


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS <input checked="" type="checkbox"/> MR <input type="checkbox"/> FIRST MI MI NICKNAME LAST SUFFIX Mike Gregory M.		<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2809 Linden Lea Irving TX 75061		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (214) 683-5626		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS <input checked="" type="checkbox"/> MR <input type="checkbox"/> FIRST MI MI NICKNAME LAST SUFFIX Ken Murray Jr		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2733 Conflans Rd. Irving, TX 75061		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (972) 986-9296		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 10 / 19 / 2012    4 / 11 / 2013		
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 11 / 2013		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> District Place 7, Irving ISD Board	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** Michael M. Gregory **15 ACCOUNT # (Ethics Commission Filers)**

**16 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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 465.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,590.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,076.17
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,063.83
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 550.00

### 18 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.

Michael M. Gregory  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael M. Gregory, this the 11 day of April, 20 13, to certify which, witness my hand and seal of office.

Nora E. Gonzalez      Nora E. Gonzalez      Notary  
Signature of officer administering oath      Printed name of officer administering oath      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: <b>4</b>	
2 FILER NAME <b>Michael M. Gregory</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-5-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. Chris Bird</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5501 Winton St. Dallas, TX 75206</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-7-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Gregory</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>921 Parkside Dr NE Albuquerque, NM 87123</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-8-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Susie</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7124 Claybrook Dr. Dallas, TX 75231</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-9-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank W. Ling, M.D.</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9065 Rocky Cannon Rd. Cordova, TN 38018</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-17-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peter H. Durant</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>22 Wood Hill Rd. Pittsford, NY 14534</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <b>4</b>	
2 FILER NAME <b>Michael M. Gregory</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-17-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Thomas</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>516 Alamo Trail Grapevine, TX 76051</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1-18-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Margaret Neenan-Michel</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>18506 Spring Mist Ct South Bend, IN 46637</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-19-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Troy W. Scott, M.D.</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1324 South Shore Dr. #1008 Erie, PA 16505</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-22-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julius G. Alberico, Jr.</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>583 Saddlebrook Ln. Vernon Hills, IL 60061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1-24-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenneth R. Murray, Jr.</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2733 Conflans Irving, TX 75061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Michael M. Gregory</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-29-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marissa Rutkowski</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1522 Colonial Dr. Chesterton, IN 46304</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2-9-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ray LaDriere</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8 Twin Bridge Dallas, TX 75243</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-2-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Benjamin Copeland</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7317 Canadian Dr. Irving, TX 75039</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-2-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marc Alberico</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1701 S. Racine #3 Chicago, IL 60608</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-6-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Terry Penn</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>501 Town Cove Irving, TX 75061</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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:

4

2 FILER NAME

Michael M. Gregory

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-6-13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Will & Sharon DeBerry

6 Contributor address; City; State; Zip Code

3904 Boise Ct. Irving, TX 75062

7 Amount of contribution (\$)

\$75.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-27-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Troy Kelley

Contributor address; City; State; Zip Code

4712 O'Connor Ct. Irving, TX 75062

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Vicki Penn

Contributor address; City; State; Zip Code

501 Town Cove Irving, TX 75061

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Michael M. Gregory

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

10-19-12

7 Name of lender

Michael M. Gregory

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

\$50.00

6 Is lender a financial Institution?

Y  N

8 Lender address; City; State; Zip Code

2809 Linden Lea Irving, TX 75061

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

N/A

13 Employer (See Instructions)

N/A

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

N/A

19 Amount Guaranteed (\$)

N/A

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

N/A

21 Employer (See Instructions)

N/A

Date of loan

12-26-12

Name of lender

Michael M. Gregory

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

\$500.00

Is lender a financial Institution?

