

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 Use)	2 Total pages Rec'd:
3 CANDIDATE / OFFICEHOLDER NAME	RESIDENTIAL HOME NO. FIRST LAST M SUFFIX TRUSTEE KUN IRRE	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE CITY STATE ZIP CODE 3622 JAMAICA DALLAS, TX 75216	Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount: _____ Date Mailed: _____	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 428-4387		
6 CAMPAIGN TREASURER NAME	RESIDENTIAL HOME NO. FIRST LAST M SUFFIX LA. CHRISTI JORDAN		
7 CAMPAIGN TREASURER ADDRESS (Residence or Campaign Office)	STREET ADDRESS / PO BOX / MAILING APT / SUITE # CITY STATE ZIP CODE 4600 2nd AVE DALLAS TX 75216		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 428-4387		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 90-day before election <input type="checkbox"/> Final report (Election C/OH - PR) <input type="checkbox"/> Extended (30-day limit) <input type="checkbox"/> July 15 <input type="checkbox"/> 90-day before election <input type="checkbox"/> Final <input type="checkbox"/> 150-day after term (for change of appointment / officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 15 / 07 THROUGH 12 / 15 / 07		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Recall <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HLD BY TRUSTEE Dist 9	13 OFFICE SOURCE (if using)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> Additional pages	- 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: _____ - C -		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (if of Commission Office)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This table 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIAL	COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> POLITICAL GROUP	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$40 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

\$ - 0

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

\$ 12,114.77

EXPENDITURE TOTALS

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

\$ - 0

4. TOTAL POLITICAL EXPENDITURES

\$ 700.00

CONTRIBUTION BALANCE

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

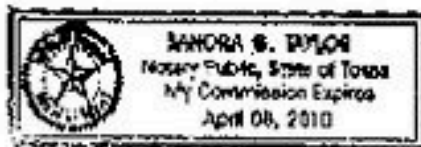
\$ 5,444.77

OUTSTANDING LOAN TOTALS

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

\$ - 0

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]
Signature of Candidate or Officeholder

AFTER NOTARY STAMP - SEAL ABOVE

Sworn to and subscribed before me, by the said RON PRICE this the 15th day

of January, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 See pages Schedule F.

2 FILER NAME

RON T. PARK

3 ACCOUNT # (Ethics Commission Use)

4 Date

9/13/06

5 Payee name

Teddy Hawkins

7 AMOUNT (\$)

\$ 350

6 Payee address

City State Zip Code

Dallas, TX 752

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

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

9 -- Complete if direct expenditure to benefit COQH --

Candidate / Officeholder name Office sought Office held

Date

9/13/06

Payee name

Teddy Hawkins

Amount (\$)

\$ 500.00

Payee address

City State Zip Code

Dallas, TX 752

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

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

-- Complete if direct expenditure to benefit COQH --

Candidate / Officeholder name Office sought Office held

Date

9/13/06

Payee name

Teddy Hawkins

Amount (\$)

\$ 200.00

Payee address

City State Zip Code

Dallas, TX 752

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

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

-- Complete if direct expenditure to benefit COQH --

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 COQH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED