CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

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: SECEIVED
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MC SQN KO NICKNAME LAST PHOREAU	SUFFIX	OFFICE USE ONLY Date Received APR 0 8 2015 Irving ISD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. BOX 166951	STATE: ZIP CODE	District Legal Counse Date Hand delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 880 5033	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS. EIRST ONICKNAME LAST WOCHUNG	A SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#,	city; state;	rung TX
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (HOP) 616 5095	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	
11 ELECTION	Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (#Known) BOARD OF T	rustee, Irving 24
	GO TO PAG	∋E 2	

SCHEDULE G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense

Texas Ethics Commission

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

EXPENDITURE CATEGORIES FOR BOX 8(a)

Austin, Texas 78711-2070

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officenoider/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
1 663	The Instruction Guide explains how to complete this form.	•			
1 Total pages Schedule G:	3 ACCOUNT # (Ethics Commission F	Filers)			
4 Date 3-25-15	5 Payee name Dallos County - Texos				
6 Amount (\$)	7 Payee address; City; State; Zio Code				
Reimbursement from political contributions intended	509 Main Steet Suite#200 Dallas TX 7520	12			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense				
Date 3-18-15	Go Daddy Operating Co. UC				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	14455 N. Hayden Rd. Ste 219 Southlake \$32	60			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Advertising Expense check if Austin, TX, officeholder living expense	Check if Austin, TX, officeholder living expense			
Date 3-19-15	JP Morgan Chase Bank				
Amount (\$)	Payee address; City; State; Zip Code				
Réimbursement from political contributions intended	3559 N. Beltline Pd. Irung Tx 75062				
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	ACCOUNTING Banking Check if Austin, TX, officeholder living expense				
3-20-15	Co Daddy Operating Co. UC				
Amount (\$) (2) 50	Payee address; Cityl; State; Zip Code				
Reimbursement from political contributions intended	14455 N. Hayden Rd. Ste 219 AZ 8526	0			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
1 663	The Instruction Guide explains how to			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
200	Sanko J. trioleau I	1 campagn		
3-26-15	5 Payee name US Postal Servi	Cl		
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	2300 Story Rd. W.	Irving, Texas 75038		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Rental Expense.	Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE				
		Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Revised 07/28/2014 www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(TDD 1-800-735-2989)

147G/OH NAME SONKOS	Priolec	iu II Car	npaign	15 ACC	OUNT # (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.				
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS	s. Prideau 1	1 C	ampaign
	SPECIFIC	P.O. 80)	K166951 Ir	ruir	19 TX 75088
additional pages		COMMITTEE CAMPAIGN TRI	Washingto)n	91
			M310ERIUC	#18	37 TX 75038
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER TI TEES OF LOANS), UNLESS ITEM		\$ Ø
		POLITICAL CONTRIE THAN PLEDGES, LOANS	BUTIONS S, OR GUARANTEES OF LOANS)		\$ Ø
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			\$ Ø	
សម្រាស់ស្នាធានាស្នាស់ស	4. TOTAL POLITICAL EXPENDITURES \$ 209 CC				\$ 229.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			\$ Ø	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ Ø		
18 AFFIDAVIT					
			I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod	all informa	
			Signature of C	andidate o	r Officeholder
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the					
		-			
day of, 20, to certify which, witness my hand and seal of office.				nd and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
Sanko S. Pholeau II Campaigh 2 ACCOUNT # (Ethics Commission Filers)				
SIGNATURE				
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
Signature of Candidate / Officeholder				
FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder				
A. CAMPAIGN FUNDS				
Check only one:				
I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
B. ASSETS				
Check only one:				
I do not retain assets purchased with political contributions or interest or other income from political contributions.				
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
Signature of Candidate				
OFFICEHOLDER				
•• Complete this section <i>only</i> if you are an officeholder ••				
I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
Signature of Officeholder				

Revised 07/28/2014 www.ethics.state.tx.us