

10/26/09

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:
6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Ms.

FIRST

Leigh Ann

MI

NICKNAME

LAST

Ellis

SUFFIX

OFFICE USE ONLY

Date Received

2009 OCT 26 3:50

RECEIVED
BOARD SERVICES
DALLAS

Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

9247 Biscayne Blvd, Dallas, Texas 75218

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

321-7159

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr.

FIRST

Ben

MI

NICKNAME

LAST

Davis

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

9447 Waterviews Dallas, Texas 75218

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

321-2944

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

10 / 5 / 09

THROUGH

Month

Day

Year

10 / 26 / 09

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 09

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Dallas ISD School Board Trustee

13 OFFICE SOUGHT (if known)

Dallas ISD School Board Trustee

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

L Leigh Ann Ellis

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *4,000.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *3,169.91*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

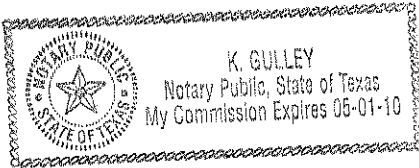
\$

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.

L Leigh Ann Ellis
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *L Leigh Ann Ellis*, this the *26th* day of *October*, 20 *09*, to certify which, witness my hand and seal of office.

K. Gulley
Signature of officer administering oath

K. Gulley
Printed name of officer administering oath

Coordinator
Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 2

2 FILER NAME

Leigh Ann Ellis

3 ACCOUNT # (Ethics Commission files)

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

\$

5 Date

10.1.09

6 Full name of pledgor

Mary Ventura

out-of-state PAC (ID#:

7 Pledgor address:

9407 Bryce Blvd.
Dallas, TX 75218

City: State: Zip Code

8 Amount of pledge (\$)

\$400.00

9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions)

Attorney

11 Employer (See Instructions)

Date

10.4.09

Full name of pledgor

Joseph Gillum

out-of-state PAC (ID#:

Pledgor address:

9230 W. Lake Highlands
Dallas, TX 75218

City: State: Zip Code

Amount of pledge (\$)

\$300.00

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

10.5.09

Full name of pledgor

B.M. Davis

out-of-state PAC (ID#:

Pledgor address:

9447 Water Meadows
Dallas, TX 75218

City: State: Zip Code

Amount of pledge (\$)

\$150.00

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Community Volunteer

Employer (See Instructions)

Date

10.5.09

Full name of pledgor

Ray Kirkpatrick

out-of-state PAC (ID#:

Pledgor address:

10104 Rockmoor Dr.
Dallas, TX 75229

City: State: Zip Code

Amount of pledge (\$)

\$100.00

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Bookkeeper

Employer (See Instructions)

Date

10.6.09

Full name of pledgor

Anne Raymond

out-of-state PAC (ID#:

Pledgor address:

4111 W. Lawther Dr.
Dallas, TX 75214

City: State: Zip Code

Amount of pledge (\$)

\$1,000.00

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Real Estate Leader

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 of 2

2 FILER NAME

Leigh Ann Ellis

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date

6 Full name of pledgor

out-of-state PAC (ID#:

10.8.09

MetroTax Association of Realtors, Inc.

7 Pledgor address:

City: State: Zip Code

political Action committee, NON-CORP
8201 N. Semmons Freeway
Dallas, TX 75247

8 Amount of pledge (\$)

\$1,000.00

9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions)

Real Estate Leader

11 Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#:

10.9.09

Harlan R. Cross

Pledgor address:

City: State: Zip Code

3819 Maple Ave.
Dallas, TX 75219

Amount of pledge (\$)

\$1,000.00

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Commercial Real Estate leader

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#:

10.2.09

M. Harris

Pledgor address:

City: State: Zip Code

11837 Ruppel Lane
Dallas, TX 75218

Amount of pledge (\$)

\$50.00

In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Community Volunteer

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)

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\$4,000.00

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 2
2 FILER NAME Leigh Ann Ellis		3 ACCOUNT # (Ethics Commission filers)
4 Date 10.5.09	5 Payee name Postmaster, Lakeland Hills, Dallas, Texas	7 Amount (\$) \$242.00
6 Payee address; City; State; Zip Code post office, 8624 Ferguson Rd. Dallas, TX 75228		
8 Purpose of payment (See instructions regarding type of information required.) Stamps		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10.10.09	Payee name CVS	Amount (\$) \$122.26
Payee address; City; State; Zip Code 10014 Garland Rd. Dallas, TX 75218		
Purpose of payment (See instructions regarding type of information required.) Bryan Adams High School parade candy		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10.17.09	Payee name Minuteman Press	Amount (\$) \$548.62
Payee address; City; State; Zip Code 1152 N. Buckner, # 103 Dallas, TX 75218		
Purpose of payment (See instructions regarding type of information required.) stickers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10.20.09	Payee name Minuteman Press	Amount (\$) \$1,041.88
Payee address; City; State; Zip Code 1152 N. Buckner, # 103 Dallas, TX 75218		
Purpose of payment (See instructions regarding type of information required.) Flyers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

Leigh Ann Ellis

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-21-09

5 Payee name

Summers Mailing Company, Inc.

7 Amount (\$)

\$ 1,215.15

6 Payee address; City; State; Zip Code

855 W. Ledbetter Dr.
Dallas, TX 75236

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

Mailings

9 ** Complete if direct expenditure to benefit C/OH **
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.)

** Complete if direct expenditure to benefit C/OH **
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.)

** Complete if direct expenditure to benefit C/OH **
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.)

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

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