] Contributor address: **2516 MARTIN LUTHER KING BLVD Suite: 102**
Dallas TX 75215

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK #4545
MAIN BANK, N.A.
Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **BLACKWELL, PRYOR**

[6] Contributor address: [redacted]
Dallas TX 75205

[7] Amount of Contribution: **$350.00**

[8] In-kind contribution description (if applicable):
CHECK #3962
CHASE BANK OF TEXAS N.A.
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **BLAIR, DON**

[6] Contributor address: [redacted]

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

Dallas TX 75215

[7] Amount of Contribution: **$100.00**

[8] In-kind contribution description (if applicable):
CHECK #2442
INWOOD NATIONAL BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **BOOTH, CLIFFORD A.**

[6] Contributor address: [redacted]
Dallas TX 75202

[7] Amount of Contribution: **$500.00**

[8] In-kind contribution description (if applicable):
CHECK #628
BANK ONE PERFERRED ONE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **CARREKER, JAMES D.**

[6] Contributor address: [redacted]
Dallas TX 75225

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK #1678
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **CLARK, RANDY**

[6] Contributor address: [redacted]
Dallas TX 75249

[7] Amount of Contribution: **$50.00**

COD_CSO 0003695

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[8] In-kind contribution description (if applicable):
CHECK #2259
WELLS FARGO BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **CROW, HARLAN R.**

[6] Contributor address: [redacted]
Dallas TX 75201

[7] Amount of Contribution: $1,000.00

[8] In-kind contribution description (if applicable):
CHECK #5245
NORTHERN TRUST BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **CROW, TRAMMELL MR & MRS**

[6] Contributor address: [redacted]
Dallas TX 75205

[7] Amount of Contribution: **$500.00**

[8] In-kind contribution description (if applicable):
CHECK #5699
NORTHERN TRUST BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **DEWITT JR, M.D. & ROBBIE**

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: **$25.00**

[8] In-kind contribution description (if applicable):
CHECK #4522
TEXAS FEDERAL CREDIT UNION

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COD_CSO 0003696

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/26/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **DONA, ANTHONY & LILLIAN W.**

[6] Contributor address: [redacted]
Dallas TX 75225

[7] Amount of Contribution: **$100.00**

[8] In-kind contribution description (if applicable):
CHECK #8085
NORTHERN TRUST BANK

[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **GOFFNEY, V.E.**

[6] Contributor address: [redacted]
Dallas TX 75233

[7] Amount of Contribution: **$25.00**

[8] In-kind contribution description (if applicable):
CHECK #1839
BANK OF THE SOUTHWEST

[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **GREENE, JOSEPH E.**

[6] Contributor address: [redacted]
Dallas TX 75214

[7] Amount of Contribution: **$25.00**

[8] In-kind contribution description (if applicable):
CHECK #2336
NATIONS BANK

[9] Principal Occupation:
[10] Employer (optional):

COD_CSO 0003697

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: _____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[4] Date: **04/24/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **GROENTEMAN, SUSAN T.**

[6] Contributor address: [redacted]
Dallas TX 75205

[7] Amount of Contribution: **$100.00**

[8] In-kind contribution description (if applicable):
CHECK #1650
NORTHERN TRUST BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **HANSEL CUNNINGHAM INSURANCE AGENCY**

[6] Contributor address: **P.O. BOX 224164**
Dallas TX 75222

[7] Amount of Contribution: **$50.00**

[8] In-kind contribution description (if applicable):
CHECK #1851
BANK ONE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **HARRISON, EARL & ANDRA**

[6] Contributor address: [redacted]
Houston TX 77095

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK #5166
CHASE BANK OF TEXAS, N.A.
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/26/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **HEMYARI, KOUROSH**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[6] Contributor address: [redacted]
Dallas TX 75235

[7] Amount of Contribution: **$400.00**

[8] In-kind contribution description (if applicable):
CHECK #1146
TEXAS COMMUNITY BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **HUNT, RAY L.**

[6] Contributor address: [redacted]
FOUNTAIN PLACE, (1445 ROSS @ FEILD)
Dallas TX 75202-2785

[7] Amount of Contribution: **$500.00**

[8] In-kind contribution description (if applicable):
CASHIER CHECK #029649
NORTHERN TRUST BANK OF TEXAS
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **JEFFERSON SR, JAMES**

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: **$50.00**

[8] In-kind contribution description (if applicable):
CHECK #289
BANK OF THE SOUTHWEST
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/30/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **JOEKEL, CHARLES**

[6] Contributor address:

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[7] Amount of Contribution: **$1,500.00**

[8] In-kind contribution description (if applicable):
TEXAS COMMERCE BANK N.A.
HOUSTON, TEXAS 77002
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **JONES & JORDAN ASSOCIATES**

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: **$200.00**

[8] In-kind contribution description (if applicable):
CHECK #2189
BANK ONE

DBA HARRY RICK JORDAN
[9] Principal Occupation:
[10] Employer (optional):

Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **JONES, CAREY L.**

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: **$50.00**

[8] In-kind contribution description (if applicable):
CHECK #3365
DPCU
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **JONES, JESSE & LABELLE**

[6] Contributor address: [redacted]
Dallas TX 75241

[7] Amount of Contribution: **$100.00**

Form approved 09/01/1997 by Texas Ethics Commission Page Printed: 10

COD_CSO 0003700

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[8] In-kind contribution description (if applicable):
CHECK #4516
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **KAMINSKI, ROBERT L.**

[6] Contributor address: [redacted]
Dallas TX 75219

[7] Amount of Contribution: **$150.00**

[8] In-kind contribution description (if applicable):
CHECK #6853
INWOOD NATIONAL BANK
[9] Principal Occupation:
[10] Employer (optional):

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **LAFITTE, MIKE & MELINDA J.**

[6] Contributor address: [redacted]
Dallas TX 75225

[7] Amount of Contribution: **$150.00**

[8] In-kind contribution description (if applicable):
CHECK #1383
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **LAW OFFICE OF ANTHONY D. LYONS**

[6] Contributor address: **400 S. ZANG BLVD** Suite: **600**
Dallas TX 75208

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK # 3534
NATIONS BANK

COD_CSO 0003701

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/28/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **LAW OFFICES OF EDWARD H. MOORE, P.C.**

[6] Contributor address: **2305 CEDAR SPRINGS Suite: 350**
Dallas TX 75201

[7] Amount of Contribution: **$500.00**

[8] In-kind contribution description (if applicable):
CHECK #2911
THE OAKS BAK & TRUST COMPANY
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **LEISER, THOMAS & PHYLLIS**

[6] Contributor address: [redacted]
Dallas TX 75205

Amount of Contribution: **$150.00**

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/28/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **MASON, DR E.J. & CARLYN**

[6] Contributor address: **820 ROCK CANYON**
Duncanville TX 75137

[7] Amount of Contribution: **$1,000.00**

[8] In-kind contribution description (if applicable):
CHECK #4260
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/28/1999** Out-of-state PAC? **[N]**

COD_CSO 0003702

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[5] Full name of contributor: **MAYSE, MARILYNN**

[6] Contributor address: [redacted]
Dallas TX 75210

[7] Amount of Contribution: **$501.00**

[8] In-kind contribution description (if applicable):
CHECK #1978
BANK ONE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **McNEARNEY III, THOMAS & SHARON O.**

[6] Contributor address: **6714 LAKEHURST AVENUE**
Dallas TX 75230

[7] Amount of Contribution: **$150.00**

[8] In-kind contribution description (if applicable):
CHECK #0729
CHASE BANK OF TEXAS
Principal Occupation:
] Employer (optional):

---

[4] Date: **05/05/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **NEALY, KATHY L.**

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
NATIONS BANK CHECK #6780
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/26/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **PECK, MARTIN & ELIZABETH C.**

[6] Contributor address: **4136 NORMANDY**
Dallas TX 75205

COD_CSO 0003703

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[7] Amount of Contribution: **$50.00**

[8] In-kind contribution description (if applicable):
CHECK #8823
BANK OF TEXAS N.A.
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **PRUITT, CURTIS W.**

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: **$15.00**

[8] In-kind contribution description (if applicable):
CHECK #358
WELLS FARGO BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/28/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **R.B. KURDLE ATTORNEY AT LAW**

[6] Contributor address: **1311 FLAGSTONE LANCE**
Dallas TX 75240

[7] Amount of Contribution: **$25.00**

[8] In-kind contribution description (if applicable):
CHECK # 1757
DALLAS TEACHERS CREDIT UNION
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **07/06/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **RASANSKY, MITCHELL MR & MRS M.**

[6] Contributor address: [redacted]
Dallas TX 75231

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):

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COD_CSO 0003704

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

BANK 1 ONE CHECK #7884
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **RICHARDS, GLORIA H.**

[6] Contributor address: [redacted]
Austin TX 78722

[7] Amount of Contribution: **$25.00**

[8] In-kind contribution description (if applicable):
CHECK #5984
AUSTIN AREA TEACHER FEDERAL CREDIT UNION
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/27/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **RICHMOND JR, R.H.**

[6] Contributor address: [redacted]
Dallas TX 75214

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK # 4008
SWISS AVENUE BAK
[9] Principal Occupation:
[10] Employer (optional):
THE DALLAS BREAKFAST GROUP

---

[4] Date: **04/24/1999** Out-of-state PAC? [N]

[5] Full name of contributor: **SCOTT, HENRY W.**

[6] Contributor address: [redacted]
Dallas TX 75224

[7] Amount of Contribution: **$25.00**

[8] In-kind contribution description (if applicable):
CHECK #2360
DPCU
[9] Principal Occupation:

COD_CSO 0003705

POLITICAL CONTRIBUTIONS SCHEDULE A
OTHER THAN PLEDGES OR LOANS

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[10] Employer (optional):

---

[4] Date: **05/15/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **SHIRLEY, WILLIAM A.**

[6] Contributor address: [redacted]
Dallas TX 75204

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **05/30/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **SOUTHWESTERN BELL TELEPHONE**

[6] Contributor address:

[7] Amount of Contribution: **$165.34**

[8] In-kind contribution description (if applicable):
SOUTHWESTERN BELL TELEPHONE REFUND CHECK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/26/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **TANNER, GARY OR RACHEL**

[6] Contributor address: [redacted]
Katy TX 77450

[7] Amount of Contribution: **$250.00**

[8] In-kind contribution description (if applicable):
CHECK # 10822
CHASE BANK OF TEXAS
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/24/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **TRUITT, GLAYDS T.**

COD_CSO 0003706

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: **HILL, Donald W. "DON"** [3] Account #: **00000000**

[6] Contributor address: [redacted]
Austin TX 78723

[7] Amount of Contribution: **$50.00**

[8] In-kind contribution description (if applicable):
CHECK #441
BANK OF AMERICA
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/26/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **WILLIAMS McDONALD, MR & MRS J.**

[6] Contributor address: **3500 TRAMMEL CROW CENTER**
2001 ROSS AVENUE
Dallas TX 75201

[7] Amount of Contribution: **$350.00**

[8] In-kind contribution description (if applicable):
CHECK #6207
NORTHERN TRUST BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: **04/26/1999** Out-of-state PAC? **[N]**

[5] Full name of contributor: **WILLIAMS, LUCIOUS**

[6] Contributor address: **1421 COVINGTON DRIVE**
De Soto TX 75115

[7] Amount of Contribution: **$1,000.00**

[8] In-kind contribution description (if applicable):
CHECK #4394
BANK OF AMERICA
[9] Principal Occupation:
[10] Employer (optional):

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

Form approved 09/01/1997 by Texas Ethics Commission Page Printed: 17

COD_CSO 0003707

Form approved 09/01/1997 by Texas Ethics Commission 1-800-325-8506

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT — FORM C/OH Cover Sheet Pg 1

[redacted]

[1] Account #: 00000000 [2] Total Pages Filed: ____

[3] CANDIDATE/ OFFICEHOLDER NAME — Title: Attorney; First: Donald; Middle: W; Nickname: DON; Last: HILL; Suffix:

[4] CANDIDATE/ OFFICEHOLDER ADDRESS — Line 1: [redacted]; Suite:; Line 2:; City: Dallas; State: TX; Zip: 75232

( ) Change of Address

[5] CAMPAIGN TREASURER NAME — Title: COUNCILMAN; First: DONALD; Middle: W; Nickname: DON; Last: HICKS; Suffix: SR

[6] CAMPAIGN TREASURER ADDRESS — Line 1: 1845 WOODALL RODGERS FRWY; Suite: 1660; Line 2:; City: Dallas; State: TX; Zip: 75201

[7] CAMPAIGN TREASURER PHONE: (214) 871-8999 Extension:

[8] REPORT TYPE: 8th Day Before Election

[redacted]

PERIOD COVERED: 04/01/1999 THROUGH 04/23/1999

[10] ELECTION DATE: 05/01/1999 ELECTION TYPE: General

[11] OFFICE HELD (if any): NONE

[12] OFFICE SOUGHT (if known): DALLAS CITY COUNCIL DISTRICT 5

[13] 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: Suite:

( ) additional pages

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

----- OFFICE USE ONLY -----

DALLAS TEXAS CITY SECRETARY

99 APR 23 PM 4:19

RECEIVED

Receipt #_____

HD/PM_____ Amount:_____

Date Processed

COD_CSO 0003708

[14] C/OH Name: HILL, Donald W. "DON" [15] Account: 00000000

[16] SUPPORTING POLITICAL COMMITTEES

** This listing includes political expenditures by political committees for candidates or officeholders. 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. **

(X) additional pages

Committee Type (General or Specific): General

Committee name: CONSTRUCTIVE CITIZENSHIP PROGRAM OF TEXAS INSTRUMENTS

Committee address: P.O. BOX 742496

Dallas TX 75374-2496

Committee Treasurer: SKILES, ELWIN L.

Treasurer address: [redacted]

Dallas TX 75374-2496

[17] NO REPORTABLE ACTIVITY ( ) Check here if no reportable activity occurred during this reporting period. (Sign affidavit below)

[18] CONTRIBUTION TOTALS	1. Total political contributions of $50 or less (other than pledges, loans or guarantees of loans) unless itemized	$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (other than pledges, loans, or guarantees of loans)	$11,525.00
EXPENDITURE TOTALS	3. Total political expenditures of $50 or less, unless itemized	$0.00
	4. TOTAL POLITICAL EXPENDITURES	$11,525.20
OUTSTANDING LOAN TOTALS	5. Total principal amount of all outstanding loans as of the last day of the reporting period	$0.00

[19] AFFIDAVIT

LORRI A. ELLIS
Notary Public, State of Texas
My Commission Expires
10/29/2002

Affix Notary Stamp/Seal Above

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.

Donald W. Hill

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald Hill, this the 23 day of April, 1999, to certify which, witness my hand and seal of office.

Lorri A. Ellis — Signature of officer administering oath

Lorri A. Ellis — Print name of officer administering oath

Notary Public — Title of officer administering oath

Form approved 09/01/1997 by Texas Ethics Commission Page Printed: 2

COD_CSO 0003709

ADDENDUM TO FORM C/OH Cover Sheet Page 2
ADDITIONAL SUPPORTING POLITICAL COMMITTEES

[1] Total pages C/OH Cover Sheet Page 2 Addendum: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[16] SUPPORTING POLITICAL COMMITTEES ** This listing includes political expenditures by political committees for candidates or officeholders. 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. **

(X) additional supporting committees

Committee Type (General or Specific): General
Committee name: DALLAS POLICE OFFICERS
Committee address: 2108 JACKSON STREET Ste.
Dallas TX 75201
Committee Treasurer: WHITE, A & M
Treasurer address: 2108 JACKSON STREET Ste.
Dallas TX 75201

---

[16] SUPPORTING POLITICAL COMMITTEES ** This listing includes political expenditures by political committees for candidates or officeholders. 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. **

(X) additional supporting committees

Committee Type (General or Specific): General
Committee name: GREATER DALLAS ASSOCIATION OF REALTORS
Committee address: 8201 N. STEMMONS FREEWAY Ste.
Dallas TX 75247
Committee Treasurer: NEEDHAM, BRENDA
Treasurer address: 8201 N. STEMMONS FREEWAY Ste.
Dallas TX 75247

---

[16] SUPPORTING POLITICAL COMMITTEES ** This listing includes political expenditures by political committees for candidates or officeholders. 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. **

( ) additional supporting committees

Committee Type (General or Specific): General
Committee name: THE REAL ESTATE COUNCIL COMMUNITY LEADERSHIP COMMITTEE
Committee address: 5950 BERKSHIRE LN Ste.450
Dallas TX 75225
Committee Treasurer: ALVES, DEBORAH
Treasurer address: 8201 PRESTON ROAD Ste. 320
Dallas TX 75225-6208

Include addendum pages in total pages filed on C/OH Page 1

COD_CSO 0003710

ADDENDUM TO FORM C/OH Cover Sheet Page 2
ADDITIONAL SUPPORTING POLITICAL COMMITTEES

[1] Total pages C/OH Cover Sheet Page 2 Addendum: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

COD_CSO 0003711

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[4] Date: 04/01/1999 Out-of-state PAC? [N]

[5] Full name of contributor: BEDFORD JR, L.A.

[6] Contributor address: [redacted]
Dallas TX 75215

[7] Amount of Contribution: $200.00

[8] In-kind contribution description (if applicable):
CHECK #1533
REUNION BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/09/1999 Out-of-state PAC? [N]

[5] Full name of contributor: BIGLER, DAVID N.

[6] Contributor address: [redacted]
Dallas TX 75201

[7] Amount of Contribution: $200.00

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/16/1999 Out-of-state PAC? [N]

[5] Full name of contributor: BLACK, ALBERT & GWYNEITH

[6] Contributor address: 1133 S. MADISON AVE
Dallas TX 75208

[7] Amount of Contribution: $200.00

[8] In-kind contribution description (if applicable):
CHECK #1735
BANK ONE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/15/1999 Out-of-state PAC? [N]

[5] Full name of contributor: CAMPBELL, GREGORY A.

[6] Contributor address: 6806 LONGWOOD

COD_CSO 0003712

POLITICAL CONTRIBUTIONS SCHEDULE A
OTHER THAN PLEDGES OR LOANS

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Colleyville TX 76034

[7] Amount of Contribution: $250.00

[8] In-kind contribution description (if applicable):
CHECK #4504
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/22/1999 Out-of-state PAC? [N]

[5] Full name of contributor: CLAY, CELIA A.

[6] Contributor address: [redacted]
Dallas TX 75214

[7] Amount of Contribution: $15.00

[8] In-kind contribution description (if applicable):
CHECK #2981
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/05/1999 Out-of-state PAC? [N]

[5] Full name of contributor: CONSTRUCTIVE CITIZENSHIP PROGRAM OF TEXAS INSTR
UMENTS

[6] Contributor address: P.O. BOX 742496
Dallas TX 75374-2496

[7] Amount of Contribution: $250.00

[8] In-kind contribution description (if applicable):
CHECK #2399
TEXINS CREDIT UNION
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/19/1999 Out-of-state PAC? [N]

[5] Full name of contributor: DALLAS POLICE OFFICERS

[6] Contributor address: 2108 JACKSON STREET
Dallas TX 75201

[7] Amount of Contribution: $500.00

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON"

[3] Account #: 00000000

[8] In-kind contribution description (if applicable):
CHECK #2355
BANK ONE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999

Out-of-state PAC? [N]

[5] Full name of contributor: DYE, JOSEPHINE

[6] Contributor address: [redacted]
Dallas TX 75215-5419

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK #539
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/15/1999

Out-of-state PAC? [N]

[5] Full name of contributor: FAGBEYIRO, MOSES

[6] Contributor address: [redacted]
ARLINGTON TX

[7] Amount of Contribution: $50.00

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999

Out-of-state PAC? [N]

[5] Full name of contributor: FOREMAN, JOYCE

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK #650
CHASE BANK OF TEXAS, N.A.
[9] Principal Occupation:
[10] Employer (optional):

COD_CSO 0003714

POLITICAL CONTRIBUTIONS SCHEDULE A
OTHER THAN PLEDGES OR LOANS

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[4] Date: 04/16/1999 Out-of-state PAC? [N]

[5] Full name of contributor: GILES, REGINALD

[6] Contributor address: [redacted]
De Soto TX 75115

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999 Out-of-state PAC? [N]

[5] Full name of contributor: GREATER DALLAS ASSOCIATION OF REALTORS

[6] Contributor address: 8201 N. STEMMONS FREEWAY
Dallas TX 75247

[7] Amount of Contribution: $2,500.00

[8] In-kind contribution description (if applicable):
CHECK # 248
COMPASS BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/15/1999 Out-of-state PAC? [N]

[5] Full name of contributor: HAYES JR, ALLEN & LINDA P.

[6] Contributor address: [redacted]
Dallas TX 75232-1109

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK #2102
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999 Out-of-state PAC? [N]

[5] Full name of contributor: HERRON, ALFRED & LELA

[6] Contributor address: 1221 BAR HARBOR

COD_CSO 0003715

POLITICAL CONTRIBUTIONS SCHEDULE A
OTHER THAN PLEDGES OR LOANS

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Dallas TX 75232

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK # 511
WELLS FARGO BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/20/1999 Out-of-state PAC? [N]

[5] Full name of contributor: HILL, CHARLES

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: $50.00

[8] In-kind contribution description (if applicable):
CHECK #1500
DALLAS TEACHERS CREDIT UNION
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999 Out-of-state PAC? [N]

[5] Full name of contributor: HOSKINS, SONYA

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK #2376
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999 Out-of-state PAC? [N]

[5] Full name of contributor: JENKINS, PATRICIA

[6] Contributor address: [redacted]
Richardson TX 75080

[7] Amount of Contribution: $10.00

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[8] In-kind contribution description (if applicable):
THIS WAS SUBMITTED TO US ON 1 APR 99
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/21/1999 Out-of-state PAC? [N]

[5] Full name of contributor: LAW OFFICE OF CRAIG WATKINS

[6] Contributor address: [redacted]
Dallas TX 75215

[7] Amount of Contribution: $500.00

[8] In-kind contribution description (if applicable):
CHECK #1660
NATIONS BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/19/1999 Out-of-state PAC? [N]

[5] Full name of contributor: LOCKE LIDDELL & SAPP LLP

[6] Contributor address: 2200 ROSS AVE Suite: 2200
Dallas TX 75201-6776

[7] Amount of Contribution: $500.00

[8] In-kind contribution description (if applicable):
CHECK #7322
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/13/1999 Out-of-state PAC? [N]

[5] Full name of contributor: MARTIN, R.M.

[6] Contributor address: [redacted]
Dallas TX 75201

[7] Amount of Contribution: $300.00

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

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[4] Date: 04/09/1999 Out-of-state PAC? [N]

COD_CSO 0003717

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON"

[3] Account #: 00000000

[5] Full name of contributor: MITCHELL, MELVIN & BOBBIE

[6] Contributor address: 3730 N. WESTMORLAND
Dallas TX 75212

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
MITCHELL'S BOOKKEEPING / TAX SERVICE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999

Out-of-state PAC? [N]

[5] Full name of contributor: NYE, ERLE

[6] Contributor address: 6924 DESCO
Dallas TX 75225

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK #7210
NATIONS BANK
[9] Principal Occupation:

[10] Employer (optional):

---

[4] Date: 04/05/1999

Out-of-state PAC? [N]

[5] Full name of contributor: ROBINSON, KIM

[6] Contributor address: [redacted]
DALLAS TX

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999

Out-of-state PAC? [N]

[5] Full name of contributor: SALMANSON, IRWIN R.

[6] Contributor address: [redacted]
Austin TX 78731

COD_CSO 0003718

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS — SCHEDULE A

[1] Total pages Schedule A: ____

[3] Filer Name: HILL, Donald W. "DON" — [3] Account #: 00000000

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK # 1325
FROST NATIONAL BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/05/1999 — Out-of-state PAC? [N]

[5] Full name of contributor: SAMPSON, DEMETRIS

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: $500.00

[8] In-kind contribution description (if applicable):
CHECK #7524
214-339-1633
[9] Principal Occupation:
[10] Employer (optional):

Date: 04/05/1999 — Out-of-state PAC? [N]

[5] Full name of contributor: SAMPSON, DEMETRIS

[6] Contributor address: [redacted]
Dallas TX 75232

[7] Amount of Contribution: $500.00

[8] In-kind contribution description (if applicable):
CHECK #7524
CHASE BANK
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999 — Out-of-state PAC? [N]

[5] Full name of contributor: SCHENKEL, PETE

[6] Contributor address: [redacted]
DALLAS TX

[7] Amount of Contribution: $250.00

[8] In-kind contribution description (if applicable):

COD_CSO 0003719

POLITICAL CONTRIBUTIONS SCHEDULE A
OTHER THAN PLEDGES OR LOANS

[1] Total pages Schedule A: _____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

CHECK #0572, COLONIAL BANK
ADDRESS ON CHK: P.O. BOX 279000, DALLAS, 75227
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/08/1999 Out-of-state PAC? [N]

[5] Full name of contributor: SHANK, MARK A.

[6] Contributor address: [redacted]
DALLAS TX

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999 Out-of-state PAC? [N]

[5] Full name of contributor: SMITH, FORREST

[6] Contributor address: [redacted]
Dallas TX 75287

[7] Amount of Contribution: $750.00

[8] In-kind contribution description (if applicable):
CHECK #1544
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/01/1999 Out-of-state PAC? [N]

[5] Full name of contributor: STEINHART, RONALD G.

[6] Contributor address: [redacted]
Dallas TX 75230-3055

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
CHECK #2775
BANK ONE
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/16/1999 Out-of-state PAC? [N]

COD_CSO 0003720

POLITICAL CONTRIBUTIONS SCHEDULE A
OTHER THAN PLEDGES OR LOANS

[1] Total pages Schedule A: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[5] Full name of contributor: STINSON, RONALD & CAROLE

[6] Contributor address: 1512 MATAGORDA
Dallas TX 75232

[7] Amount of Contribution: $100.00

[8] In-kind contribution description (if applicable):
[9] Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/16/1999 Out-of-state PAC? [N]

[5] Full name of contributor: THE OAKS BANK & TRUST COMPANY

[6] Contributor address: 4849 GREENVILLE AVE
Dallas TX 75206

[7] Amount of Contribution: $200.00

[8] In-kind contribution description (if applicable):
CASHIER'S CHECK #71422
CHAIRMAN OF THE BOARD MAX WELLS
Principal Occupation:
[10] Employer (optional):

---

[4] Date: 04/06/1999 Out-of-state PAC? [N]

[5] Full name of contributor: THE REAL ESTATE COUNCIL COMMUNITY LEADERSHIP COMMITTE

[6] Contributor address: 5950 BERKSHIRE LN Suite: 450
Dallas TX 75225

[7] Amount of Contribution: $2,500.00

[8] In-kind contribution description (if applicable):
CHECK #1065
GUARANTY FEDERAL BANK
[9] Principal Occupation:
[10] Employer (optional):

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

COD_CSO 0003721

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[3] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[4] Date: 04/13/1999

[5] Payee name: BANKS, BERTHA

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $141.00

[8] Purpose of expenditure:
CHECK #1062
TELEPHONE BANKS (23.5 HRS)

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/06/1999

[5] Payee name: CHAMBERS, DETERIAH

[6] Payee address: [redacted]
Dallas TX 75241

[7] Amount: $102.00

[8] Purpose of expenditure:
CHECK #1040
TELEPHONE BANKS; APRIL 5,6,7
SSN:462-35-5059

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

[5] Payee name: CHAMBERS, DETERIAH

[6] Payee address: [redacted]
Dallas TX 75241

[7] Amount: $84.00

[8] Purpose of expenditure:
CHECK #1045

TELEPHONE BANK, 14 HRS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/19/1999

[5] Payee name: CHAMBERS, DETERIAH

[6] Payee address: [redacted]
Dallas TX 75241

[7] Amount: $84.00

[8] Purpose of expenditure:
CHECK # 1075
TELEPHONE BANK FOR THE PERIOD OF 12-17 APRIL 99

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

[5] Payee name: DEAN, DOROTHY

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $74.00

[8] Purpose of expenditure:
CHECK #1048
PRECINITS EARLY VOTERS LABELS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/12/1999

[5] Payee name: DEAN, DOROTHY

[6] Payee address: 1504 RUSSELL GLEN

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Dallas TX 75232

[7] Amount: $35.99

[8] Purpose of expenditure:
CHECK #1056
REIMBURSEMENT OF FOOD FOR WORKERS
OFFICE SUPPLIES FROM OFFICE DEPOT

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/13/1999

[5] Payee name: DEAN, DOROTHY

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $181.35

Purpose of expenditure:
CHECK #1061
REIMBURSEMENT FOR BULK MAILER

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/13/1999

[5] Payee name: DEAN, DOROTHY

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $93.00

[8] Purpose of expenditure:
CHECK #1057
BULK MAILER

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[redacted] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Office held/sought:

[4] Date: 04/15/1999

[5] Payee name: DEAN, DOROTHY

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $500.00

[8] Purpose of expenditure:
CHECK #1067
CONTRACT LABOR

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/22/1999

[redacted] Payee name: DEAN, DOROTHY

[redacted] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $42.00

[8] Purpose of expenditure:
CHECK #1079
REIMBURSEMENT FOR SUPPLIES

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/22/1999

[5] Payee name: DEAN, DOROTHY

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $50.00

[8] Purpose of expenditure:

[redacted]

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

CHECK #1081
ABSENTEE VOTING & GAS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/05/1999

[5] Payee name: DUNN, ANGELA

[6] Payee address: [redacted]
Lancaster TX 75146

[7] Amount: $666.66

[8] Purpose of expenditure:
CHECK #1034
CONTRACT LABOR

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/16/1999

[5] Payee name: EDWARDS, DON

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $150.00

[8] Purpose of expenditure:
CHECK #1073
MUSIC FOR FUND RAISER

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/06/1999

[5] Payee name: HAWTHRONE, CHERYL

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $156.00

[8] Purpose of expenditure:
CHECK #1041
TELEPHONE BANK
SSN:456-98-0238

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/19/1999

[5] Payee name: HAWTHRONE, CHERYL

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $102.00

[8] Purpose of expenditure:
CHECK #1074
TELEPHONE BANK FOR THE PERIOD OF 12-17 APR 99

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/10/1999

[5] Payee name: HICKS, ATHERINE S.

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $252.00

[8] Purpose of expenditure:
CHECK #1052
TELEPHONE BANK; 4-10 APR

[9] ** Complete if direct expenditure to benefit C/OH **

Form approved 09/01/1997 by Texas Ethics Commission Page Printed: 20

COD_CSO 0003727

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Candidate/Officeholder name:
Office held/sought:

[4] Date: 04/05/1999

[5] Payee name: MATHIS, CASSANDRA D.

[6] Payee address: [redacted]
Lancaster TX 75146

[7] Amount: $666.66

[8] Purpose of expenditure:
CHECK #1036
OFFICE MANAGEMENT SERVICE

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/06/1999

Payee name: MATHIS, CASSANDRA D.

[6] Payee address: [redacted]

[7] Amount: $191.94

[8] Purpose of expenditure:
CHECK #1042
REIMBURSEMENT FOR OFFICE SUPPLIES/PRINTING

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/12/1999

[5] Payee name: MATHIS, CASSANDRA D.

[6] Payee address: [redacted]
Lancaster TX 75146

[7] Amount: $201.48

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[8] Purpose of expenditure:
CHECK #1055
REIMBURSEMENT OF OFFICE SUPPLIES

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/15/1999

[5] Payee name: MATHIS, CASSANDRA D.

[6] Payee address: [redacted]
Lancaster TX 75146

[7] Amount: $102.32

[8] Purpose of expenditure:
CHECK #1066
REIMBURSEMENT OF OFFICE SUPPLIES/PRINTING OF PUSH CARDS

** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/16/1999

[5] Payee name: MATHIS, CASSANDRA D.

[6] Payee address: [redacted]
Lancaster TX 75146

[7] Amount: $500.00

[8] Purpose of expenditure:
CHECK #1072
MANAGEMENT SERVICE

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/19/1999

[5] Payee name: MATHIS, CASSANDRA D.

COD_CSO 0003729

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[6] Payee address: [redacted]
Lancaster TX 75146

[7] Amount: $92.24

[8] Purpose of expenditure:
CHECK # 1076
REIMBURSEMENT FOR OFFICE SUPPLIES, FOOD FOR FUND RAISER & GAS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/22/1999

[5] Payee name: MATHIS, CASSANDRA D.

[6] Payee address: [redacted]
Lancaster TX 75146

[7] Amount: $50.00

[8] Purpose of expenditure:
CHECK #1082
REIMBURSEMENT FOR GAS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/01/1999

[5] Payee name: NASH JR, JEROYLD

[6] Payee address:

[7] Amount: $600.00

[8] Purpose of expenditure:
CHECK #1032
CONTRACT LABOR

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[4] Date: 04/10/1999

[5] Payee name: NASH JR, JEROYLD

[6] Payee address:

[7] Amount: $300.00

[8] Purpose of expenditure:
CHECK #1053
CONTRACT LABOR

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/15/1999

[5] Payee name: NASH JR, JEROYLD

Payee address: [redacted]
Dallas TX 75233

[7] Amount: $300.00

[8] Purpose of expenditure:
CHECK # 1065
CONTRACT LABOR

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/13/1999

[5] Payee name: OFFICE DEPOT #0160 CAMP WISDOM

[6] Payee address: 3107 W. CAMP WISDOM ROAD
Dallas TX 75237

[7] Amount: $74.12

[8] Purpose of expenditure:
CHECK #1058
XEROX BLACK TONER CARTRIDGE & INK

COD_CSO 0003731

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/06/1999

[5] Payee name: OFFICE DEPOT #0160 CAMP WISDOM

[6] Payee address: 3107 W. CAMP WISDOM ROAD
Dallas TX 75237

[7] Amount: $207.65

[8] Purpose of expenditure:
CHECK #1038
PURCHASED BY MS DEAN
OFFICE SUPPLIES & COPY SERVICE

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

[5] Payee name: OFFICE DEPOT #0160 CAMP WISDOM

[6] Payee address: 3107 W. CAMP WISDOM ROAD
Dallas TX 75237

[7] Amount: $35.61

[8] Purpose of expenditure:
CHECK #1044
OFFICE SUPPLIES

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

[5] Payee name: PETTY CASH / BANK DRAFTS

[6] Payee address:

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[7] Amount: $300.00

[8] Purpose of expenditure:
CHECK #1039
LABOR FOR WALKERS
OFFICE MISC

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/15/1999

[5] Payee name: PETTY CASH / BANK DRAFTS

[6] Payee address:

[7] Amount: $200.00

[8] Purpose of expenditure:
BANK DRAFT BY MR HICKS

** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/22/1999

[5] Payee name: PETTY CASH / BANK DRAFTS

[6] Payee address:

[7] Amount: $100.00

[8] Purpose of expenditure:
CHECK #1078
DONALD W. HICKS/CASH

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/06/1999

[5] Payee name: RAPID AIR SERVICE

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[6] Payee address: [redacted]
Dallas TX 75224

[7] Amount: $65.00

[8] Purpose of expenditure:
CHECK #1037
AIR CONDITIONING SERVICE

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/02/1999

[5] Payee name: RAY LONDON PHOTOGRAPHY

[6] Payee address: 1450 W. PLEASANT RUN Suite: 148
Lancaster TX 75146

[7] Amount: $45.00

Purpose of expenditure:
CHECK #1046
LOCATIONAL SETTING-PICTURES

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/01/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

[7] Amount: $133.84

[8] Purpose of expenditure:
CHECK #1031
FUNDRAISER, HOTEL EXPENSE X 2days

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:

COD_CSO 0003734

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Office held/sought:

[4] Date: 04/05/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

[7] Amount: $666.66

[8] Purpose of expenditure:
CHECK #1035
MANAGEMENT SERVICE

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address:

[7] Amount: $28.40

[8] Purpose of expenditure:
CHECK #1050
REIMBURSEMENT FOR FOOD FOR WORKERS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address:

[7] Amount: $225.00

[8] Purpose of expenditure:
CHECK #1049
FOOD FOR CAMPAIGN WORKERS/LABOR

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

[7] Amount: $248.34

[8] Purpose of expenditure:
CHECK #1047
REIMBURSEMENT FOR POSTAGE

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

Date: 04/12/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

[7] Amount: $160.00

[8] Purpose of expenditure:
CHECK #1060
REIMBURSEMENT FOR FOOD/WORK LABOR/GAS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/16/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

[2] Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[7] Amount: $500.00

[8] Purpose of expenditure:
CHECK #1071
MANAGEMENT SERVICE

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/19/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

[7] Amount: $15.52

[8] Purpose of expenditure:
CHECK #1077
REIMBURSEMENT FOR GAS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/22/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

[7] Amount: $156.68

[8] Purpose of expenditure:
CHECK #1070
REIMBURSEMENT FOR FUND RAISER

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/22/1999

COD_CSO 0003737

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

[7] Amount: $50.00

[8] Purpose of expenditure:
CHECK #1083
REIMBURSEMENT FOR GAS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/22/1999

[5] Payee name: ROBINSON, LOIS

[6] Payee address: [redacted]
Colleyville TX 76034

Amount: $50.00

[8] Purpose of expenditure:
CHECK #1084
REIMBURSEMENT FOR CELLULAR PHONE BILL

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/15/1999

[5] Payee name: SAC & SAVE

[6] Payee address: 2550 WEST RED BIRD LN
Dallas TX 75232

[7] Amount: $87.04

[8] Purpose of expenditure:
CHECK #1069
FOOD FOR FUND RAISER (WAIST LINE PARTY)

[9] ** Complete if direct expenditure to benefit C/OH **

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Candidate/Officeholder name:
Office held/sought:

[4] Date: 04/15/1999

[5] Payee name: THE EXAMINER

[6] Payee address:
DALLAS TX

[7] Amount: $202.00

[8] Purpose of expenditure:
CHECK #1064
THE EXAMINER - JAMES BERT

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/09/1999

Payee name: THE HOME DEPOT #0552

[6] Payee address: 2901 W. WHEATLAND ROAD
Dallas TX 75237

[7] Amount: $231.66

[8] Purpose of expenditure:
CHECK #1043
EQUIPMENT & STAKES FOR SIGNS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/01/1999

[5] Payee name: US POSTAL SERVICE-MAIN BULK MAIL

[6] Payee address:
Dallas TX 75222-9998

[7] Amount: $66.00

COD_CSO 0003739

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[8] Purpose of expenditure:
CHECK #1029
DOROTHY DEAN, EARLY VOTING POSTAGE (STAMPS)

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/01/1999

[5] Payee name: US POSTAL SERVICE-MAIN BULK MAIL

[6] Payee address:
Dallas TX 75222-9998

[7] Amount: $857.86

[8] Purpose of expenditure:
CHECK #1030
FIRST BULK MAILER

** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/12/1999

[5] Payee name: US POSTAL SERVICE-MAIN BULK MAIL

[6] Payee address:
Dallas TX 75222-9998

[7] Amount: $302.48

[8] Purpose of expenditure:
CHECK #1054
BULK MAILER & POSTAGE STAMPS

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/12/1999

[5] Payee name: US POSTAL SERVICE-MAIN BULK MAIL

COD_CSO 0003740

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

[6] Payee address:
Dallas TX 75222-9998

[7] Amount: $93.00

[8] Purpose of expenditure:
CHECK #1057
BULK MAIL (MS DEAN)

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/15/1999

[5] Payee name: US POSTAL SERVICE-MAIN BULK MAIL

[6] Payee address:
Dallas TX 75222-9998

[7] Amount: $269.70

Purpose of expenditure:
CHECK #1068
BULK MAILER

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

---

[4] Date: 04/10/1999

[5] Payee name: WILSON, NORA S.

