

# 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 FIRST MI  
 Mr. Sheffield A.  
 NICKNAME LAST SUFFIX  
 Sheffie Kadane, JR.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (214) 535-6667

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 Mrs. Reena  
 NICKNAME LAST SUFFIX  
 Morris

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 3755 W. Lawther 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  
 4 / 3 / 2007    THROUGH    5 / 4 / 2007

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)  
 Dallas City Council / District 9

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

OFFICE USE ONLY

RECEIVED

2007 MAY -4 AM 9:48

CITY SECRETARY DALLAS, TEXAS

Date Received

Date Hand-delivered or Date Postmarked

Receipt #    Amount

Date Processed

Date Imaged

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)
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17 NOTICE FROM POLITICAL COMMITTEE(S)

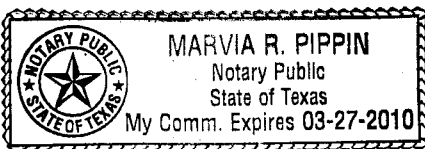
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

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

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)	\$ 22,055. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,147. <sup>65</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 63,325. <sup>00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,000. <sup>00</sup>

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SHEFFIE KADANE, this the 4th day of MAY, 2007, to certify which, witness my hand and seal of office.

*Marvia R Pippin*  
\_\_\_\_\_  
Signature of officer administering oath

MARVIA R PIPPIN  
\_\_\_\_\_  
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: 3

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
James or Reena		Morris		\$1,000	4/14/2007		3755 W. lawther Dr.		Dallas, TX	75214-2913
Elizabeth	F.	Zaby		\$50	4/14/2007		6033 Vanderbilt Ave.		Dallas, TX	75206
Roscoe & Etie	F.	Nye		\$250	4/14/2007		12211 Creek Forest Dr.		Dallas, TX	75230-2336
Sheffield	A.	White, III		\$1,000	4/14/2007		Galleria Tower II	13455 Noel Road, Suite 21	Dallas, TX	75240-1534
Lu Ann & Mark		Kadane, III		\$1,000	4/14/2007		6169 Beverly Drive		Frisco, TX	75034
John		Shank		\$250	4/14/2007		3405 Wendy Lane		Dallas, TX	75214
Nancy & James		Mullen		\$1,000	4/15/2007		5365 Montrose Drive		Dallas, TX	75209
Mr. & Mrs. Thomas	Richard	Northrup		\$500	4/16/2007	Judy's Creation	9106 W. Lake Highlands Dr.		Dallas, TX	75218
Carla & Doug		Allen		\$100	4/19/2007		11106 Yorkspring Drive		Dallas, TX	75218
Catherine & Robert		Kerr		\$100	4/19/2007		8239 San Leandro Dr.		Dallas, TX	75218-4406
Kent		Langston		\$100	4/19/2007	Official Check	2107 Warner Rd.		Fort Worth, TX	76110
Tim		Carter		\$300	4/19/2007					
Mr. & Mrs. L.		Parrish		\$300	4/19/2007					
Suzy & Shawn		Drain		\$250	4/20/2007		6411 Clubhouse Cir.		Dallas, TX	75240-5444
Janet & William		Driscoll		\$100	4/20/2007		6238 Highgate Ln.		Dallas, TX	75214
Mrs. Thomas	C.	Naramore		\$50	4/20/2007		5825 Birchbrook Dr.	Apt. 206	Dallas, TX	75206-4509
Elizabeth	M.	Unis		\$100	4/20/2007		6832 Westlake Ave.		Dallas, TX	75214-3445
Patricia & Charles		Baker		\$25	4/23/2007		7625 Chatterton Dr.		Dallas, TX	75248
Darlene		Cain		\$100	4/23/2007	Llc. 01342750	607 Waltra Rd.		Sunnyvale, TX	75182
Metrolex Association of Realtors		Doxey Calvin		\$50	4/23/2007		2634 Lake Forest Ct.		Dallas, TX	75214
Evelyn & Paul		Enochson	TTEE	\$2,500	4/23/2007		1511 Colony Dr.		Irving, TX	75061-2124
Mr. & Mrs. William	L.A.	Kadane		\$500	4/23/2007		3217 Merida Ave.		Fort Worth, TX	76109
Tom	D.	Patterson		\$250	4/23/2007		6908 Prestonshire		Dallas, TX	75225-1740
Sally		Rambo		\$100	4/23/2007		P.O. 303		Trinidad, TX	75163
R. H.		Richmond, Jr.		\$500	4/23/2007		6804 Tokalon Dr.		Dallas, TX	75243-8014
E. R. & G.G.		Yates		\$50	4/23/2007		9612 Orchard Hill		Dallas, TX	75204
Rebecca		Hamilton		\$100	4/24/2007		3228 Basell Ct.		Dallas, TX	75204
Edgar	A.	Mason		\$100	4/24/2007	Attorney At Law	2612 Boll Street		Dallas, TX	75204-1002
Ronald	M.	Smith		\$50	4/24/2007		6851 Whitehill		Dallas, TX	75231
Hughes & Luce, LLP, Committee for Good Govern				\$500	4/25/2007		1717 Main Street	Suite 2800	Dallas, TX	75201
Margaret	L.	Cox		\$900	4/25/2007		6791 Lakelair Cir.		Dallas, TX	75214
Robert	B.	Cox		\$500	4/25/2007		6791 Lakelair Cir.		Dallas, TX	75214
Robert		Nathank Crow		\$250	4/25/2007		P.O. Box 720010		Dallas, TX	75372
Jessica & Dewey		Dalton		\$100	4/25/2007		6147 Danbury		Dallas, TX	75214
Joye & Donald		David		\$100	4/25/2007		4 Ashmere Ct.		Dallas, TX	75226
Daniel	E.	Egert		\$25	4/25/2007		P.O. Box 1901183		Dallas, TX	75219
Mr. & Mrs. Boyce		Farrar, Jr.		\$15	4/25/2007		6931 Lakewood Blvd.		Dallas, TX	75214
Ellen & Marcello		Guerci		\$75	4/25/2007		8513 Catamba		Dallas, TX	75209
Kay & Bill		Hagemann		\$100	4/25/2007		6287 Mercades Ave.		Dallas, TX	75214-3093
Mr. & Mrs. Bergen	B.	Hall		\$50	4/25/2007	Special Account	11114 Colliton		Dallas, TX	75228-1942
Julie & Steven		Hardin		\$25	4/25/2007		2030 Clardsdale Pl.		Dallas, TX	75228
P.K.		Harris		\$50	4/25/2007		7504 Westblend Dr.		Dallas, TX	75231-4848
Pat & Charles		Hayward		\$50	4/25/2007		701 McCoy		Irving, TX	75062
Richard	B.	Hill, Jr.		\$100	4/25/2007	Special Account	11820 Duxbury Dr.		Dallas, TX	75218



POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME

Sheffie Kadane

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-16-2007

5 Payee name

Pamuela Mueller

6 Payee address; City; State; Zip Code

5928 Marguista Ave - Dallas, TX 75206

7 Amount (\$)

320.<sup>00</sup>

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

Data Entry

(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

4-24-2007

Payee name

Ken Fairchild

Payee address; City; State; Zip Code

5489 Blair Rd, Suite 400 - Dallas, TX 75231

Amount (\$)

500.<sup>00</sup>

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

4-25-2007

Payee name

Graphics Management

Payee address; City; State; Zip Code

5489 Blair Rd, Suite 400 - Dallas, TX 75231

Amount (\$)

14,022.<sup>61</sup>

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

Campaign Material, Mailings, Advertising

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

4-25-2007

Payee name

Valentine Direct Marketing

Payee address; City; State; Zip Code

5415 Maple Ave, Suite 230 - Dallas, TX 75235

Amount (\$)

958.<sup>62</sup>

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

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: 3

2 FILER NAME

Sheffie Kadane

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Tina Yampanis

7 Amount (\$)

350.00

4-27-2007

6 Payee address; City; State; Zip Code

4631 Ridgelawn Dr. - Dallas, TX 75214

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

Fund Raiser

(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

Peninsula Neighborhood A

Amount (\$)

150.00

4-30-2007

Payee address; City; State; Zip Code

9431 Tarleton St - Dallas, TX 75218

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

Advertising

(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

Arrow Reprographics, Inc.

Amount (\$)

1,830.48

4-30-2007

Payee address; City; State; Zip Code

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

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

Date

Payee name

David Pittman

Amount (\$)

113.96

5-1-2007

Payee address; City; State; Zip Code

6839 Lakewood Blvd. - Dallas, TX 75214

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

Reception Reimbursement

(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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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME

Sheffie Kadane

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-1-2007

Paul Schweizer

6 Payee address; City; State; Zip Code

7203 Cornelia Dallas, TX 75214

902.<sup>08</sup>

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

Reception Reimbursements  
(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 (\$)

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

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

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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