

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:** 11

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs NICKNAME	FIRST Maurine LAST Dickey	MI MI SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2311 Joe Field Road Dallas TX 75229	APT / SUITE #	CITY STATE ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 247-1735	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Jaime LAST Ramon	MI MI SUFFIX

OFFICE USE ONLY	
Date Received	2009 JAN 15 PH 1:47 ELECTIONS DEPARTMENT DALLAS COUNTY
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 2828 N. Harwood St. #1800 Dallas TX 75201	APT / SUITE #	CITY STATE ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 939-4902	EXTENSION

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

07 / 01 / 08 THROUGH 12 / 31 / 08

11 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): Dallas County Commissioner District 1

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 Mrs. Maurine Dickey 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

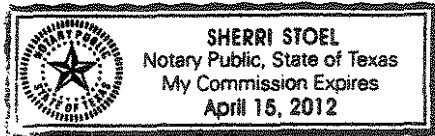
additional pages

* 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 2380.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14008.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 883.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8000.00

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.

Maurine P. Dickey
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maurine Dickey, this the 12 day of January, 20 09, to certify which, witness my hand and seal of office.

Denni Dal Signature of officer administering oath
Sherrri Stoel Printed name of officer administering oath
Notary Public 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:
AI - See Attached

2 FILER NAME
Mrs. Maurine Dickey

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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.

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:
E1 - See Attached

2 FILER NAME
Mrs. Maurine Dickey

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
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14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
F1 - See Attached

2 FILER NAME
Mrs. Maurine Dickey

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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
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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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Date	Payee Name	Payee Address	Amount	07/01/08 - 12/31/08 Purpose of Payment
7/1/2008	Eagle Postal	3109 Knox Street, Dallas, TX 75205	\$114.00	Mailbox rental/postage
7/1/2008	Costco	851 S. Highway 121, Lewisville, TX 75067	\$56.53	Supplies for meeting
7/1/2008	The Home Depot	8555 Home Depot Drive, Irving TX	\$51.83	Supplies for meeting
7/1/2008	Wal-mart	1635 Market Place Blvd., Irving TX	\$12.21	Food for meeting
7/1/2008	Costco	851 S. Highway 121, Lewisville, TX 75067	\$63.37	Supplies for meeting
7/1/2008	Wal-mart	1635 Market Place Blvd., Irving TX	\$50.04	Food for meeting
7/1/2008	Minyard	10909 Webb Chapel	\$19.68	Food for meeting
7/1/2008	Greater Dallas Planning Council	PO Box 227297, Dallas, TX 75222	\$125.00	Membership dues
7/7/2008	Ted Poe for Congress	PO Box 14222, Humble, TX 77347	\$200.00	Contribution
7/8/2008	Congressman Jeb Hensarling	PO Box 820504, Dallas, TX 75382	\$300.00	Contribution
7/15/2008	Michelle Frazier	917 Miranda Drive, Mesquite, TX 75149	\$100.00	Contract Labor
7/18/2008	Costco	851 S. Highway 121, Lewisville, TX 75067	\$56.35	Supplies for meeting
7/18/2008	Kroger	7505 E. MacArthur Blvd.	\$40.34	Food for meeting
7/18/2008	Kroger	2770 Valwood	\$11.06	Food for meeting
7/18/2008	Kroger	7505 E. MacArthur Blvd.	\$24.17	Food for meeting
7/18/2008	Kroger	7505 E. MacArthur Blvd.	\$64.15	Food for meeting
7/18/2008	Costco	851 S. Highway 121, Lewisville, TX 75067	\$36.73	Supplies for meeting
7/18/2008	Minyard	10909 Webb Chapel	\$21.12	Food for meeting
8/1/2008	Eagle Postal	3109 Knox Street, Dallas, TX 75205	\$20.00	Mailbox rental
8/11/2008	Friends of Jane Nelson	Grapevine, TX 76051	\$100.00	Contribution
8/20/2008	Kroger	950 E. Sandy Lake	\$37.27	Food for meeting
8/20/2008	Costco	851 S. Highway 121, Lewisville, TX 75067	\$48.29	Supplies for meeting
8/20/2008	Wal-mart	Garland, TX	\$34.33	Food for meeting
8/20/2008	Office Depot	2909 Forest Lane, Dallas, TX	\$42.15	Supplies for meeting
8/20/2008	Randalls Store	14280 Marsh Lane	\$22.63	Food for meeting
9/1/2008	Eagle Postal	3109 Knox Street, Dallas, TX 75205	\$20.00	Mailbox rental
9/18/2008	The Senior Source	3910 Harry Hines Blvd., Dallas, TX 75219	\$150.00	Luncheon
9/18/2008	North Texas Commission	8445 Freeport Parkway, Irving, TX 75063	\$70.00	Membership
9/18/2008	GDHCC	4622 Maple Avenue, #207, Dallas, TX 75219	\$150.00	Membership
9/18/2008	Metrocrest Chamber of Commerce	1204 Metrocrest Dr., Carrollton, TX 75006	\$182.00	Membership
10/1/2008	Eagle Postal	3109 Knox Street, Dallas, TX 75205	\$114.00	Mailbox rental/postage
10/20/2008	Lake Highlands Republican Women	4800 St. James Ct., Mesquite, TX 75150	\$15.00	Membership
10/27/2008	Marilyn Smith	NA	\$650.00	Christmas Luncheon
10/27/2008	The Chris Harris Campaign	1309A W. Abram, Arlington TX 76013	\$250.00	Contribution
10/28/2008	Joanna Windham	PO Box 190992, Dallas, TX 75219	\$300.00	Contract Labor

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:
HI - See Attached

2 FILER NAME
Mrs. Maurine Dickey

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Business name	Amount (\$)
	Business 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
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Date	Business name	Amount (\$)
	Business 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	Business name	Amount (\$)
	Business 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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

