

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr.** **Sheffield** ^{FIRST} **A.** ^{MI}
 NICKNAME **Sheffie** **Kadane** ^{LAST} **Kadane** ^{SUFFIX}

OFFICE USE ONLY

Date Received

RECEIVED
 2007 JUL 6 PM 3:16
 CITY SECRETARY
 DALLAS, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **6841 Lakeshore Dr.** APT / SUITE #: CITY: STATE: ZIP CODE
Dallas, TX 75214

Date Hand Delivered or Date Postmarked

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 535-6667

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mrs.** **Reena** ^{FIRST} **Morris** ^{MI}
 NICKNAME **Morris** ^{LAST} **Morris** ^{SUFFIX}

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
3755 W. Hawthier Dr.
Dallas, TX 75214-2913

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 363-0576

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
5 / 5 / 2007 THROUGH **7 / 15 / 2007**

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
5 / 12 / 2007 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Dallas City Council Dist 9

13 OFFICE SOUGHT (if known)

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

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

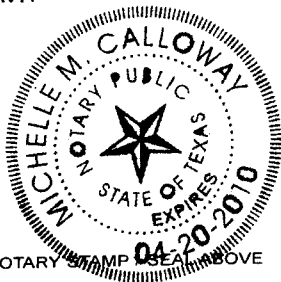
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,125. ⁰⁰
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 38,726. ²⁹
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 129. ⁵⁶
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000. ⁰⁰

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

Sheffie Kadane
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheffie Kadane, this the 16th day of July, 2007, to certify which, witness my hand and seal of office.

Michelle M. Calloway
Signature of officer administering oath

Michelle M. Calloway
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 of Schedule A: **(NO) 20**

2 FILER NAME **Sheffie Kadane**

3 ACCOUNT # (Ethics Commission filers)

4 Date
5 Full name of contributor out-of-state PAC (ID#: _____)
See Attached List
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
8 In-kind contribution description (if applicable)

(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#: _____)
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.

Schedule A

Name	Middle	Last Name	Name 2	Amount	Date Rec'd	Company	Address	Address 2	City, State	Zip
Margaret Jo & BB	L.	Cox		\$100	6/11/2007		6791 Lakelair Cir.		Dallas, TX	75214
Pete		Barr		\$500	5/17/2007		6638 Williamson Road		Dallas, TX	75214
David & Rachel		Sessions		\$250	5/11/2007		P. O. Box 38885		Dallas, TX	75238-0585
Frank	C.	Epperson	Half Associates State PAC	\$250	5/17/2007		3101 Royal Ash Downs Ct.		Plano, TX	76093
Cathy Brittingham & Julian David G. & Rebecca R. Alfonso & Kimberly John & Christie		Elkenburg		\$250	5/17/2007		8616 Northwest Plaza Dr.		Dallas, TX	75230-5451
		Hall		\$100	5/9/2007		7417 Meadow Rd.		Dallas, TX	75214-3750
		Godfrey		\$500	5/12/2007		3620 Vintage Place		Dallas, TX	75230
		Pino		\$250	5/11/2007		11034 Tibos St.		Dallas, TX	75214-3556
		Davis	JPI Good Government Fund - Attn: David B. Armbrust	\$500	5/9/2007		8928 Lakewood Blvd.		Dallas, TX	78701
		Packard		\$150	5/11/2007		100 Congress Ave., Ste. 1300		Austin, TX	78701
		Whitten		\$100	5/11/2007		6903 Lyra Lane		Dallas, TX	75214
		Goodwin		\$1,000	7/15/2007		8123 San Fernando Way		Dallas, TX	75218
		Keller		\$200	7/10/2007		6110 Sill Ross Lane		Dallas, TX	75218
		Calhoun		\$500	5/9/2007		8522 Garland Rd.		Dallas, TX	75218
		Slaughter		\$100	5/9/2007		1745 Tamarack Dr.		Dallas, TX	75214
		Guida		\$250	5/9/2007		2503 Auburn Avenue		Dallas, TX	75214
		Hawley		\$100	5/7/2007		6210 Prestondell Dr.		Dallas, TX	75254
		Bragalone		\$25	5/7/2007		6817 Yada Dr.		Dallas, TX	75214-3703
		Hopkins		\$100	5/7/2007		6712 Avalon Avenue		Dallas, TX	75214
		Weaver		\$50	5/7/2007		3912 Barnes Bridge		Dallas, TX	75228
		Rogers		\$50	5/7/2007		6528 Mercedes		Dallas, TX	75214
		The Economy Family Living Trust		\$50	5/7/2007		6405 Lange Cir		Dallas, TX	75214-2925
		Monsivaiz		\$500	5/7/2007		14700 Carter		Dallas, TX	75214-2443
		Davis		\$500	5/7/2007		9447 Waterview Rd.		Overland Park, KS	66221
		Langley		\$500	5/7/2007		4544 Cathedral Drive		Dallas, TX	75214
		Ransom		\$200	5/7/2007		8934 Hackney Ln.		Dallas, TX	75238-3708
		Walters		\$50	5/7/2007		9430 Hillview		Dallas, TX	75231
		Farrar		\$1,000	5/19/2007		6951 Delrose Dr.		Dallas, TX	75214
		The Real Estate Council	Community Leadership Committee	\$100	6/4/2007		5430 LBJ Frwy., Ste. 100		Dallas, TX	75240
		Guida		\$100	6/4/2007		6210 Prestondell Dr.		Dallas, TX	75254
		Whitten		\$250	5/16/2007		8123 San Fernando Way		Dallas, TX	75218
		Billingsley					4100 Internatl Pkwy Suite 1100		Carrollton, TX	76007

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Sheffie Kadane

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-5-07

5 Payee name

Graphics Management

6 Payee address; City; State; Zip Code

5489 Blair Rd. Suite 400 - Dallas, TX 75231

7 Amount (\$)

11,592.77

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

Campaign Materials, Mailings, Advertising
(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

5-5-07

Payee name

Clayton Henry

Payee address; City; State; Zip Code

5489 Blair Rd Suite 400, Dallas, TX 75231

Amount (\$)

1,500.00

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

Consulting
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5-5-07

Payee name

Diamond Level Services

Payee address; City; State; Zip Code

*P.O. Box 140655
Dallas, TX 75214*

Amount (\$)

1,250.00

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

Consulting
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5-5-07

Payee name

Valentine Direct Marketing

Payee address; City; State; Zip Code

5415 Maple Ave., Dallas, TX 75235

Amount (\$)

661.45

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

Postage / Printing
(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:

2 FILER NAME *Sheffie Kadane* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Kathryn Falvo</i>	7 Amount (\$)
<i>5-5-07</i>	6 Payee address; City; State; Zip Code <i>P.O. Box 140655 Dallas, TX 75214</i>	<i>340.⁰⁰</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>Project Coordinator</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Stovall Design</i>	Amount (\$)
<i>5-7-07</i>	Payee address; City; State; Zip Code <i>660 Preston Forest Center #318-Dallas TX 75230</i>	<i>1300.⁰⁶</i>

Purpose of payment (See instructions regarding type of information required.) <i>Printing and Design</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Diamond Level Services</i>	Amount (\$)
<i>5-8-07</i>	Payee address; City; State; Zip Code <i>P.O. Box 140655-Dallas, TX 75214</i>	<i>321.47</i>

Purpose of payment (See instructions regarding type of information required.) <i>Supplies + Materials, Postage</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name <i>Diamond Level Services</i>	Amount (\$)
<i>5-17-07</i>	Payee address; City; State; Zip Code <i>P.O. Box 140655 - Dallas, TX 75214</i>	<i>2,500.⁰⁰</i>

Purpose of payment (See instructions regarding type of information required.) <i>Consulting</i> <small>(If travel outside of Texas, complete Schedule T)</small>	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:

2 FILER NAME

Sheffie Kadane

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-18-07

Graphics Management

6 Payee address; City; State; Zip Code

5489 Blair Rd - Suite 400 - Dallas, TX 75231

14,358.⁴⁴

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

Campaign Materials, Mailings, Advertising
(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 (\$)

6-2-07

M Group Get It Done

Payee address; City; State; Zip Code

4814 Purdue Ave. Dallas, TX 75209

1,311.⁰¹

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

Promotional Items
(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 (\$)

6-2-07

Valentine Direct Marketing

Payee address; City; State; Zip Code

5415 Maple Ave - Dallas, TX 75235

1,232.⁰⁵

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

Postage/Printing
(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 (\$)

6-2-07

Arrow Reprographics

Payee address; City; State; Zip Code

10675 E. NW. Hwy. # 1650 - Dallas, TX 75238

712.²⁹

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

Invitations
(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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Sheffie Kadane

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-6-07

5 Payee name

Arrow Reprographics

6 Payee address; City; State; Zip Code

10675 E. NW. Hwy. #1650 - Dallas, TX 75238

7 Amount (\$)

743.¹⁵_—

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

Invitations

(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

7-6-07

Payee name

Valentine Direct Marketing

Payee address; City; State; Zip Code

5415 Maple Ave - Dallas, TX 75235

Amount (\$)

1,003.⁶⁰_—

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

Postage/Printing

(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

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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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