

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 MR. | FIRST FRANKLIN | MI E. |
| | NICKNAME GENE | LAST PATRICK | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; PO BOX 200426 | APT / SUITE # 2305 CASTLEROCK | CITY; STATE; ZIP CODE ALLINGTON, TX 76006 |
| | 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (817) | PHONE NUMBER 640.1694 |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR. | FIRST VICTOR | MI |
| | NICKNAME | LAST UNDERGRUFF | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); 1214 W. PARK Row | | APT / SUITE #; CITY; STATE; ZIP CODE 76003 |
| | 8 CAMPAIGN TREASURER PHONE | AREA CODE (817) | PHONE NUMBER 271.1200 |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input checked="" 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 5 | Day 5 | Year 2011 |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 14 / 11 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| | 12 OFFICE OFFICE HELD (if any) MIL. CITY COUNCIL DIST. 2 | | 13 OFFICE SOUGHT (if known) |
| 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 | | |

OFFICE USE ONLY

Date Received
11 JUL 15 PM 4:45

RECEIVED - CSO

Date Hand-delivered or Postmark

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

GENE PATRICK

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

GENERAL

SPECIFIC

COMMITTEE NAME

GENE PATRICK CAMPAIGN

COMMITTEE ADDRESS

PO BOX 200426, ARLINGTON, TX 76056

COMMITTEE CAMPAIGN TREASURER NAME

VICTOR VANDERGRIFF

COMMITTEE CAMPAIGN TREASURER ADDRESS

1216 W. PARK ROW
ARLINGTON, TX 76013

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)

\$

2803.45

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

11,461.95

CONTRIBUTION BALANCE

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

\$

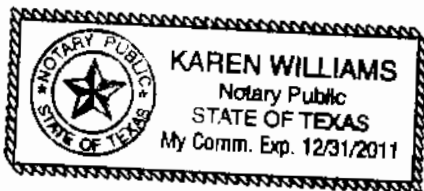
OUTSTANDING LOAN TOTALS

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.



Gene Patrick

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gene Patrick, this the 15th day of July, 20 11, to certify which, witness my hand and seal of office.

Karen Williams

Signature of officer administering oath

Karen Williams

Printed name of officer administering oath

Notary

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: 2 | |
| 2 FILER NAME GENE PATRICK | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 3/28/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADLAI PENNINGTON | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1375 GILMAN RD FT. WORTH, TX 76140 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 4/25/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RODNEY MELLOTT | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 12935 81 ST AVE. ARAPAHO, CO 8005 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/26 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES D. LITTLETON | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5070 PINXON ST. LITTLETON, CO 80123 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 5/29/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & MRS STEPHEN SOLMS | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3900 MIRAMAR AVE. DALLAS, TX 75205 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 5/24/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARL. POLICE ASSN PAC | Amount of contribution (\$) 353.45 | In-kind contribution description (if applicable) CAMPION SIGN |
| Contributor address; City; State; Zip Code PO BOX 850 ARLINGTON, TX 76004 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

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 GENE PATRICK | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 6/29/11 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GEORGE MATHES 6 Contributor address: City: State: Zip Code 25 HIGHLAND PARK VILLAGE SUITE 100 DALLAS, TX 75205 | 7 Amount of contribution (\$) 75.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 6/29/11 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MELINDA MATHES Contributor address: City: State: Zip Code 25 HIGHLAND PARK VILLAGE SUITE 100 DALLAS, TX 75205 | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| 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 (\$) | In-kind contribution description (if applicable) |
| 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 (\$) | In-kind contribution description (if applicable) |
| 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 (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME GENE PATRICK | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 5/10/11 | | 5 Payee name ALLYN MEDIA | | | |
| 6 Amount (\$) 10,061.95 | | 7 Payee address; City; State; Zip Code 3200 MS KINNEY AVE. SUITE 600 DALLAS, TX | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) CAMPAIGN MAILER | | (b) Description (If travel outside of Texas complete Schedule T) DESIGN, PRINTING, POSTAGE | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 5/13 | | Payee name | | | |
| Amount (\$) 1400.00 | | Payee address; City; State; Zip Code D. FERNANDEZ 2823 QUAIL WASHINGTON, TX 76016 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) SIGN PICKUP & STORAGE | | Description (If travel outside of Texas complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas complete Schedule T) | |
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