

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> 6 (SIX)
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: MR FIRST: DAVID MI: S. NICKNAME: LAST: MERRITT SUFFIX:		<b>OFFICE USE ONLY</b> Date Received: <b>RECEIVED</b> MAY 01 2015 Date Hand-delivered or Postmarked: Receipt #      Amount Date Processed Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3303 HIGHLAND MEADOW DR. FARMERS BRANCH, TX 75234 <input type="checkbox"/> change of address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (214) 649 3041 (CELL)		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: MR FIRST: DAVE MI: NICKNAME: LAST: BLAIR SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3214 SILENT OAK FARMERS BRANCH, TX 75234		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (972) 816 8015		
<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 3 / 31 / 2015      5 / 1 / 2015 PER REQUIREMENTS		
<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 / 9 / 2015		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> FARMERS BRANCH CITY COUNCIL DISTRICT 5	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME <b>DAVID SCOTT MERRITT</b>	15 ACCOUNT # (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 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)	\$ 290 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1288.55 <small>-(THIS PERIOD) (3462.38 - OVERSEAS)</small>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 540 <sup>00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

**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.

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Merritt, this the 1 day of May, 20 15, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

LAJEANA M. THOMAS

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 FILER NAME <b>DAVID SCOTT MERRITT</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/20/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROSS MANDEL</b>	7 Amount of contribution (\$) <b>150<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6505 W. PARK BLVD SUITE 306-205 PLANO, TX 75093</b>		- PAYPAL - (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/27/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BUFORD WATSON</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14210 DENNIS LANE FARMERS BRANCH, TX 75234</b>		- CHECK - (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/29/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OLIVIA MERRITT</b>	Amount of contribution (\$) <b>40<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3303 HIGHLAND MEADOW DR. FARMERS BRANCH, TX 75234</b>		- CASH - (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: <b>ONE</b>	<b>2</b> FILER NAME <b>DAVID SCOTT MERRITT</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>4/24/15</b>	<b>5</b> Payee name <b>PRINTING ETC.</b>	
<b>6</b> Amount (\$) <b>\$ 831.44</b>	<b>7</b> Payee address; City; State; Zip Code <b>3141 IRVING BLVD. STE 215 DALLAS, TEXAS 75247-6227</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>ADVERTISING EXPENSE - CAMPAIGN MAILER</b>	
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	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)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name                      Office sought                      Office held	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	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)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name                      Office sought                      Office held	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	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)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name                      Office sought                      Office held	
Complete <b>ONLY</b> 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: <b>ONE</b>	<b>2</b> FILER NAME <b>DAVID SCOTT MERRITT</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>4/21/15</b>	<b>5</b> Payee name <b>UNITED STATES POSTMASTER</b>
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<b>6</b> Amount (\$) <b>\$441.60</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>MAILING EXPENSE</b> <b>ADVERTISING EXPENSE - CAMPAIGN MAILER POSTAGE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>4/25/15</b>	Payee name <b>OFFICE DEPOT #2313</b>
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Amount (\$) <b>\$10.81</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3802 BELTLINE ROAD ADDISON TOWN CENTER, ADDISON, TEXAS 75001</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b> <b>ADVERTISING EXPENSE - OFFICE SUPPLIES</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>4/17/15</b>	Payee name <b>DALLAS COUNTY ELECTION DEPARTMENT</b>
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Amount (\$) <b>\$5.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2377 N STEMMONS FREEWAY #820 DALLAS, TEXAS 75207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## 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" \*\*

1 C/OH NAME

DAVID SCOTT MERRITT

2 ACCOUNT # (Ethics Commission Filers)

3 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

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* 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

5 OFFICEHOLDER

\*\* Complete this section *only* 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