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $312.00

[8] Purpose of expenditure:
CHECK #1051
TELEPHONE BANK 4-10 APR 99

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:

POLITICAL EXPENDITURES SCHEDULE F

[1] Total pages Schedule F: ____

Filer Name: HILL, Donald W. "DON" [3] Account #: 00000000

Office held/sought:

[4] Date: 04/13/1999

[5] Payee name: ZIPFEL, LURA

[6] Payee address: [redacted]
Dallas TX 75232

[7] Amount: $123.00

[8] Purpose of expenditure:
CHECK #1063
TELEPHONE BANK (20.5 HRS)

[9] ** Complete if direct expenditure to benefit C/OH **

Candidate/Officeholder name:
Office held/sought:

ADDENDUM TO FORM C/OH Cover Sheet
SUMMARY OF PAGES PRINTED FOR REPORT DUE 04/23/1999

[1] Total pages this Addendum: 1

[2] Filer Name: HILL, Donald W. "DON"

[3] Account #: 00000000

Cover Sheet (Form COH):	2
Addendum to Cover Sheet (Notices of PAC Support):	2
Political Contributions - Schedule A:	10
Political Expenditures - Schedule F:	21
Addendum to Cover Sheet - Summary Report (this page):	1
Total Pages Printed:	36

PLEASE SUBMIT THIS PAGE WITH REPORT

NOTE: INCLUDE OTHER PAGES SUBMITTED IN TOTAL ON FIRST PAGE.
Example: Information about an out-of-state PAC if you are required to file it with this report.

Include addendum pages in total pages filed on Cover Sheet Page 1

COD_CSO 0003743

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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): N/A

2 Total pages filed: 1 OF 26

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
MR.	DONALD	W.
NICKNAME	**LAST**	**SUFFIX**
DON	HILL	N/A

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
[redacted]		DALLAS	TX	75232

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
COUNCILMAN	DONALD	W.
NICKNAME	**LAST**	**SUFFIX**
DON	HICKS	SR.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1845 WOODALL RODGERS FRWY., STE 1660, DALLAS, TEXAS 75201

APT / SUITE #: CITY: STATE: ZIP CODE:

7 CAMPAIGN TREASURER PHONE

AREA CODE: (214) PHONE NUMBER: 871-8999 EXTENSION: N/A

8 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)

9 PERIOD COVERED

Month Day Year: 02 02 / 99 THROUGH Month Day Year: 03 / 31 / 99

10 ELECTION

ELECTION DATE Month Day Year: 05 / 01 / 99

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): N/A

12 OFFICE SOUGHT (if known): DALLAS CITY COUNCIL DISTRICT 5

13 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: N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code:

☐ additional pages

COD_CSO 0003744

RECEIVED
99 APR -1 PM 3:03
CITY SECRETARY
DALLAS, TEXAS

OFFICE USE ONLY

Date Received

Receipt #

HD / PD Amount

Date Processed

Date Imaged

GO TO PAGE 2

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
1 of 4

14 C/OH NAME: DONALD "DON" W. HILL

15 ACCOUNT # (Ethics Commission Filers): N/A

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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. --

additional pages

COMMITTEE TYPE	COMMITTEE NAME / ADDRESS / TREASURER NAME / TREASURER ADDRESS
☒ GENERAL	COMMITTEE NAME: HUGHES & LUCE, L.L.P. GOOD GOVERNMENT - PAC
☐ SPECIFIC	COMMITTEE ADDRESS: 1717 MAIN STREET, SUITE 2800, DALLAS, TEXAS 75201
	COMMITTEE CAMPAIGN TREASURER NAME: DARRELL E. JORDAN
	COMMITTEE CAMPAIGN TREASURER ADDRESS: 1717 MAIN STREET, SUITE 2800, DALLAS, TEXAS 75201

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 30.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 18,586.37

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 687.93
4.	TOTAL POLITICAL EXPENDITURES	$ 11,604.27

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ - 0 -

19 AFFIDAVIT

LORRI A. ELLIS
Notary Public, State of Texas
My Commission Expires
10/29/2002

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

COD_CSO 0003745

Sworn to and subscribed before me, by the said DONALD "DON" W. HILL, this the 1ST day of APRIL, 19 99, to certify which, witness my hand and seal of office.

Lorri A. Ellis — Lorri A. Ellis — Notary Public

Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

Printed on recycled paper

Revised 08/15/1996

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 4

14 C/OH NAME: DONALD "DON" W. HILL

15 ACCOUNT # (Ethics Commission Use): N/A

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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
[X] GENERAL
[ ] SPECIFIC

COMMITTEE NAME: THE DALLAS BREAKFAST GROUP GOOD GOVERNMENT-PAC

COMMITTEE ADDRESS: 100 N. CENTRAL EXPRESSWAY, SUITE 1016, DALLAS, TX 75201-4357

COMMITTEE CAMPAIGN TREASURER NAME: HARRY R. TANNER

COMMITTEE CAMPAIGN TREASURER ADDRESS: 100 N. CENTRAL EXPRESSWAY, SUITE 1016, DALLAS, TX 75201-4357

[X] additional pages

17 NO REPORTABLE ACTIVITY

[ ] Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	$

EXPENDITURE TOTALS

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

OUTSTANDING LOAN TOTALS

5.	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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

COD_CSO 0003746

Sworn to and subscribed before me, by the said DONALD "DON" W. HILL, this the 1ST day of APRIL, 19 99, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
3 of 4

14 C/OH NAME: DONALD "DON" W. HILL

15 ACCOUNT # (Ethics Commission Filers): N/A

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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
- [X] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME: THE REAL ESTATE COUNCIL COMMUNITY LEADERSHIP COMMITTE

COMMITTEE ADDRESS: 8201 PRESTON ROAD, SUITE 320, DALLAS, TEX 75225-6208

COMMITTEE CAMPAIGN TREASURER NAME: DEBORAH OLVES

COMMITTEE CAMPAIGN TREASURER ADDRESS: 8201 PRESTON ROAD, SUITE 320, DALLAS, TEX 75225-6208

[X] additional pages

17 NO REPORTABLE ACTIVITY

[ ] Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $90 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $90 OR LESS, UNLESS ITEMIZED	$
4.	TOTAL POLITICAL EXPENDITURES	$

OUTSTANDING LOAN TOTALS

5.	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.

