

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
DAN  
NICKNAME LAST SUFFIX  
PATTERSON

OFFICE USE ONLY

Date Received  
2022 DEC 29  
JOHN F. WILSON  
COUNTY CLERK  
DALLAS COUNTY  
FILED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO BOX 140502  
DALLAS, TX 75214

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 632-3483

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
CHRIS  
NICKNAME LAST SUFFIX  
PATTERSON

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
PO BOX 140502  
DALLAS, TX 75214

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(214) 632 3483

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  
7 / 15 / 22 THROUGH 1 / 17 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 8 / 22  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
JUDGE, 11th DISTRICT DALLAS

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

GOTO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

15 C/OH NAME

**DAN PATTERSON**

16 ACCOUNT # (Ethics Commission Filers)

17 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ —

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ **3251.85**

CONTRIBUTION BALANCE

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

\$ **3116.79**

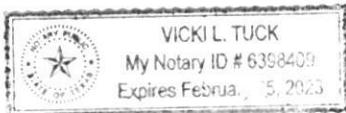
OUTSTANDING LOAN TOTALS

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

\$ —

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dan Patterson, this the 29<sup>th</sup> day of December, 20 22, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Vicki L. Tuck  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F <b>2</b>	2 FILER NAME <b>DAN PATTERSON</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3.23.22</b>	5 Payee name <b>DAN PATTERSON</b>
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6 Amount (\$) <b>646.00</b>	7 Payee address, City, State, Zip Code <b>PO BOX 140502 DALLAS, TX 75214</b>
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8 PURPOSE OF EXPENDITURE <b>LOAN REPAYMENT</b>	(a) Category (See categories listed at the top of this schedule) <b>LOAN REPAYMENT</b>	(b) Description (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
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Date <b>8.1.22</b>	Payee name <b>DCDP (DEMOCRATIC PARTY)</b>
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Amount (\$) <b>250-</b>	Payee address, City, State, Zip Code <b>1414 N. WASHINGTON DALLAS, TX 75204</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXP.</b>	Description (If travel outside of Texas, complete Schedule T) <b>FISH FRY</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8.1.22</b>	Payee name <b>TX. CTR. FOR JUDICIARY</b>
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Amount (\$) <b>500-</b>	Payee address, City, State, Zip Code <b>1210 SAN ANTONIO AUSTIN, TX 78701</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>GIFT, ETC.</b>	Description (If travel outside of Texas, complete Schedule T) <b>CONTRIBUTION</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9.27.22</b>	Payee name <b>BEST BUY</b>
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Amount (\$) <b>1437.56</b>	Payee address, City, State, Zip Code <b>9378 N. CENTRAL DALLAS, TX 75231</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>NOTEBOOK COMP.</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F <b>2</b>	2 FILER NAME <b>DAN PATTERSON</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10.5.22</b>	5 Payee name <b>CARSON LESLIE FOUND.</b>
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6 Amount (\$) <b>200-</b>	7 Payee address, City, State, Zip Code <b>3000 PEGASUS PARK # 722 DALLAS, TX 75247</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXP.</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CHARITY EVENT</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12.22.22</b>	Payee name <b>DAVE THE PRINTER</b>
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Amount (\$) <b>178.62</b>	Payee address, City, State, Zip Code <b>2338 IRVING BLVD DALLAS, TX 75207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXP.</b>	Description (If travel outside of Texas, complete Schedule T) <b>CANPS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12.22.22</b>	Payee name <b>FRED LAKE CO.</b>
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Amount (\$) <b>39.67</b>	Payee address, City, State, Zip Code <b>2317 FARMINGTON ST. DALLAS, TX 75207</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD..</b>	Description (If travel outside of Texas, complete Schedule T) <b>COUNT STAMPS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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