Y  N

Lender address; City; State; Zip Code

2809 Linden Lea Irving, TX 75061

Interest rate

N/A

Maturity date

N/A

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

N/A

Amount Guaranteed (\$)

N/A

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

N/A

Employer (See Instructions)

N/A

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

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

# 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: <b>3</b>		2 FILER NAME <b>Michael M. Gregory</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1-26-13</b>		5 Payee name <b>Office Depot</b>			
6 Amount (\$) <b>\$37.88</b>		7 Payee address; City; State; Zip Code <b>1000 W. Airport Frwy Irving, TX 75062</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Business cards</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2-4-13</b>		Payee name <b>Glory House Catering</b>			
Amount (\$) <b>\$250.00</b>		Payee address; City; State; Zip Code <b>109 S. Main St. Irving, TX 75060</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event</b>		Description (If travel outside of Texas, complete Schedule T) <b>Kick-off reception (deposit)</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2-19-13</b>		Payee name <b>Glory House Catering</b>			
Amount (\$) <b>\$750.00</b>		Payee address; City; State; Zip Code <b>109 S. Main St. Irving, TX 75060</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event</b>		Description (If travel outside of Texas, complete Schedule T) <b>Kick-off reception (balance)</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2-19-13</b>		Payee name <b>Waldrum Lighting &amp; Signs</b>			
Amount (\$) <b>\$1,596.69</b>		Payee address; City; State; Zip Code <b>P.O. Box 171373 Irving, TX 75017-1373</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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.

<b>1</b> Total pages Schedule F: 3		<b>2</b> FILER NAME Michael M. Gregory		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 2-25-13		<b>5</b> Payee name Finishline Prints			
<b>6</b> Amount (\$) \$681.98		<b>7</b> Payee address; City; State; Zip Code 2700 N. O'Connor, Suite 116 Irving, TX 75062			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 3-1-13		<b>Payee name</b> Rambler Newspapers			
<b>Amount (\$)</b> \$183.60		<b>Payee address; City; State; Zip Code</b> P.O. Box 177731 Irving, TX 75060			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 3-1-13		<b>Payee name</b> Rambler Newspapers			
<b>Amount (\$)</b> \$76.50		<b>Payee address; City; State; Zip Code</b> P.O. Box 177731 Irving, TX 75060			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 3-15-13		<b>Payee name</b> Computer Network Information Services			
<b>Amount (\$)</b> \$29.97		<b>Payee address; City; State; Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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.

<b>1</b> Total pages Schedule F: 3		<b>2</b> FILER NAME Michael M. Gregory		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 3-19-13		<b>5</b> Payee name Office Depot			
<b>6</b> Amount (\$) \$12.13		<b>7</b> Payee address; City; State; Zip Code 1000 W. Airport Fwy Irving, TX 75062			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Printing		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Copies	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-4-13		Payee name Lowe's Home Center, Inc.			
Amount (\$) \$34.79		Payee address; City; State; Zip Code 3500 W. Airport Fwy Irving, TX 75062			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Sign posts, ties	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-9-13		Payee name Waldrum Lighting & Signs			
Amount (\$) \$389.70		Payee address; City; State; Zip Code P.O. Box 171373 Irving, TX 75017-1373			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date Various		Payee name Pay Pal Debit Card Department			
Amount (\$) \$12.23		Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145-0950			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Debit charges	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>Michael Gregory</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>10-12-2012</i>	<b>5</b> Payee name <i>S. MacArthur Church of Christ</i>	
<b>6</b> Amount (\$) <i>20.70</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1400 W. Granwyler Irving, TX 75061</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Postage stamps</i>
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS**

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>1</b>
2 FILER NAME <i>Michael M. Gregory</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10-23-12</i>	5 Name of person from whom amount is received <i>Chase Bank</i> 6 Address of person from whom amount is received; City; State; Zip Code <i>Irving, TX 75060</i> 7 Purpose for which amount is received <i>Interest from bank account</i>	8 Amount (\$) <i>\$ .02</i>
Date <i>1-24-13</i>	Name of person from whom amount is received <i>Chase Bank</i> Address of person from whom amount is received; City; State; Zip Code <i>Irving, TX 75060</i> Purpose for which amount is received <i>Interest from bank account</i>	Amount (\$) <i>\$ .01</i>
Date <i>2-25-13</i>	Name of person from whom amount is received <i>Chase Bank</i> Address of person from whom amount is received; City; State; Zip Code <i>Irving, TX 75060</i> Purpose for which amount is received <i>Interest from bank account</i>	Amount (\$) <i>\$ .02</i>
Date <i>3-22-13</i>	Name of person from whom amount is received <i>Chase Bank</i> Address of person from whom amount is received; City; State; Zip Code <i>Irving, TX 75060</i> Purpose for which amount is received <i>Interest from bank account</i>	Amount (\$) <i>\$ .01</i>

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