COD_CSO 0003747

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DONALD "DON" W. HILL, this the 1ST day of APRIL, 19 99, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

990920

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-6800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

4 of 4

14 C/OH NAME: DONAL "DON" W. HILL

15 ACCOUNT # (Ethics Commission Use): N/A

16 SUPPORTING POLITICAL COMMITTEE(S) — -- This listing includes political expenditures 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. --

☒ additional pages

COMMITTEE TYPE	COMMITTEE NAME / ADDRESS / TREASURER NAME / TREASURER ADDRESS
☒ GENERAL	COMMITTEE NAME: DALLAS COMMITTEE ON URBAN AFFAIRS
☐ SPECIFIC	COMMITTEE ADDRESS: 3900 SINGLETON BLVD. DALLAS, TEX 75222
	COMMITTEE CAMPAIGN TREASURER NAME: RICHARD KNIGHT, JR.
	COMMITTEE CAMPAIGN TREASURER ADDRESS: 3900 SINGLETON BLVD, DALLAS, TEX 75222

17 NO REPORTABLE ACTIVITY — ☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. TOTAL POLITICAL EXPENDITURES	$
OUTSTANDING LOAN TOTALS	5. 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

COD_CSO 0003748

Sworn to and subscribed before me, by the said DONALD "DON" W HILL, this the 1ST day of APRIL, 19 99, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

990920

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: one

2 FILER NAME: Donald "Don" W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ - 0 -

5 Date	6 Full name of pledgor ☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)
	N/A 7 Pledgor address; City; State; Zip Code		
10 Principal occupation (optional)	11 Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)	Employer (optional)		

COD_CSO 0003749

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

990920 SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 4 OF 7

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03-05-99	J.J. COLLMER $ WIFE	$250.00	N/A
	9 Principal occupation (Optional)	10 Employer (Optional)	
03-08-99	J.M. HAGGAR, JR [redacted] ADDISON, TEXAS 75001	$500.00	N/A
	Principal occupation (Optional)	Employer (Optional)	
03-09-99	PETER W. BALDWIN [redacted] DALLAS, TEXAS 75231	$500.00	N/A
	Principal occupation (Optional)	Employer (Optional)	
03-09-99	ANTHONY LYONS [redacted] DALLAS, TEXAS 75208	$250.00	N/A
	Principal occupation (Optional)	Employer (Optional)	
03-22-99	PETTIS NORMAN [redacted] DALLAS, TEXAS 75237	$250.00	N/A
	Principal occupation (Optional)	Employer (Optional)	

COD_CSO 0003750

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

990920 SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 5 OF 7

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission files): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03-22-99	JOSEPH A. WHITE [redacted] DALLAS, TEXAS 75232	$1,000.00	N/A

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-24-99	JERRY L. McPETERS [redacted] RICHARDSON, TEXAS 75080	$350.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-24-99	THE DALLAS BREAKFAST GROUP GOOD GOVERNMENT PAC 100 N. CENTRAL EXPWY, SUITE 1016 DALLAS, TEXAS 75201-4357	$1,000.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-26-99	H. RON WHITE - (RESOURCE PUBLISHING CO.) DBA [redacted] DALLAS, TEXAS 75244	$500.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-26-99	HUGHES & LUCE, LLP COMMITTER for GOOD GOVERNMENT, PAC 1717 MAIN STREET, SUITE 2800 DALLAS, TEXAS 75201	$500.00	N/A

Principal occupation (Optional) | Employer (Optional)

COD_CSO 0003751

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

990920 SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 6 OF 7

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03-26-99	THE COLLINS ASSETS MANAGEMENT (JON COLLINS) 709 N. PAULUS AVE DALLAS, TEXAS 75214	$250.00	N/A

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-26-99	DONALD A. DAVID [redacted] DALLAS, TEXAS 75224	$50.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-31-99	DALLAS COMMITTE on URBAN AFFAIRS P.O. BOX 225387 DALLAS, TEXAS 75222-5387	$2,500.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-26-99	C.A. SMITH [redacted] DALLAS, TEXAS 75240	$368.97	OFFICE SUPPLIES

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/31/99	C. W./Aletha Whitaker 6742 Keswick Dallas, Texas 75232	$120.00	N/A

Principal occupation (Optional) | Employer (Optional)

COD_CSO 0003752

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7 of 7

2 FILER NAME: Donald ("Don") W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / out of state PAC	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/18/99	Ralph & Mary Isenberg	[redacted] Dallas, Texas 75208	N/A	office space $2,000.00 02/18/99 to 05/07/99
9 Principal occupation (Optional)		10 Employer (Optional)		
Date	Full name of contributor / out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/ 10/99	Joseph A./Ginnie White	[redacted] Dallas, Texas 75232	N/A	Furniture $687.40 03/10/99 to 05/03/99
Principal occupation (Optional)		Employer (Optional)		
Date	Full name of contributor / out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full name of contributor / out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)		
Date	Full name of contributor / out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
				COD_CSO 0003753
Principal occupation (Optional)		Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 1 OF 7

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02-04-99	GERALD WILSON & WIFE COMPERWOOD CENTER [redacted] HOUSTON, TEXAS 77094	$1,000.00	N/A

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-04-99	JAMES C. BELT, JR [redacted] DALLAS, TEXAS 75215	$500.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-08-99	DON W. HILL, PC (Don Hill) [redacted] DALLAS, TEXAS 75201	$300.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-09-99	GEORGE & ELIZABETH BOEHME [redacted] HOUSTON, TEXAS 77005	$2,000.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-17-99	DON W. HILL, PC (Don Hill) [redacted] DALLAS, TEXAS 75201	$175.00	N/A

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 2 OF 7

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02-18-99	MALCOLM ROBINSON [redacted] DALLAS, TEXAS 75	$1,000.00	N/A
02-18-99	DONALD "DON" W. HILL, P.C. (Don Hill) [redacted] DALLAS, TEXAS 75201	$215.00	N/A
02-19-99	DONALD "DON" W. HILL, P.C. (Don Hill) [redacted] DALLAS, TEXAS 75201	$50.00	N/A
02-21-99	DONALD "DON" W. HILL, P.C. (Don Hill) [redacted] DALLAS, TEXAS 75201	$220.00	N/A
02-22-99	DON O'BANNON [redacted] DALLAS, TEXAS 75233	$100.00	N/A

9 Principal occupation (Optional) / 10 Employer (Optional)

Out of state PAC

COD_CSO 0003755

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC) 990920

[redacted] The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3 OF 7

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02-26-99	☐ out of state PAC MARCO RONQUILLO [redacted] DALLAS, TEXAS 75201	$1,000.00	N/A

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02-28-99	☒ out of state PAC LEE EVERETT MONROE, JR OSCAR A. GRAHAM [redacted] WILLOW SPRINGS, N.C. 27952	$500.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
[redacted]-01-99	☐ out of state PAC BERADELIM L. BRASHEAR, JR [redacted] DALLAS, TEXAS 75232	$100.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-04-99	☐ out of state PAC J. CHRISTOPHER [redacted] DALLAS, TEXAS 75221	$250.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03-04-99	☐ out of state PAC GWENDOLYN F. SMITH [redacted] LEWISVILLE, TEXAS 75067	$100.00	N/A

Principal occupation (Optional) | Employer (Optional)

COD_CSO 0003756

[redacted] **ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
02-08-99	OFFICE DEPOT 3101 W. CAMP WISDOM ROAD DALLAS, TEXAS 75237	$17.99

8 Purpose of expenditure: DEPOSIT ONLY "STAMPS"

9 = Complete if direct expenditure to benefit C/OH = Candidate / Officeholder name / Office sought / held:

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
02-11-99	A & M IMAGE & DESIGN, INC 6526 LBJ FWY DALLAS, TEXAS 75240	$726.88

Purpose of expenditure: LETTERHEAD, "SIGNATURE" STAMP, "ADDRESS" STAMP, ENVELOPES

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
02-17-99	CITY OF DALLAS 320 E. JEFFERSON BLVD DALLAS, TEXAS 75203	$175.00

Purpose of expenditure: BUILDING PERMIT

= Complete if direct expenditure to benefit C/OH = Candidate / Officeholder name / Office sought / held: DONALD "DON" W. HILL

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
02-18-99	UNIQUE PHOTOGRAPHY 401 WYNNWOOD PROFESSIONAL BLD., STE 206 DALLAS, TEXAS 75224	$636.19

Purpose of expenditure: CONTRIBUTION ENVELOPES

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
02-18-99	A & M IMAGE & DESIGN, INC. 6526 LBJ FWY DALLAS, TEXAS 75240	$255.00

8 Purpose of expenditure: CONTRIBUTION ENVELOPES

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
02-18-99	T.U. ELECTRIC, CO 1601 BRYAN STREET, P.O. BOX 100001 DALLAS, TEXAS 75310-0001	$215.00

Purpose of expenditure: ELECTRICAL SERVICES

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held: DONALD "DON" W. HILL

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
02-19-99	CITY OF DALLAS WATER UTILITIES CITY HALL, RM 1 AN DALLAS, TEXAS 75201	$50.00

Purpose of expenditure: WATER SERVICE TO CAMPAIGN HEADQUARTERS

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held: DONALD "DON" W. HILL

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
02-21-99	ERIC WAMSLEY [redacted] DALLAS, TEXAS	$220.00

Purpose of expenditure: JANITORIAL / BLD BLD PREP

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held: DONALD "DON" W. HILL

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission Use): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
02-17-99	CLARDY ENTERPRISES 1117 BLUFFVIEW DRIVE DE SOTO, TEXAS 75115	$466.55 DOWN PAYMENT

8 Purpose of expenditure: BUTTONS, T-SHIRTS, STICKERS

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02-18-99	ALP PRINTING, INC 4650 SOUTH HAMPTON, STE 970 DALLAS, TEXAS 75232	$149.39

Purpose of expenditure: PICTURE "WALK" PIECE

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02-28-99	RED LOBSTER RESTAURANT 603 N. COCKRELL HILL RD DUNCANVILLE, TEXAS 75116	$85.00

Purpose of expenditure: CAMPAIGN STRATEGY DINNER WORKER, WALKERS

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
02-20-99	THE Y-O RANCH RESTAURANT 702 ROSS AVE DALLAS, TEXAS 75202	$106.42

Purpose of expenditure: CAMPAIGN WORKERS STRATEGY DINNER

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	OFFICE DEPOT 3107 W. CAMP WISDOM ROAD DALLAS, TEXAS 75237	$277.98

8 Purpose of expenditure: OFFICE SUPPLIES

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03-01-99	SOUTHWESTERN BELL TELEPHONE 1341 W. MOCKINGBIRD LN., WEST TOWER DALLAS, TEXAS 75247	$475.00

Purpose of expenditure: TELEPHONE SERVICE DEPOSIT

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03-01-99	ELITE NEWS 3906 S. LANCASTER DALLAS, TEXAS 75216 (2ND OF 3RD PAYMENT)	$300.00

Purpose of expenditure: ADVERTISMENTS

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03-02-99	CAMPAIGN SYSTEMS, INC C/O BOB LEWIS P.O. BOX 152314 IRVING, TEXAS 75015	$565.57

Purpose of expenditure:

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
03-02-99	U.S.POSTAL SERVICE MPO DALLAS, TEXAS 75222-9998 CD.W. HICKS, SR - CONTRIBUTION	$200.00

8 Purpose of expenditure: AIC 140 PMT IMP APP FEE
AIC 138 ANN BULK ML FEE

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
03-03-99	ALP PRINTING, INC 4650 S. HAMPTON ROAD, STE 970 DALLAS, TEXAS 75232	$522.85

Purpose of expenditure: WALK PIECES / LITERATURE

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
03-04-99	CASH CHECK CASHED BY D.W. HICKS, SR 6840 TALBOT PKY DALLAS, TEXAS 75232	$400.00

Purpose of expenditure: PAYMENTS OF
WLAKERS / WORKERS FOOD / GAS

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
03-03-99	A & M IMAGE & DESIGN, INC 6526 LBJ FRWY DALLAS, TEXAS 75240	$58.29

Purpose of expenditure: BULK MAIL STAMPS

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule F: 6 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
03-04-99	KINKO'S 1305 ROSS AVE DALLAS, TEXAS 75202	$69.56

8 Purpose of expenditure: COPYING

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03-04-99	AMERICAN TELECOM NETWORK (ATN) P.O. BOX 763634 DALLAS, TEXAS 75376	$420.00

Purpose of expenditure: BALANCE ON INSTALLATION / LEASE FOR TELEPHONES

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03-05-99	OFFICE DEPOT 3107 W. CAMPWISDOM ROAD DALLAS, TEXAS 75237	$121.79

Purpose of expenditure: OFFICE SUPPLIES

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03-06-99	CASH D.W. HICKS, SR [redacted] DALLAS, TEXAS 75232	$600.00

Purpose of expenditure: PAYMENTS FOR WALKERS / WORKERS, REFRESHMENTS / GAS

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
03-09-99	JERRYL NASH, JR [redacted] DALLAS, TEXAS 75233	$100.00

8 Purpose of expenditure: TEMPORARY CONTRACT LABOR

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held:

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
03-10	RENT A CENTER, INC 2550 W. RED BIRD LANE DALLAS, TEXAS 75232	$99.46

Purpose of expenditure: REFREGERATOR RENTAL (M9201216)

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
03-15-99	JERRYL NASH, JR [redacted] DALLAS, TEXAS 75233	$500.00

Purpose of expenditure: TEMPORARY CONTRACT LABOR

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
03-30-99	ALP PRINTING, INC 4650 SOUTH HAMPTON ROAD, STE 970 DALLAS, TEXAS 75232	$149.39

Purpose of expenditure: COLOR PHOTO 20 X 30

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
03-09-99	LOIS A. ROBINSON [redacted] COLLEYVILLE, TEXAS 76034	$150.00

8 Purpose of expenditure: GAS / DECORATIONS FOR CAMPAIGN OFFICE

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
03-29-99	LOIS A. ROBINSON [redacted] COLLEYVILLE, TEXAS 76034	$40.00

Purpose of expenditure: MICROWAVE OVEN FOR CAMPAIGN OFFICE

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
03-30-99	ELITE NEWS C/O BILL BLAIR 3906 SOUTH LANCASTER DALLAS, TEXAS 75216	$350.00

Purpose of expenditure: ADVERTISEMENT (3RD & FINAL PAYMENT)

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
03-30-99	A & M, IMAGES & DESIGNS, INC. 6526 LBJ FWY 6526 LBJ FWY DALLAS, TEXAS 75240	$171.72

Purpose of expenditure: LETTERHEADS "SECOND" SHEETS

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

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9 OF 9

2 FILER NAME: DONALD "DON" W. HILL

3 ACCOUNT # (Ethics Commission Use): N/A

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
03-30-99	A & M, IMAGE & DESIGN, INC 6526 LBJ FRWY DALLAS, TEXAS 75240	$1,000.00

8 Purpose of expenditure: DP / YARD SIGNS / POSTERS

9 = Complete if direct expenditure to benefit C/OH = Candidate / Officeholder name / Office sought / held: DONALD "DON" W HILL — DALLAS CITY COUNCIL DISTRICT 5

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
03-30-99	A & M, IMAGE & DESIGN, INC 6526 LBJ FRWY DALLAS, TEXAS 75240	$1,137.94

Purpose of expenditure: BALANCE / YARD SIGNS & POSTERS

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
03-30-99	CLARDY ENTERPRISES 1117 BLUFFVIEW DRIVE DE SOTO, TEXAS 75115	$466.55

Purpose of expenditure: BALANACE ON BUTTONS, T-SHIRTS & STICKERS

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

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
03-27-99	OFFICE DEPOT 8330 N. STEMMONS FRWY DALLAS, TEXAS 75247	$324.75

Purpose of expenditure: PRINTING OF "MAILERS"

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

COD_CSO 0003765

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: one

2 FILER NAME Donald "Don" W. Hill

3 ACCOUNT # (Ethics Commission filers) N/A

4 Date	5 Payee name	8 Amount ($)
	None not accounted for otherwise N/A	
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: one

2 FILER NAME: Donald "Don" W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
	N/A	

8 Purpose of payment

9 = Complete if direct expenditure to benefit C/OH = Candidate / Officeholder name; Office sought / held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment

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

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.

1 Total pages Schedule I: one

2 FILER NAME: Donald "Don" W. Hill

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($)

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CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: one

2 FILER NAME: Donald "Don" W. Hill

3 ACCOUNT # (Ethics Commission files): N/A

4 Date	5 Payor name / Payor address; City; State; Zip Code / Reason for credit	8 Amount ($)
	N/A	
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

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