

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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
VONCIEL J
NICKNAME LAST SUFFIX
HILL

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 764856
DALLAS, TEXAS 75376-4856
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 333-9080

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Rev. FIRST MI
E.L. II
NICKNAME LAST SUFFIX
WRIGHT

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4347 S. HAMPTON ROAD, SUITE 150
DALLAS, TEXAS 75232

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 333-7775

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 THROUGH Month Day Year
/ / / / / /

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
01 / 17 / 2006

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

DALLAS CITY COUNCIL

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

000001

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

HILL, Vonciel Jones

16 ACCOUNT # (Ethics Commission filers)

N/A

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

\$

00.00

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

\$

700.00

EXPENDITURE TOTALS

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

\$

00.00

4. TOTAL POLITICAL EXPENDITURES

\$

632.60

CONTRIBUTION BALANCE

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

\$

67.40

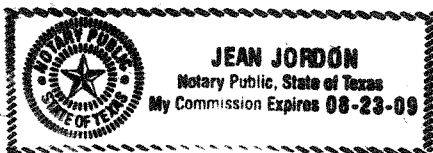
OUTSTANDING LOAN TOTALS

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

\$

00.00

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.

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 14 day of July, 2006, to certify which, witness my hand and seal of office.

Jean Jordon
Signature of officer administering oath

Jean Jordon
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: 1

2 FILER NAME HILL, VONCIEL JONES 3 ACCOUNT # (Ethics Commission filers) N/A

4 Date <u>1 MARCH 2006</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>VONCIEL JONES HILL</u>	7 Amount of contribution (\$) <u>\$100-</u>	8 In-kind contribution description (if applicable) _____
6 Contributor address; City; State; Zip Code <u>P.O. Box 764856 DALLAS, TEXAS 75376-4856</u>			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>9 MARCH 2006</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LINDA LAWSON GAITHER</u>	Amount of contribution (\$) <u>\$250-</u>	In-kind contribution description (if applicable) _____
Contributor address; City; State; Zip Code <u>P.O. Box 567 HAMILTON, TEXAS 76531-0567</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4 APRIL 2006</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ALBERTA G. MAYBERRY</u>	Amount of contribution (\$) <u>\$250</u>	In-kind contribution description (if applicable) _____
Contributor address; City; State; Zip Code <u>6300 RIYADH PLACE DULLES, VIRGINIA 20189</u>			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>20 JUNE 2006</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DARRELL GENE CALDWELL, SR.</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable) _____
Contributor address; City; State; Zip Code <u>8609 HUNTINGTON DRIVE ROWLETT, TEXAS 75089</u>			

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.

000003

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME HILL, VONCIEL JONES

3 ACCOUNT # (Ethics Commission filers) N/A

4 Date 9 MAY 2006

5 Payee name RON NANCE
6 Payee address; City; State; Zip Code DALLAS, TEXAS 75232

7 Amount (\$) \$150-

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

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

Date 9 MAY 2006

Payee name JACKIE CALDWELL
Payee address; City; State; Zip Code DALLAS, TEXAS 75232

Amount (\$) \$150-

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN PHOTOGRAPHS (WARDROBE / MAKE-UP)

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

Date 9 MAY 2006

Payee name EDWIN JAMES
Payee address; City; State; Zip Code 4347 S. HAMPTON ROAD, SUITE 210 DALLAS, TEXAS 75232-3018

Amount (\$) \$25-

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN PHOTOGRAPHS (PHOTOGRAPHER'S ASSISTANCE)

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

Date 20 MAY 2006

Payee name DALLAS POSTMASTER
Payee address; City; State; Zip Code JOE POOL STATION ON HAMPTON ROAD DALLAS, TEXAS 75232

Amount (\$) \$133.38

Purpose of payment (See instructions regarding type of information required.) STAMPS: 342 @ 39¢ each

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000004

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME HILL, VONCIEL JONES

3 ACCOUNT # (Ethics Commission filers) —

4 Date 8 MAY 2006

5 Payee name OFFICE DEPOT
6 Payee address; City; State; Zip Code
CAMP WISDOM ROAD
DALLAS, TEXAS 75232

7 Amount (\$) \$18.93

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

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

Date 31 MAY 2006

Payee name LAW OFFICE OF VONCIEL JONES HILL
Payee address; City; State; Zip Code
4347 S. HAMPTON ROAD, SUITE 210
DALLAS, TEXAS 75232-3018

Amount (\$) \$125-

Purpose of payment (See instructions regarding type of information required.)
CAMPAIGN OFFICE SPACE
(LEASE & EQUIPMENT)

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

Date 23 JUNE 2006

Payee name OFFICE DEPOT
Payee address; City; State; Zip Code
CAMP WISDOM ROAD
DALLAS, TEXAS 75232

Amount (\$) \$17.31

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

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

Date 30 JUNE 2006

Payee name OFFICE DEPOT
Payee address; City; State; Zip Code
CAMP WISDOM ROAD
DALLAS, TEXAS 75232

Amount (\$) \$12.98

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000005

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 HILL, VONCIEL JONES

3 ACCOUNT # (Ethics Commission filers) N/A

4 Date
8
MAY
2006

5 Payee name
OFFICE DEPOT

6 Payee address; City; State; Zip Code
CAMP WISDOM ROAD
DALLAS, TEXAS 75232

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

8 Amount (\$)
\$18.93

Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000006

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

HILL, VONCIEL JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

31
MAY
2006

5 Business name

LAW OFFICE OF VONCIEL JONES HILL

6 Business address; City; State; Zip Code

4347 S. HAMPTON ROAD, SUITE 210
DALLAS, TEXAS 75232-3018

7 Amount (\$)

125-

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

CAMPAIGN OFFICE SPACE
(SPACE & EQUIPMENT)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business 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

Business name

Amount (\$)

Business 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

Business name

Amount (\$)

Business 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

000007