

085036

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>1 of 4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms.</b> NICKNAME	FIRST <b>Vonciel</b> LAST	MI <b>Jones</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 764856 Dallas, TX 75375-4856</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>333-9080</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Rev.</b> NICKNAME	FIRST <b>E. L.</b> LAST	MI <b>II</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4347 S. Hampton Rd., Suite 150 Dallas, TX 75232</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214)</b>	PHONE NUMBER <b>333-7775</b>	EXTENSION
9 REPORT TYPE	<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 checked="" 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    THROUGH    Month Day Year <b>01 / 01 / 08    06 / 30 / 08</b>		
11 ELECTION	ELECTION DATE Month Day Year / /	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 - District 5</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  
**2008 JUL 15 PM 4:39**

Date Hand-delivered or Date Postmarked

Receipt #    Amount

Date Processed

Date Imaged

RECEIVED  
CITY SECRETARY  
DALLAS TEXAS

GO TO PAGE 2

00001

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

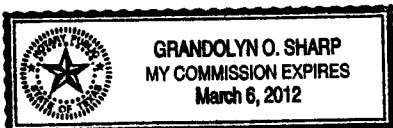
FORM C/OH COVER SHEET PG 2

15 C/OH NAME Vonciel Jones Hill 16 ACCOUNT # (Ethics Commission Filers) Cover Sheet 2/2; Report 2/4

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. ... COMMITTEE TYPE: GENERAL, SPECIFIC. COMMITTEE NAME, ADDRESS, CAMPAIGN TREASURER NAME, ADDRESS.

Table with 6 rows: CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns: Description, Amount (\$). Values: 0.00, 100.00, 59.49, 946.77, 14,958.93, 0.00.

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.

Handwritten signature of Vonciel Jones Hill.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VONCIEL JONES HILL, this the 15th day of July, 2008, to certify which, witness my hand and seal of office.

Handwritten signature of Grandolyn O. Sharp.

Signature of officer administering oath

Printed name of officer administering oath: Grandolyn O. Sharp

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: Schedule A 1/1; Report 3/4	
<b>2</b> FILER NAME <b>Vonciel Jones Hill</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  <b>5/9/2008</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Dunlop Gates</b>  <b>6</b> Contributor address; City; State; Zip Code <b>1359 Bar Harbor Dallas, Texas 75232</b>	<b>7</b> Amount of contribution (\$)  <b>\$100.00</b>  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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.

**00003**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F:  
**Schedule F 1/1; Report 4/4**

**2** FILER NAME  
**Vonciel Jones Hill**

**3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
01/24/08	<b>Charles Hill</b>	<b>\$ 50.00</b>
03/17/08	<b>2717 Meadowstone Ln.</b>	<b>\$100.00</b>
04/30/08	<b>Dallas, TX 75227</b>	<b>\$ 50.00</b>

**8** Purpose of payment (See instructions regarding type of information required.)  
**Payment for contract labor services  
Rendered in District 5.**  
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name	Amount (\$)
04/01/08	<b>John Wiley Price Campaign</b>	
	<b>465150 Turtle Creek Blvd., Ste. 202</b>	<b>\$250.00</b>
	<b>Dallas, TX 75207</b>	

Purpose of payment (See instructions regarding type of information required.)  
**Campaign contribution**  
(If travel outside of Texas, complete Schedule T)

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

Date	Payee name	Amount (\$)
06/07/08	<b>Hilton Austin</b>	
	<b>500 East 4<sup>th</sup> Street</b>	<b>\$437.28</b>
	<b>Austin, TX 78701</b>	

Purpose of payment (See instructions regarding type of information required.)  
**Lodging for attendance at State Democratic  
Convention**  
(If travel outside of Texas, complete Schedule T)

**\*\* 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.)  
(If travel outside of Texas, complete Schedule T)

**\*\* 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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