

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:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Nancy
NICKNAME LAST SUFFIX
Bingham

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2007 APR 12 PM 1:58

RECEIVED
BOARD SERVICES
DALLAS ISD

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3450 Jordan Valley Way Dallas, Texas 75253

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 823-9511

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. James R.
NICKNAME LAST SUFFIX
Kanaman

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
12440 Foothill Dr.-Dallas, Texas 75253

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 286-4432

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
01/16/2007 THROUGH 04/12/2007

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
DISD Trustee Dist.4

13 OFFICE SOUGHT (if known)

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 **Nancy Bingham** 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

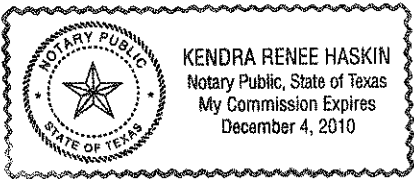
additional pages

.. 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,975.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,946.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,214.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT



KENDRA RENEE HASKIN
Notary Public, State of Texas
My Commission Expires
December 4, 2010

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.

Nancy Bingham

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nancy Bingham, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

Kendra Haskin

Signature of officer administering oath

Kendra Haskin

Printed name of officer administering oath

Board Specialist

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-see attached	
2 FILER NAME Nancy Bingham		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div>	In-kind contribution description (if applicable) <div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div>	In-kind contribution description (if applicable) <div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div>	In-kind contribution description (if applicable) <div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <div style="border: 1px solid black; width: 80px; height: 60px; margin: 0 auto;"></div>	In-kind contribution description (if applicable) <div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>
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.

Date	First Name	Last Name	Address	C/S/Z	Amount
4/11/2007	Arthur	Barnes	12720 Hillcrest Rd., Suite 400	Dallas, TX 75230	\$100.00
4/11/2007	Jack & Carol	Corgan	7819 Marquette St.	Dallas, TX 75225	\$50.00
4/11/2007	Randall R.	Engstrom	5744 Deloache	Dallas, TX 75225	\$500.00
4/11/2007	Dr. & Mrs. B. Henry	Estess, Jr.	5315 South Dentwood Drive	Dallas, TX 75220	\$1,000.00
4/11/2007	Jerry	Farrington	500 N. Akard St., 14th Floor	Dallas, TX 75201	\$250.00
4/11/2007	Frederick	Hegi, Jr.	4805 St. Johns Dr.	Dallas, TX 75205	\$250.00
4/11/2007	Michael	Maberry	4012 Centenary	Dallas, TX 75225	\$25.00
4/11/2007	Harold	MacDowell	13410 Tangleridge Ln.	Dallas, TX 75240	\$500.00
4/11/2007	Ken	Menges	1700 Pacific Ave., No. 4100	Dallas, TX 75201	\$250.00
4/11/2007	Charles	Pistor	4200 Belclaire	Dallas, TX 75205	\$100.00
4/11/2007	Lee	Posey	17427 Club Hill Dr.	Dallas, TX 75248	\$1,000.00
4/11/2007	Caren	Prothro	3929 Potomac Ave.	Dallas, TX 75205	\$500.00
4/11/2007	Caren	Prothro	3929 Potomac Ave.	Dallas, TX 75205	\$250.00
4/11/2007	R.H.	Richmond	6904 Tokalon Dr.	Dallas, TX 75214	\$500.00
4/11/2007	Rolando	Rios	115 E. Travis, Suite 1645	San Antonio, TX 78205	\$300.00
4/11/2007	Deedie	Rose	Five Willow Wood	Dallas, TX 75205	\$500.00
4/11/2007	Patrick	Schultz	3708 Wentwood Drive	Dallas, TX 75225	\$100.00
4/11/2007	Ric	Scripps	4709 Bluffview Blvd.	Dallas, TX 75209	\$100.00
4/11/2007	Charles	Solomon	3830 Windsor Lane	Dallas, TX 75205	\$200.00
4/11/2007	William	Solomon	P.O. Box 1590	Dallas, TX 75221	\$250.00
4/11/2007	Ronald	Steinhart	25 Robledo Drive	Dallas, TX 75230	\$500.00
4/11/2007	R.L.	Thornton, III	300 Crescent Ct., Suite 400	Dallas, TX 75201	\$250.00
4/11/2007	J. McDonald	Williams	4715 Wildwood Rd.	Dallas, TX 75209	\$500.00
				TOTAL:	\$7,975.00

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME <p style="text-align: center;">Nancy Bingham</p>		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/20/07	5 Payee name <p style="text-align: center;">Sterling Services</p> <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code <p style="text-align: center;">PO Box 190511 Dallas, TX 75219</p>	7 Amount (\$) <p style="text-align: center;">\$574.35</p>
8 Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">data</p> <p>(If travel outside of Texas, complete Schedule T)</p>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1/30/07	Payee name <p style="text-align: center;">Summers Mailing</p> <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code <p style="text-align: center;">4850 W. Ledbetter Dr. Dallas, TX 75236</p>	Amount (\$) <p style="text-align: center;">\$1635.03</p>
Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">mailing services</p> <p>(If travel outside of Texas, complete Schedule T)</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/1/07	Payee name <p style="text-align: center;">Penny Anderly</p> <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code <p style="text-align: center;">P.O. Box 180429 Dallas, Texas 75218</p>	Amount (\$) <p style="text-align: center;">\$1000.00</p>
Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">campaign management</p> <p>(If travel outside of Texas, complete Schedule T)</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/12/07	Payee name <p style="text-align: center;">Cliff's Printing #1</p> <hr style="border-top: 1px dashed black;"/> 6 Payee address; City; State; Zip Code <p style="text-align: center;">918 Haynes Denton, TX 76202</p>	Amount (\$) <p style="text-align: center;">\$736.96</p>
Purpose of payment (See instructions regarding type of information required.) <p style="text-align: center;">printing</p> <p>(If travel outside of Texas, complete Schedule T)</p>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED