

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

A

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

DAN

NICKNAME

LAST

SUFFIX

PATTERSON

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**PO BOX 595712
DALLAS, TX 75359**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 6323483

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

CHRIS

NICKNAME

LAST

SUFFIX

PATTERSON

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**PO Box 595712
DALLAS, TX 75359**

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 7732125

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

THROUGH

Month

Day

Year

1 / 1 / 18

7 / 15 / 18

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

General

Special

11 / 6 / 18

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUDGE CCC # 1

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

GO TO PAGE 2

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt Amount

Date Processed

Date Imaged

FILED
2018 JUL 11 AM 10:52
JUDITH WARREN
COUNTY CLERK
DALLAS COUNTY

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2** 2 FILER NAME **DAN PATTERSON** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **1.15.18** 5 Payee name **ROBERTO CANAS**

6 Amount (\$) **100-** 7 Payee address; City; State; Zip Code
133 N. RIVERFRONT DALLAS TX 75207

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **CONTRIBUTION** (b) Description (If travel outside of Texas, complete Schedule T) **POLITICAL DONATION**
 Check if Austin, TX, officeholder living expense

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

Date **3.1.18** Payee name **NDTDN**

Amount (\$) **75-** Payee address; City; State; Zip Code
1701 HIDDEN GLEN DALLAS, TX 75248

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **FEES** Description (If travel outside of Texas, complete Schedule T) **MEMBER DUES**
 Check if Austin, TX, officeholder living expense

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

Date **5.8.18** Payee name **DAN PATTERSON**

Amount (\$) **4000-** Payee address; City; State; Zip Code
PO BOX 595712 DALLAS, TX 75359

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **LOAN REIMBURS.** Description (If travel outside of Texas, complete Schedule T) **REPAYMENT**
 Check if Austin, TX, officeholder living expense

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

Date **5.10.18** Payee name **DCLLA**

Amount (\$) **100-** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **EVENT EXPENSE** Description (If travel outside of Texas, complete Schedule T) **CHANNING GOLF TOWN.**
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5.15.18	5 Payee name POSTMASTER
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6 Amount (\$) 74-	7 Payee address; City; State; Zip Code 6120 SWISS, DALLAS, TX 75214
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) PO Box FFE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5.15.18	Payee name STATE BAR OF TEXAS
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Amount (\$) 235-	Payee address; City; State; Zip Code CAPITOL STATION, AUSTIN, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) BAR DUES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6.14.18	Payee name NPTDW
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Amount (\$) 50-	Payee address; City; State; Zip Code 1701 HIPPOEN GLEN DALLAS, TX 75249
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXP.	Description (If travel outside of Texas, complete Schedule T) RETREAT CONTRIB. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6.14.18	Payee name DENNIS JONES
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Amount (\$) 50-	Payee address; City; State; Zip Code JOLE, KAUFMAN, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CANDIDATE CONTRI.	Description (If travel outside of Texas, complete Schedule T) POLITICAL DON. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

DAN PATTERSON

16 ACCOUNT # (Ethics Commission Filers)

17 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)

\$ —

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4684-

CONTRIBUTION BALANCE

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

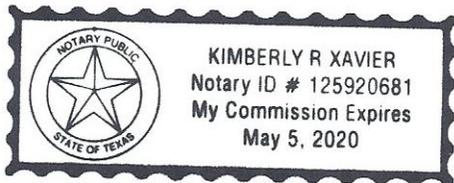
\$ 2901-

OUTSTANDING LOAN TOTALS

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

\$ —

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dan Patterson, this the 11th day of JULY, 20 18, to certify which, witness my hand and seal of office.

Kimberly Xavier
Signature of officer administering oath

Kimberly Xavier
Print name of officer administering oath

Official Court Reporter
Title of officer administering oath