


# 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 / MR <u>MR</u> FIRST <u>Michael</u> MI <u>M.</u> NICKNAME LAST SUFFIX <u>Mike</u> <u>Gregory</u>	<b>OFFICE USE ONLY</b> Date Received <u>NA</u>  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 <u>2809 Linden Lea Irving TX 75061</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(214) 683-5626</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST <u>Kenneth</u> MI <u>R.</u> NICKNAME LAST SUFFIX <u>Ken</u> <u>Murray</u> <u>Jr.</u>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2733 Conflans Rd. Irving, TX 75061</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(972) 986-9296</u>		
<b>9 REPORT TYPE</b>	<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 type="checkbox"/> July 15 <input checked="" 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 <u>4 / 12 / 2013</u> <u>5 / 3 / 2013</u>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <u>5 / 11 / 2013</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <u>District 7, Irving ISD Board</u>	
<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)

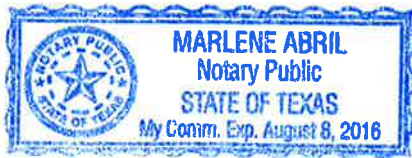
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 128.72
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,185.11
<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



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Michael M. Gregory, this the 3rd day of May, 20 13, to certify which, witness my hand and seal of office.

Marlene Abril Marlene Abril Notary Public  
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>1</b>	
2 FILER NAME <i>Michael M. Gregory</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4-19-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Mott &amp; Alicia Fernandez-Mott</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>612 Balboa St. Irving, TX 75062</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-23-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anne H. Pfaff</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 162281 Irving, TX 75016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 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: <i>1</i>	<b>2</b> FILER NAME <i>Michael M. Gregory</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>4-26-13</i>	<b>5</b> Payee name <i>Lowe's Home Center, Inc.</i>	
<b>6</b> Amount (\$) <i>\$ 8.72</i>	<b>7</b> Payee address; City; State; Zip Code <i>3500 W. Airport Frwy Irving, TX 75062</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>Sign supplies</i>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office sought	Office held
<b>Date</b> <i>5-3-13</i>	<b>Payee name</b> <i>Brian Sanders</i>	
<b>Amount (\$)</b> <i>\$60.00</i>	<b>Payee address; City; State; Zip Code</b> <i>1412 Landmark Ct. Irving, TX 75060</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Contract Labor</i>	
	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>Sign distribution</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office sought	Office held
<b>Date</b> <i>5-3-13</i>	<b>Payee name</b> <i>Michele Sanders</i>	
<b>Amount (\$)</b> <i>\$60.00</i>	<b>Payee address; City; State; Zip Code</b> <i>1412 Landmark Ct. Irving, TX 75060</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Contract Labor</i>	
	<b>Description</b> (If travel outside of Texas, complete Schedule T) <i>Sign distribution</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office sought	Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<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**