

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MATTHEW

MI

C.

NICKNAME

LAST

BACH

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

15746 COVEWOOD CIRCLE DALLAS, TX 75248

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 387-4524

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MATTHEW

MI

C

NICKNAME

LAST

BACH

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

15746 COVEWOOD CIRCLE, DALLAS, TX 75248

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 387-4524

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 MONTH Day Year

7 / 16 / 04 THROUGH 12 / 31 / 04

11 ELECTION

ELECTION DATE
Month Day Year

5 / 7 / 05

ELECTION TYPE

- Primary
- Runoff
- General
- Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL - DISTRICT 12

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

MATTHEW C. BACH

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

N/A

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

\$ 70-

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

\$ 1490

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 558-

CONTRIBUTION BALANCE

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

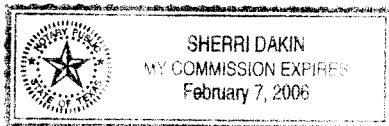
\$ 1490

OUTSTANDING LOAN TOTALS

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

\$ 2610

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.

Matthew C. Bach
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew C. Bach, this the 13th day of January, 2005, to certify which, witness my hand and seal of office.

Sherri Dakin
Signature of officer administering oath

Sherri Dakin
Printed name of officer administering oath

Notary Public, State of TX
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: <div style="text-align: right; font-size: 2em;">1</div>	
2 FILER NAME <div style="font-size: 1.5em; margin-left: 20px;">MATTHEW C. BACH</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.2em;">12-15-04</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-left: 20px;">DANNY HARRISON</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">250.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">P.O. Box 1447, Addison, TX 75001</div>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.2em;">12-16-04</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-left: 20px;">Peter & Patty Bressler</div>	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">1,000 -</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">15731 Covewood Circle, Dallas TX 75248</div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">12-14-04</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-left: 20px;">BILL DONOHUE</div>	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">100 -</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">100 Rock Creek Drive, Clifton NJ 07014</div>			
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			
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			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS		SCHEDULE E	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <u>MATTHEW C. BACH</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ <u>2610-</u>	
5 Date of loan <u>11-26-04</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MATTHEW C. BACH</u>	9 Loan Amount (\$) <u>2610-</u>	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>15746 COWWOOD CIRCLE, DALLAS, TX 75248</u>	10 Interest rate <u>0</u>	
		11 Maturity date <u>ON DEMAND</u>	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)	
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation		Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: right; font-size: 2em;">1</div>
2 FILER NAME <div style="font-size: 1.5em; text-align: center;">MATTHEW C. BACH</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.2em;">12-30-04</div>	5 Payee name <div style="font-size: 1.5em;">Michael Crane</div>	7 Amount (\$) <div style="font-size: 1.5em;">175-</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">6486 Bordeaux Ave., Dallas, TX 75209</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em;">Website</div>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <div style="font-size: 1.2em;">12-2-04</div>	Payee name <div style="font-size: 1.5em;">FUTURE STARS</div>	Amount (\$) <div style="font-size: 1.5em;">100-</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">7024 Town Bluff, Dallas, TX 75248</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em;">Photography</div>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <div style="font-size: 1.2em;">11-26-04</div>	Payee name <div style="font-size: 1.5em;">Michael Crane</div>	Amount (\$) <div style="font-size: 1.5em;">40-</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">6486 Bordeaux Ave. Dallas, Texas 75209</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em;">Website</div>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

MATTHEW C BACH

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-24-04

5 Payee name

DALLAS COUNTY

6 Payee address; City; State; Zip Code

Records Bldg, Dallas, TX
Main St

8 Amount (\$)

18.16

7 Purpose of expenditure (See instructions regarding type of information required.)

Voter Information

Reimbursement from political contributions intended

Date

11-4-04

Payee name

BAGELSTEINS

Payee address; City; State; Zip Code

15757 Coit Rd., Dallas, TX 75248

Amount (\$)

27.11

Purpose of expenditure (See instructions regarding type of information required.)

Strategy Breakfast w/ campaign volunteers

Reimbursement from political contributions intended

Date

11-23-04

Payee name

Michael Crane

Payee address; City; State; Zip Code

6486 Bordeaux Ave, Dallas, TX 75248

Amount (\$)

135-

Purpose of expenditure (See instructions regarding type of information required.)

Website

Reimbursement from political contributions intended

Date

12-24-04

Payee name

FedEx Kinkos

Payee address; City; State; Zip Code

5545 LBJ, Suite C
Dallas, Texas 75240

Amount (\$)

62.73

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Cards

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED