

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  <div style="text-align: center; font-size: 2em;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Mr.      Bruce      W. NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Parrott</div>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; font-size: 1.5em;">2009 OCT - AM 10:41</div> Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 11208 Yorkmont Circle Dallas, Texas 75218	RECEIVED DALLAS ISO	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 328-6809	RECEIVED DALLAS ISO	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI Mr.      Don NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em;">Abell</div>	RECEIVED DALLAS ISO	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 11207 Yorkmont Circle Dallas 75218		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 502-8898	RECEIVED DALLAS ISO	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year 08 / 01 / 09      THROUGH      09 / 24 / 09		
11 ELECTION	ELECTION DATE Month      Day      Year 11 / 03 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.5em;">Trustee</div>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box;      Apt. / Suite #;      City;      State;      Zip Code		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME BRUCE PARROTT 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

*\*\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\**

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1625.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 790.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 800.00

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.

Bruce Parrott  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Parrott, this the 5th day of October, 2009, to certify which, witness my hand and seal of office.

Marilyn W. Walking Sky  
Signature of officer administering oath

Marilyn W. Walking Sky  
Printed name of officer administering oath

Notary  
Title of officer administering oath

<b>LOANS</b>		<b>SCHEDULE E</b>	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <b>Bruce Parrott</b>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <b>800.00</b>	
5 Date of loan <b>9/1/09</b>	7 Name of lender <b>Bruce Parrott</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <b>800.00</b>	
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>11208 Yorkmont Circle Dallas, Texas 75218</b>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <b>retired</b>		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? <b>Y</b> <b>N</b>	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME <b>Bruce Parrott</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>08/31/09</b>	5 Payee name <b>Office Depot</b> 6 Payee address; City: State: Zip Code <b>5111 Greenville Dallas, Texas 75225</b>	7 Amount (\$) <b>184.01</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b>  (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>09/03/09</b>	Payee name <b>Office Depot</b> Payee address; City: State: Zip Code <b>5111 Greenville Dallas, Texas 75225</b>	Amount (\$) <b>45.41</b>
Purpose of payment (See instructions regarding type of information required.) <b>supplies</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>09/08/09</b>	Payee name <b>Office Depot</b> Payee address; City: State: Zip Code <b>5111 Greenville Dallas, Texas 75225</b>	Amount (\$) <b>39.46</b>
Purpose of payment (See instructions regarding type of information required.) <b>supplies</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>09/09/09</b>	Payee name <b>Office Depot</b> Payee address; City: State: Zip Code <b>5111 Greenville Dallas, Texas 75225</b>	Amount (\$) <b>75.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>supplies</b>  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME <b>Bruce Parrott</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>09/18/09</b>	5 Payee name <b>Reilly Echols</b>	7 Amount (\$) <b>295.52</b>
6 Payee address: City: State: Zip Code <b>1710 South Harwood Dallas, Texas 75215</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Printing</b> (If travel outside of Texas, complete Schedule T)		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date	Payee name <b>U.S. Post master</b>	Amount (\$) <b>75.00</b>
Payee address: City: State: Zip Code <b>Casa Linda Dallas, Texas 75218</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Stamps</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date	Payee name <b>L &amp; C Embroidery</b>	Amount (\$) <b>76.00</b>
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>business cards</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>BRUCE PARROTT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>09/22/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Coleman</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2001 N. Buckner Blvd. Dallas, TX 75228</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>09/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kimberly Flores - Swenson</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11324 Fernald Avenue Dallas, Texas 75218</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Judy Porter</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>117 Sunnyview Sunnyvale, Texas 75182</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/21/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Johnnie Dondelinger</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3337 Ruidosa Drive Dallas, Texas 75228</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dr. Eugene Ellsworth</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7111 Fenton Drive Dallas, Texas 75231</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>BRUCE PARROTT</b>		3 ACCOUNT # (Ethics Commission filers):	
4 Date <b>09/21/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ronald Smith</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6851 Whitehill Dallas, Texas 75231</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>09/16/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dorothy Wright</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1111 Ulloa Ln. Dallas, Texas 75228</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/17/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Betty Coker</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3823 Calculus Drive Dallas, Texas 75244</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/21/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip Dondelinger</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5429 Hidalgo Garland, Texas 75043</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Holbrook</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6554 Kingsbury Drive Dallas, Texas 75231</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>BRUCE PARROTT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>09/14/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robyn Parrott</b>	7 Amount of contribution (\$) <b>300.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>8342 Southmeadow Dallas, Texas 75231</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>09/19/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert Black</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>751 Kessler Lake Drive Dallas, Texas 75208</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>09/24/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Landra Bench</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13988 HAZEL VALLEY RD FAYETTEVILLE AR 72701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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