

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: 1 of 9
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Vonciel Jones	NICKNAME LAST SUFFIX Hill
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OFFICE USE ONLY

Date Received

Date Handled or Date Postmarked

Receipt Amount

Date Processed

Date Imaged

RECEIVED
 2007 MAY -4 AM 9:40
 CITY SECRETARY
 DALLAS, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address	P.O. Box 764856 Dallas, TX 75375-4856

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(214) 333-9080

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rev. E. L. Wright II	NICKNAME LAST SUFFIX
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	4347 S. Hampton Rd., Suite 150 Dallas, TX 75232

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	(214) 333-7775

9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
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10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	04 / 03 / 07		05 / 02 / 07

11 ELECTION	ELECTION DATE Month Day Year 05 / 12 / 07	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Dallas City Council - District 5
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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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

**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 2/9

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

additional pages

COMMITTEE NAME

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

\$ 125.00

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

\$ 14,803.00

EXPENDITURE TOTALS

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

\$ 312.22

4. TOTAL POLITICAL EXPENDITURES

\$ 23,353.27

CONTRIBUTION BALANCE

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

\$ 18,092.21

OUTSTANDING LOAN TOTALS

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

\$ 0.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Vonciel Jones Hill
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said VONCIEL JONES HILL, this the 2nd day of MAY, 20 07, to certify which, witness my hand and seal of office.

Jean Jordan
Signature of officer administering oath

Jean Jordan
Printed name of officer administering oath

Notary
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:
Schedule A 1/2; Report 3/9

2 FILER NAME **Vonciel Jones Hill**

3 ACCOUNT # (Ethics Commission filers)

4 Date
**04/18/07;
04/27/07**

5 Full name of contributor out-of-state PAC (ID#: _____)

DeMetris Sampson

6 Contributor address; City; State; Zip Code
**2207 Elderoaks Lane
Dallas, TX 75232**

7 Amount of contribution (\$)
\$498.00

8 In-kind contribution description (if applicable)
**Refreshments;
postage**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

See Detailed Attachment

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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)

(If travel outside of Texas, complete Schedule T)

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)

(If travel outside of Texas, complete Schedule T)

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)

(If travel outside of Texas, complete Schedule T)

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.

Political Contributions
(Other Than Pledges or Loans)
Schedule A

Schedule A 2/2; Report 4/9

	NAME		ADDRESS				AMOUNT	DATE
1	Patterson	Robert L.	5520 Cedar Ridge Dr.	Dallas	TX	75236	\$100.00	4/3/2007
2	Rawlings	Illona	1344 Bar Harbor Dr.	Dallas	TX	75232	\$100.00	4/3/2007
3	Gill	David	1355 Mill Stream	Dallas	TX	75232	\$125.00	4/3/2007
4	Prothro	Caren	3929 Potomac Ave.	Dallas	TX	75205	\$250.00	4/5/2007
5	The Real Estate Council - PAC		5430 LBJ Frwy, Ste. 100	Dallas	TX	75240	\$500.00	4/5/2007
6	James	Anna	6306 Overdale	Houston	TX	77087	\$100.00	4/10/2007
7	Voss, Jr.	Edwin P.	740 E. Campbell Rd., Ste 800	Richardson	TX	75081	\$100.00	4/10/2007
8	Welch	Terry	6034 McCommas Blvd.	Dallas	TX	75206	\$200.00	4/10/2007
9	Nye	Erle	12211 Creek Forest Dr.	Dallas	TX	75230	\$500.00	4/10/2007
10	Luna	J. Christopher	P.O. Box 131523	Dallas	TX	75313	\$250.00	4/12/2007
11	Barzune	Dolores	4831 Brookview Dr.	Dallas	TX	75220	\$100.00	4/14/2007
12	Hurdle	Ronald & Cheryl	P.O. Box 225355	Dallas	TX	75082	\$100.00	4/14/2007
13	Wright	Joe Nathan	12225 Greenville Ave., Ste. 700	Dallas	TX	75243	\$100.00	4/14/2007
14	Warren	A. Gus	3020 Nathan Dr.	Dallas	TX	75241	\$125.00	4/14/2007
15	Lewis	Peter	18727 Greenside Dr.	Dallas	TX	75252	\$150.00	4/14/2007
16	Lindsay	Kathleen S.	3368 Shady Hollow Cir.	Dallas	TX	75233	\$250.00	4/14/2007
17	Stool	Gerald	2808 Fairmount St., Ste. 100	Dallas	TX	75201	\$1,000.00	4/14/2007
18	Dallas Retired Fire Fighters Assoc.-PAC		P.O. Box 118422	Carrollton	TX	75011-8422	\$100.00	4/16/2007
19	Jordan	Sonia	2020 715 S. Parks Dr.	DeSoto	TX	75115	\$100.00	4/18/2007
20	Williams	Hiawatha	1141 Waterview Ln.	DeSoto	TX	75115	\$100.00	4/18/2007
21	Hicks	Ron	6338 Azalea Ln.	Dallas	TX	75230	\$500.00	4/18/2007
22	Jackson	Luther	605 Faye St.	DeSoto	TX	75115	\$1,000.00	4/19/2007
23	Jackson	Theresa	605 Faye St.	DeSoto	TX	75115	\$1,000.00	4/19/2007
24	Jackson	Theresa	605 Faye St.	DeSoto	TX	75115	\$980.00	4/19/2007
25	Jackson, Jr.	Luther	4210 Sarah St. #24	Burbank	CA	91505	\$1,000.00	4/19/2007
26	Perry	Dewan K.	7623 Oak Garden Trl.	Dallas	TX	75232	\$350.00	4/20/2007
27	Hispanic PAC of Dallas		P.O. Box 141228	Dallas	TX	75214-1228	\$500.00	4/20/2007
28	Hallam	Howard	5330 S. Dentwood Dr.	Dallas	TX	75220	\$100.00	4/23/2007
29	SEIU COPE		1313 L Street NW	Washington	DC	20005	\$2,500.00	4/24/2007
30	Law Office of Tony Martin & Associates		1700 Commerce St., Suite 450	Dallas	TX	75201	\$100.00	4/26/2007
31	Williams	Hiawatha	1141 Waterview Ln.	DeSoto	TX	75115	\$100.00	4/26/2007
32	Allison	Joel	9210 Westwind Ct.	Dallas	TX	75231	\$100.00	4/28/2007
33	Chase	J. Scott	3333 Lee Pkwy., Ste. 100	Dallas	TX	75219	\$100.00	4/28/2007
34	Evans	H. Craig	P.O. Box 25131	Dallas	TX	75225	\$500.00	4/28/2007
35	Wyly	Charles	300 Crescent Court, Suite 1000	Dallas	TX	75201	\$500.00	4/28/2007
36	Lynn	Michael P.	4523 West Lawther Dr.	Dallas	TX	75214	\$500.00	5/1/2007

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
Schedule F 1/5; Report 5/9

2 FILER NAME
Vonciel Jones Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
04/03/07; 04/04/07; 04/23/07; 04/28/07	Office Depot 6 Payee address; City; State; Zip Code 3107 W. Camp Wisdom Rd. Dallas, TX 75237	\$394.61

8 Purpose of payment (See instructions regarding type of information required.) Various campaign materials/supplies (envelopes, ink, rubber bands, etc.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
04/04/07; 04/14/07; 04/25/07; 04/28/07	ALP, Printing, Inc. Payee address; City; State; Zip Code 4650 S. Hampton Rd, Ste. 97D Dallas, TX 75232	\$4,713.47

Purpose of payment (See instructions regarding type of information required.) Campaign materials (mailers, cards, copies, letters) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
04/14/07;	Jeanadair Jordan Payee address; City; State; Zip Code 5835 Spring Glen. Dallas, TX 75232	\$63.00

Purpose of payment (See instructions regarding type of information required.) Payment for campaign services rendered at campaign office. (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
01/16/07	Vonciel Jones Hill Payee address; City; State; Zip Code P.O. Box 764856 Dallas, TX 75375	\$117.42

Purpose of payment (See instructions regarding type of information required.) Partial reimbursement of out-of-pocket campaign expenses previously reported. (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
Schedule F 2/5; Report 6/9**2** FILER NAME**Vonciel Jones Hill****3** ACCOUNT # (Ethics Commission filers)**4** Date04/17/07;
05/01/07**5** Payee name**Beatrice Stone****7** Amount
(\$)**\$320.00****6** Payee address; City; State; Zip Code**520 Early Dawn Trl.
Dallas, TX 75224****8** Purpose of payment (See instructions regarding type of information required.)**Payment for campaign services rendered.**

(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

04/17/07;
05/01/07

Payee name

Machele HarpAmount
(\$)**\$976.00**

Payee address; City; State; Zip Code

**6527 Kenwell St.
Dallas, TX 75209**

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

Payment for campaign services rendered.

(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

04/17/07;
05/01/07;

Payee name

Rosalyn AtkinsAmount
(\$)**\$872.00**

Payee address; City; State; Zip Code

**7200 Stemmons Frwy, Apt #1306
Dallas, TX 75247**

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

Payment for campaign services rendered.

(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

04/17/07;
05/01/07

Payee name

William Ferrell.Amount
(\$)**\$1,275.00**

Payee address; City; State; Zip Code

**2326 Santa Cruz Dr.
McKinney, TX 75069**

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

Payment for campaign services rendered.

(If travel outside of Texas, complete Schedule T)

9 ** 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: Schedule F 3/5; Report 7/9

2 FILER NAME

Vonciel Jones Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/17/07

5 Payee name

Dorothy Fisher

7 Amount (\$)

\$96.00

6 Payee address; City; State; Zip Code

227 West McVey Ave. Dallas, TX 75224

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

Payment for campaign services rendered. (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

04/18/07

Payee name

Charles E. Hill

Amount (\$)

\$150.00

Payee address; City; State; Zip Code

1627 Acapulco Dallas, TX 75232

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

Payment for campaign services rendered. (If travel outside of Texas, complete Schedule T)

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

Date

04/19/07

Payee name

Aaron McCarthy

Amount (\$)

\$300.00

Payee address; City; State; Zip Code

5787 S. Hampton Rd., Ste. 285 Dallas, TX 75232

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

Radio advertisements. (If travel outside of Texas, complete Schedule T)

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

Date

03/07/07

Payee name

KHVN-Heaven 97

Amount (\$)

\$1,200.00

Payee address; City; State; Zip Code

5787 S. Hampton Rd., Ste. 285 Dallas, TX 75232

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

Radio Advertisement. (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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
Schedule F 4/5; Report 8/9

2 FILER NAME

Vonciel Jones Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/19/07

5 Payee name

Service Broadcasting Corporation

7 Amount (\$)

\$10,000.00

6 Payee address; City; State; Zip Code

**621 N. W. 6th St.
Grand Prairie, TX 75053**

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

Radio advertisement.
(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

04/20/07

Payee name

Joe Pool Station

Amount (\$)

\$195.00

Payee address; City; State; Zip Code

Dallas, TX 75393-0170

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

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

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

Date

03/02/07

Payee name

Postmaster

Amount (\$)

\$1,210.38

Payee address; City; State; Zip Code

Dallas, TX 75237

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

Postage for campaign mailer.

(If travel outside of Texas, complete Schedule T)

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

Date

04/26/07

Payee name

Castle Mailing Center

Amount (\$)

\$559.95

Payee address; City; State; Zip Code

**115 Glass St.
Dallas, TX 75207**

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

Payment for campaign miler.

(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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: Schedule F5/5; Report 9/9

2 FILER NAME Vonciel Jones Hill

3 ACCOUNT # (Ethics Commission filers)

4 Date 05/01/07	5 Payee name Bliss Verduzco 6 Payee address; City; State; Zip Code 7315 Dangerfield Dr. Dallas, TX 75227	7 Amount (\$) \$64.00
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8 Purpose of payment (See instructions regarding type of information required.) Payment for contract services rendered. (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/30/07	Payee name DFW PROS-THINC VEND Payee address; City; State; Zip Code 2701 Fondren, Suite 141 Dallas, TX 75206	Amount (\$) \$466.22
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Purpose of payment (See instructions regarding type of information required.) Campaign T-shirts. (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/01/07	Payee name Rita Lee Payee address; City; State; Zip Code 1162 Meadow Creek Lancaster, TX 75146	Amount (\$) \$68.00
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Purpose of payment (See instructions regarding type of information required.) Payment for contract services rendered. (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

