

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

| | | | |
|--|---|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="font-size: 2em; color: blue; text-align: center;">3</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="radio"/> FIRST: Martha MI: Jo NICKNAME: LAST: Talbot SUFFIX: | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 404 E. Grubb Mesquite, TX 75149 | Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED By: David L. Hay APR 25 2016 </div> | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (972) PHONE NUMBER: 285-3552 EXTENSION: | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="radio"/> FIRST: Poppy MI: M. NICKNAME: LAST: Aichart SUFFIX: | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2531 Cumberland Dr. Mesquite, TX 75150 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (972) PHONE NUMBER: 743-5182 EXTENSION: | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 2 / 12 / 16 THROUGH 4 / 9 / 2016 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05 / 7 / 2016 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Dallas County Community College District, Trustee Hacey | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Martha Jo Talbot 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

COMMITTEE NAME
Martha Jo Talbot for School Board of Trustees, Place 4

COMMITTEE ADDRESS
4040 Arubb - Mesquite, Texas 75149

COMMITTEE CAMPAIGN TREASURER NAME
Popp & Airhart

COMMITTEE CAMPAIGN TREASURER ADDRESS
2531 Cumberland Dr Mesquite, TX 75150


Additional Pages

| | | |
|-------------------------|---|-------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>—</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>2875.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>3995.44</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>3995.44</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>2875.00</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>3000.00</u> |

18 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.

Martha Jo Talbot
 Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Martha Jo Talbot, this the 25th day of April, 2016, to certify which, witness my hand and seal of office.

Donna Y. Murley
 Signature of officer administering oath

Donna Y. Murley Notary Public
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|---|------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2975.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 100.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ — |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 3000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3995.44 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ — |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ — |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ — |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 1220.44 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ — |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ — |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1485

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

3-21-16

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

WRA Architects

7 Amount of contribution (\$)

\$ 250

6 Contributor address; City; State; Zip Code

12377 Merit #18 Dallas, TX 75251

8 Principal occupation / Job title (See Instructions)

Architects

9 Employer (See Instructions)

Date

3-20-16

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

Rusty Talbot

Amount of contribution (\$)

\$ 1000

Contributor address; City; State; Zip Code

404 E. Grubb Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Mesquite ISD

Date

3-25-16

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

Robert Seward

Amount of contribution (\$)

\$ 200

Contributor address; City; State; Zip Code

4632 Sandra Lynn Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Accountant

Employer (See Instructions)

Luminant

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/5

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

4-4-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Elaine Whitlock

7 Amount of contribution (\$)

\$200

6 Contributor address;

City; State; Zip Code

120 Toler Mesquite, TX 75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4-4-16

Full name of contributor

out-of-state PAC (ID#: _____)

Greg Everett

Amount of contribution (\$)

\$200

Contributor address;

City; State; Zip Code

900 Tiffany Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Plumber

Employer (See Instructions)

Self Employed

Date

4-4-16

Full name of contributor

out-of-state PAC (ID#: _____)

Melissa Mcbee

Amount of contribution (\$)

\$150

Contributor address;

City; State; Zip Code

233 Barnes Bridge Sunnyvale, TX 75182

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Mesquite ISD

Date

4-4-16

Full name of contributor

out-of-state PAC (ID#: _____)

Kevin Carbo

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1324 High Plains Dr. Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Business Operation Analyst

Employer (See Instructions)

City of Dallas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Dr. James Terry

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City; State; Zip Code

2320 Heatherdale Mesquite, TX
75149

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4-5-16

Full name of contributor

out-of-state PAC (ID#: _____)

Judy Zuber

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

700 Parkhaven Mesquite, TX
75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-5-16

Full name of contributor

out-of-state PAC (ID#: _____)

Bill Porter

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

2521 Heatherdale Mesquite, TX
75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-5-16

Full name of contributor

out-of-state PAC (ID#: _____)

Dr. Don Wooley

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code

416 Riggs Circle Mesquite, TX
75149

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-16

5 Full name of contributor

Herman Finley

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 50

6 Contributor address; City; State; Zip Code

309 Riggs Circle

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4-5-16

Full name of contributor

Jerry Stroud

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

403 Sumner

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-5-16

Full name of contributor

Rita Crump

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

**536 Kathy Dr. Mesquite, TX
75149**

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4-5-16

Full name of contributor

Tony Apel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50

Contributor address; City; State; Zip Code

**1734 Chandlers Lnds Mesquite, TX
75181**

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

WRA Architects

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

395

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-16

5 Full name of contributor

Peggy Gray

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address;

521 Kathy Dr Mesquite, TX 75149

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4-5-16

Full name of contributor

Ray Young

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

720 Bridge Water Ln. Mesquite, TX 75181

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Mesquite ISD

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <i>1 of 1</i> | |
| 2 FILER NAME <i>Martha Jo Talbot</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date <i>3-28-16</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peppy Airhart</i> | 8 Amount of Contribution \$ <i>\$100</i> | 9 In-kind contribution description <i>Advertisement in Mesq. Social Services program</i> |
| 7 Contributor address; City; State; Zip Code <i>2531 Cumberland Mesa TX 75180</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|---|---|----------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | |
|--|--|
| | |
|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Martha Jo Talbot

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

3-20-10

7 Name of lender

Martha Jo Talbot

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

3000.00

6 Is lender a financial institution?
Y N

8 Lender address;

404 E. Grubb Mesquite, TX 75149

City; State; Zip Code

10 Interest rate

-0-

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

4/1/16

Name of lender

Martha Jo Talbot

out-of-state PAC (ID#: _____)

