040101

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

RECEIVED

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: Donald MI: W.
NICKNAME LAST: Hill SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE
Dallas, Texas 75232
☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE (214) PHONE NUMBER 374-1085 EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. FIRST: Donald MI: W.
NICKNAME LAST: Hill SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] APT / SUITE #: CITY: STATE: ZIP CODE
Dallas, Texas 75232

8 CAMPAIGN TREASURER PHONE
AREA CODE (214) PHONE NUMBER 374-1085 EXTENSION

9 REPORT TYPE
☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 7/01/03 THROUGH Month Day Year: 12/31/03

11 ELECTION
ELECTION DATE Month Day Year: 5/02/03
ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE
OFFICE HELD (if any): City Council, Dist 5

13 OFFICE SOUGHT (if known): N/A

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box: Apt. / Suite #: City: State: Zip Code
☐ additional pages

GOVERNMENT EXHIBIT 1869 3:07-CR-0289-M

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18		
CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0 ~~[illegible]~~
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5500.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 643.90
	4. TOTAL POLITICAL EXPENDITURES	$ 5506.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 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.

GLENDA ELIZABETH AGUIRRE
Notary Public
STATE OF TEXAS
My Comm. Expires 12-12-2006

AFF[illegible]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald W. Hill, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Glenda E Aguirre	Glenda E Aguirre	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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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:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-30-03	James Fisher [redacted] Dallas, TX 75205	500.00	

9 Principal occupation / Job title (See Instructions)	10 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)
10-28-03	Matthew Harris [redacted] Dallas, Tx 75226	250.00	

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)
10-28-03	Leon Backes [redacted] Dallas, TX 75001	$1000.00	

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)
10-28-03	Saleem Jafar [redacted] Dallas, TX 75248	500.00	

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)
9-29-03	Donald W. Hill Attorney [redacted] Dallas, TX 75252	250	

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.

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-15-03	Albert Black [redacted] Dallas, TX	1000.00	

9 Principal occupation / Job title (See Instructions)

10 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)
8-8-03	Alicia Curran [redacted] Dallas, TX 75203	500.00	

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)
8-12-03	Forest Nelson [redacted] Dallas, TX 75203	500.00	

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)
8-12-03	Joseph Fogelman [redacted] Dallas, TX 75203	500.00	

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)
8-20-03	Bohlins Barker [redacted] Dallas, TX 75203	500.00	

Principal occupation / Job title (See Instructions)

Employer (See instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
11-05-03	Donald W. Hill [redacted] Dallas, TX 75232	121.50

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for meeting expense related to planning meeting

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
11-06-03	Chips Restaurant Armstrong & Cole Ave Dallas, TX	13.90

Purpose of payment (See instructions regarding type of information required.): expense for planning meeting

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
11-21-03	Al Biernats [redacted] Dallas, Texas	171.53

Purpose of payment (See instructions regarding type of information required.): expense for dinner meeting w/ elected official other community leaders

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
11-24-03	Starbucks [redacted] Dallas, TX	7.74

Purpose of payment (See instructions regarding type of information required.): planning meeting expense

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-27-03	Donald W. Hill [redacted] Dallas, TX 75232	140.00

8 Purpose of payment (See instructions regarding type of information required.): advance funds for Urban Land Institute trip

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-27-03	Campisi's Restaurant Dallas, TX 75	39.11

Purpose of payment (See instructions regarding type of information required.): lunch expense for meeting with consultant

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-3-03	Golden Gate Baptist Church 1101 Sabine Street Dallas, TX 75203	100.00

Purpose of payment (See instructions regarding type of information required.): scholarship banquet

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11-3-03	Donald W. Hill [redacted] Dallas, TX 75232	41.95

Purpose of payment (See instructions regarding type of information required.): reimbursement from Urban Land Institute expense

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission Item)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
10-15-03	Friends of Dallas Public Library 1515 Young Street Dallas, TX 75201	200.00

8 Purpose of payment (See instructions regarding type of information required.): sponsorship of event

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-24-03	McShan Florist 10311 Garland Rd Dallas TX 75218	102.51

Purpose of payment (See instructions regarding type of information required.): purchase of Flowers for constituents

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-07-03	Donald W. Hill [redacted] Dallas, TX 75232	120.00

Purpose of payment (See instructions regarding type of information required.): reimbursement from expenses related to black caucus trip to washington DC

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-17-03	Donald W. Hill [redacted] Dallas, TX 75232	200.00

Purpose of payment (See instructions regarding type of information required.): advance funds for Urban Land Institute trip

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-29-03	Donald W. Hill [redacted] Dallas, TX 75232	62.95

8 Purpose of payment (See instructions regarding type of information required.) reimbursement for expenses related to Congressional Black Caucus

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-28-03	Farrington and Assoc 5318 Columbia Avenue	250.00

Purpose of payment (See instructions regarding type of information required.) final payment of fees for Back to School Bash

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-28-03	Giddings Reelection Campaign 1810 N. Hampton Ste 220 DeSoto, TX 75115	100.00

Purpose of payment (See instructions regarding type of information required.) campaign contribution

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-15-03	Greenberg's Turkeys 221 McMurray Dr. Tyler, TX 75712	138.00

Purpose of payment (See instructions regarding type of information required.) purchase of turkeys for constituents

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8-11-03	Donald W. Hill [redacted] Dallas, TX 75232	41.75

8 Purpose of payment (See instructions regarding type of information required.): reimbursement for expenses incurred in meeting w/elected official

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-25-03	Donald W. Hill [redacted] Dallas, TX 75232	40.00

Purpose of payment (See instructions regarding type of information required.): advanced funds for lunch meeting w/constituent

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-25-03	Donald W. Hill [redacted] Dallas, TX 75232	50.00

Purpose of payment (See instructions regarding type of information required.): reimbursement for additional expenses related to meeting w/consultant

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-28-03	Donald W. Hill [redacted] Dallas, TX 75232	50.00

Purpose of payment (See instructions regarding type of information required.): advanced funds for expenses related to planning session for Back to School Bash

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
11-3-03	Urban Land Institute 1025 Thomas Jefferson Street NW Suite 500 Washington D.C. 20007	9.77

8 Purpose of payment (See instructions regarding type of information required.): development materials

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
11-4-03	Renaissance Hotel 55 Cyril Magnin San Francisco, Cal. 94102	14.53

Purpose of payment (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
11-30-03	Target Store 2449 Maskell Ave Dallas, TX. 75204	20.00

Purpose of payment (See instructions regarding type of information required.): gift card for constituent family

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
8-13-03	Farrington and Associates 5318 Columbia Ave. Dallas, TX 75217	350.00

8 Purpose of payment (See instructions regarding type of information required.): initial payment for organizing Back to school Bash

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
8-18-03	Farrington and Associates Same	350.00

Purpose of payment (See instructions regarding type of information required.): payment for consulting/planning fees for event

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
8-20-03	Farrington and Associates Same	500.00

Purpose of payment (See instructions regarding type of information required.): consultation and planning fees

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
12-01-03	Donald W. Hill [redacted] Dallas, TX 75232	160.00

Purpose of payment (See instructions regarding type of information required.): advance for Christmas gifts for Colleques

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
8-11-03	Donald W. Hill [redacted] Dallas, TX 75232	reimbursement for expenses incurred in meeting with elected officials	41.75	☑
8-25-03	Donald W. Hill [redacted] Dallas, TX 75232	expenses related to meeting w/ consultants	$50.00	☑
9-29-03	Donald W. Hill [redacted] Dallas, TX	expenses related to Black Caucus trip to Washington DC.	62.95	☑
10-7-03	Donald W. Hill [redacted] Dallas, TX 75232	expenses related to Washington D.C. Black Caucus trip		☑
11-3-03	Donald W. Hill [redacted] Dallas, TX 75232		41.95	☑

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME: Donald W. Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
8-29-03	Donald W. Hill Attorney at Law 203 E. Colorado Dallas, TX 75203	400.00

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
legal work performed	

Date	Business name / Business address; City; State; Zip Code	Amount ($)
11-28-03	Donald W. Hill Attorney 203 E. Colorado	150.00

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
reimbursement for expenses related to office event	

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held

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