

060046

# 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: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>Bill</b>	FIRST <b>William</b> LAST <b>Blydes</b>	MI <b>D</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>9628 Dartridge</b>	APT / SUITE #: <b>Dallas</b>	CITY: STATE: ZIP CODE <b>TX 75238</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>348-0151</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>Stout Jack</b>	FIRST <b>John</b> LAST <b>Stout</b>	MI <b>L</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>13330 Noel Rd</b>	APT / SUITE #: <b>#312</b>	CITY: STATE: ZIP CODE <b>Dallas TX 75240</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>221-4396</b>	EXTENSION
9 REPORT TYPE	<input checked="" 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 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 <b>7 / 1 / 05</b>	THROUGH	Month Day Year <b>12 / 31 / 05</b>
11 ELECTION	ELECTION DATE Month Day Year <b> / /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Dallas City Council, Dist. 10</b>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	<p>** 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. **</p> <p>Name</p> <p>Address / PO Box: Apt. / Suite #: City: State: Zip Code</p>		

**OFFICE USE ONLY**

Date Received  
**2006 JAN 13 11:41:10 AM**  
CITY SECRETARY  
DALLAS, TEXAS

**RECEIVED**

Date Hand-Delivered or Date Postmarked

Receipt #    Amount

Date Processed

Date Imaged

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME William "Bill" Blaydes 16 ACCOUNT # (Ethics Commission files)

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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		NONE
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
		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	\$ NONE
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ NONE
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ NONE
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,326 <sup>96</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,556 <sup>92</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ NONE

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.

AFFIX NOTARY STAMP / SEAL ABOVE

*William D. Blaydes*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bill Blaydes, this the 13 day of January, 2006, to certify which, witness my hand and seal of office.

*Patricia Love*

Signature of officer administering oath

PATRICIA LOVE

Printed name of officer administering oath

NOTARY

Title of officer administering oath

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

William "Bill" Blaydes

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/2/05

5 Payee name

Bill Blaydes

7 Amount (\$)

254.80

6 Payee address: City: State: Zip Code

9628 Dartridge Dallas, TX 75238

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

Reimbursement - Catering

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

Date

9/13/05

Payee name

LH Exchange Club

Amount (\$)

240.00

Payee address: City: State: Zip Code

P.O. Box 823725 Dallas, TX 75382

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

Association Dues

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

Date

10/21/05

Payee name

Erin Anderson

Amount (\$)

304.00

Payee address: City: State: Zip Code

10135 Kirkhaven Dr. Dallas, TX 75238

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

Expense Reimbursement - Campaign

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

Date

12/2/05

Payee name

Lake Highlands YMCA

Amount (\$)

250.00

Payee address: City: State: Zip Code

8920 Sults Rd. Dallas, TX 75243

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

Youth &amp; Govt Program Sponsorship

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

William "Bill" Blaydes

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/28/05

5 Payee name

Bill Blaydes

7 Amount (\$)

277.50

6 Payee address; City; State; Zip Code

9628 Dartridge Dallas, TX 75238

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

TIF Campaign Postage Reimbursement

9 \*\* 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

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

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

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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: **1**

2 FILER NAME

*William "Bill" Blaydes*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*7/3/05*

5 Payee name  
*Back Country Bar BQ*

6 Payee address: City: State: Zip Code  
*6940 Greenville Ave. Dallas, TX 75231*

8 Amount (\$)  
*254.80*

7 Purpose of expenditure (See instructions regarding type of information required.)  
*Election night party catering*

Reimbursement from political contributions intended

Date  
*7/15/05*

Payee name  
*United States Postal Service*

Payee address: City: State: Zip Code  
*Vickery Station Dallas, TX 75231*

Amount (\$)  
*2177.50*

Purpose of expenditure (See instructions regarding type of information required.)  
*TIF campaign postage*

Reimbursement from political contributions intended

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name  
Payee address: City: State: Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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