Loan Amount (\$)

0,000.00

Is lender a financial institution?
Y N

Lender address;

404 E Grubb Mesquite TX 75149

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|----------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 1/2 | 2 FILER NAME Martha Jo Talbot | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|----------------------------------|---------------------------------------|

| | |
|-------------------|-------------------------------------|
| 4 Date 3-17-16 | 5 Payee name Crumpton's Printing |
|-------------------|-------------------------------------|

| | |
|------------------------------|---|
| 6 Amount (\$) \$ 2,257.01 | 7 Payee address: City; State; Zip Code 313 W. Main St Mesquite, TX 75149 |
|------------------------------|---|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expenses | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|---|

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

| | |
|----------------|-----------------------------------|
| Date 4-4-16 | Payee name Crumpton's Printing |
|----------------|-----------------------------------|

| | |
|--------------------------|--|
| Amount (\$) \$ 913.96 | Payee address: City; State; Zip Code 313 W. Main St. Mesquite, Tx 75149 |
|--------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expenses | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|----------------|-----------------------------|
| Date 4-4-16 | Payee name Clown Company |
|----------------|-----------------------------|

| | |
|--------------------------|--|
| Amount (\$) \$ 218.69 | Payee address: City; State; Zip Code 706 E. Kearney St Mesquite, TX 75149 |
|--------------------------|--|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: <i>2 of 2</i> | 2 FILER NAME <i>Martha Jo Talbot</i> | 3 Filer ID (Ethics Commission Filers) |
|---|---|---------------------------------------|

| | |
|--------------------------|--|
| 4 Date <i>2-29-16</i> | 5 Payee name <i>Booker Industries</i> |
|--------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) <i>367.99</i> | 7 Payee address; City; State; Zip Code <i>2344 Farnington, Dallas 75201</i> |
|--------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date <i>4-13-16</i> | Payee name <i>Booker Industries</i> |
|------------------------|--|

| | |
|------------------------------|--|
| Amount (\$) <i>239.83</i> | Payee address; City; State; Zip Code <i>2344 Farnington, Dallas 75201</i> |
|------------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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 EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|---|--|--|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 3 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR (M) FIRST Martha MI Jo NICKNAME LAST SUFFIX Talbot | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> RECEIVED <i>By: David L. Hay</i> APR 28 2015 </div> | |
| ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 404 E. Grubb Mesquite, TX 75149 | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (972) 285-3552 | Date Received | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR (M) FIRST Poppo MI M NICKNAME LAST SUFFIX Airkant | Date Hand-delivered of Date Postmarked Legal Ethics DCCCD | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2531 Cumberland Dr. Mesquite, TX 75150 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (972) 743-5182 | Receipt # Amount \$ | |
| 9 REPORT TYPE | Date Processed | | |
| <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | Date Imaged | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 4 / 7 / 14 4 / 29 / 14 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 7 / 14 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Dallas County Community College District, Place 4 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Martha Jo Talbot 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

GENERAL Martha Jo Talbot for DALLAS Board of Trustees Place 4

SPECIFIC

COMMITTEE ADDRESS
404 E. Grubb, Mesquite TX 75149

COMMITTEE CAMPAIGN TREASURER NAME
Poppy Airhart

COMMITTEE CAMPAIGN TREASURER ADDRESS
2531 Cumberland Dr. Mesquite, TX 75150

Additional Pages

| | | |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 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) | \$ - 0 - |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ - 0 - |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2875.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 3000.00 |

18 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.

Martha Jo Talbot
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Martha Talbot, this the April 28, 2016, to certify which, witness my hand and seal of office.

Terry Kinsworthy Signature of officer administering oath
Terry Kinsworthy Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|----------------------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ - 0 - |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ 3000 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ - 0 - <i>(on last report)</i> |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 3648.98 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ - 0 - |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ - 0 - |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ - 0 - |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ - 0 - |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule F2: 2 | 2 FILER NAME Martha Jo Talbot | 3 Filer ID (Ethics Commission Filers) |
|--|---|---------------------------------------|

| | |
|---|-------------------|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ 3648.98 |
|---|-------------------|

| | |
|--------------------------|---|
| 5 Date 4-26-16 | 6 Payee name Valentine Direct Marketing |
|--------------------------|---|

| | |
|----------------------------------|--|
| 7 Amount (\$) 2,948.25 | 8 Payee address; City; State; Zip Code 2344 Farnington, Dallas, TX 75207 |
|----------------------------------|--|

| | |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

| | | |
|---------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date 4-26-16 | Payee name White Rock Lake Weekly |
|------------------------|---|

| | |
|------------------------------|--|
| Amount (\$) 200.00 | Payee address; City; State; Zip Code P.O. Box 601685, Dallas, TX 75360 |
|------------------------------|--|

| | |
|---------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F2: <i>2</i> | 2 FILER NAME <i>Martha Jo Talbot</i> | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

| | |
|---------------------------------|--|
| 5 Date <i>4-26-16</i> | 6 Payee name <i>Painter Communications</i> |
|---------------------------------|--|

| | |
|---------------------------------------|--|
| 7 Amount (\$) <i>505.73</i> | 8 Payee address; City; State; Zip Code <i>75 Maple Street Conshohocken, PA 19428</i> |
|---------------------------------------|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | |
|----------------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED