

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Harold N.</i>	FIRST <i>Harold N.</i>	MI
	NICKNAME <i>Froehlich II</i>	LAST <i>Froehlich II</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; <i>13831 Braemar Tr</i>	APT / SUITE # <i>Farmers Branch Tx</i>	CITY; STATE; ZIP CODE <i>75234</i>
	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received RECEIVED <i>JUL 14 2014</i></p> <p>Date Hand-delivered or Postmarked CITY MANAGER'S OFFICE</p> <p>Receipt # _____ Amount _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>972</i>	PHONE NUMBER <i>968 9374</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Jason R.E. O'Brien</i>	FIRST <i>Jason R.E. O'Brien</i>	MI
	NICKNAME	LAST <i>O'Brien</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3999 Beltline Rd Addison TX 75001</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>214</i>	PHONE NUMBER <i>432</i>	EXTENSION <i>0443</i>
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 Day Year THROUGH Month Day Year <i>6/14/14</i> <i>7/15/14</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>6/21/2014</i>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <i>City Council Dist 2</i>		13 OFFICE SOUGHT (if known) <i>City Council Dist 2</i>
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Harold N. Froehlich II

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

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

\$ All Itemized

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

\$ 4,100.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 2,790.38

CONTRIBUTION
BALANCE

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

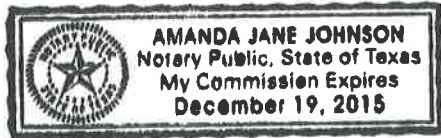
\$ 2,124.05

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

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.

Harold N. Froehlich II

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Harold Froehlich*, this the *14th* day of *July*, 20 *14*, to certify which, witness my hand and seal of office,

Amanda Johnson

Signature of officer administering oath

Amanda Johnson

Printed name of officer administering oath

Admin Asst II

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 FILER NAME

Arnold Froelich

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/16/14

5 Full name of contributor out-of-state PAC (ID# _____)

Robert Crooch

7 Amount of contribution (\$)

2000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*2314 Penrose Ave
Mesquite TX 75150*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/22/14

Full name of contributor out-of-state PAC (ID# _____)

Steven Morrison

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*14008 Cherry Hills Dr.
Farway Branch TX 75234*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/1/14

Full name of contributor out-of-state PAC (ID# _____)

Deborah Moos

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*110 Chacaboula Ln
Mandeville LA 70471*

(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)

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)

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.

1 Total pages Schedule F:	2 FILER NAME <i>Harold Froehlich</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6/17/14</i>	5 Payee name <i>Keekopy Inc</i>	
6 Amount/(\$) <i>1958.24</i>	7 Payee address; City; State; Zip Code <i>15072 Beltway Dr. Addison TX 75001</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Harold Froehlich</i>	Office sought <i>Dist 2</i>
Date <i>6/20/14</i>	Payee name <i>Keekopy Inc</i>	
Amount (\$) <i>632.14</i>	Payee address; City; State; Zip Code <i>15072 Beltway Dr Addison TX 75001</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Print Expense</i>	Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Harold Froehlich</i>	Office sought <i>Dist 2</i>
Date <i>6/22/14</i>	Payee name <i>Nuevo Leon</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>12895 Josay Ln Farmers Branch TX 75234</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Harold Froehlich</i>	Office sought <i>Dist 2</i>
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)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED