

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Sally H. Cain
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

2009 OCT -5 PM 4:30

RECEIVED
BOARD SERVICES
DALLAS ISD

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
6307 Club Lake Court
Dallas, TX 75214

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 827-7477

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Trini
Garza
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
2235 W. Colorado Blvd., Dallas, TX 75211

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 948-3309

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 THROUGH Month Day Year
09 / 02 / 09 THROUGH 09 / 24 / 09

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 03 / 09 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas ISD Trustee, Race 9

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City, State, Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sally H. Cain 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2475⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
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	\$

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.

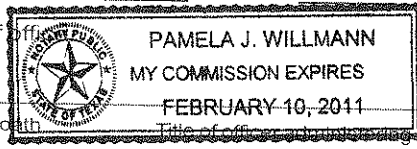
Sally Cain
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sally Cain, this the 5th day of Oct, 20 09, to certify which, witness my hand and seal of office.

Pamela J. Willmann
Signature of officer administering oath

PAMELA J. WILLMANN
MY COMMISSION EXPIRES
FEBRUARY 10, 2011
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Sally H. Cain		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/15/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Ritter	7 Amount of contribution (\$) \$ 100⁻	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10824 Aladdin Dr. Dallas, TX 75229		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/15/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Snarely	Amount of contribution (\$) \$ 1000⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 616 Fm 1960 Rd. W. #400 Houston, TX 77090		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew Campbell	Amount of contribution (\$) \$ 1000⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7331 Inwood Dallas, TX 75209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Luther	Amount of contribution (\$) \$ 125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1106 meadow Run Duncanville, TX 75137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Halstead	Amount of contribution (\$) \$ 250⁻	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9508 Fieldcrest Dallas, TX 75238		(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.