

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 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST MI
Rick

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

NICKNAME LAST SUFFIX
Franklin

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1650 W Virginia
St 212 McKinney TX 75069

RECEIVED
5/21/19
3:27PM
MAY 21 2019
CITY SECRETARY

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 658-1088

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS (MRS) MR FIRST MI
Donna

NICKNAME LAST SUFFIX
LouAnn Miller

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE, ZIP CODE
6305 Wild Wood Dr
McKinney TX 75070

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 924-6090
6901

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 Month Day Year
04 / 26 / 2019 THROUGH 05 / 20 / 2019

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description
05 04 / 2019 General Special Municipal

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council
District 9

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

Rick Franklin

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$ *5,252.33*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ *1,661.33*

CONTRIBUTION
BALANCE

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

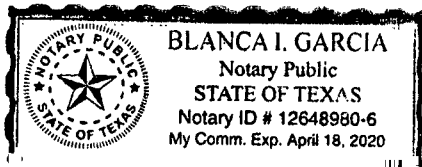
\$

OUTSTANDING
LOAN TOTALS

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

\$ *5,000.00*

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.

Rick Franklin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Rick Franklin*, this the *21st* day of *May*, 20 *19*, to certify which, witness my hand and seal of office

Blanca Garcia
Signature of officer administering oath

Blanca Garcia
Printed name of officer administering oath

Notary
Title of officer administering oath

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

Rick Franklin

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

1 Total pages Schedule A2:

3 Filer ID (Ethics Commission Filers)

\$ 947.33

5 Date

4/27

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

McKinney Team

8 Amount of Contribution \$

947.33

9 In-kind contribution description

meet greet /
bio cards /
printing

7 Contributor address, City, State, Zip Code

PO BOX 786 McKinney TX
75070

Check if travel outside of Texas. Complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

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

5/11

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

McKinney Team

Amount of Contribution \$

925

In-kind contribution description

development
mailers.

Contributor address, City, State, Zip Code

PO BOX 786 McKinney TX
75070

Check if travel outside of Texas. Complete Schedule T

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

2 FILER NAME

1 Total pages Schedule B:

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T

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 FILER NAME

Rick Franklin

3 Filer ID (Ethics Commission Filers)

4 Date

4/30

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

Stanford Swem

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

1208 Serenade Circle Plano TX 75075

8 Principal occupation / Job title (See Instructions)

Real estate

9 Employer (See Instructions)

Date

5/6

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

David H. Craig

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

6850 TPC of McKinney TX 75010

Principal occupation / Job title (See Instructions)

Investor

Employer (See Instructions)

Date

05/15

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

Don Blackwood

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

2 Cypress Point Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/14

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

Addison Wilson

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

3838 Oak Lawn Ave St 810 Dallas TX 75219

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.

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	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	<input type="checkbox"/>	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4	<input type="checkbox"/>	SCHEDULE E. LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$
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.

2 FILER NAME

Rick Franklin

4 Date

5/13

5 Full name of contributor

McKinney Police Association PAC Fund

out-of-state PAC (ID#)

6 Contributor address;

City; State; Zip Code

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

\$ 280

8 Principal occupation / Job title (See Instructions)

9 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)

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.

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 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers)

4 Date: 5/7 | 5 Payee name: Ed valentine | 6 Amount (\$): 949.19 | 7 Payee address; City; State; Zip Code: 2344 Farlination St Dallas TX 75207

8 PURPOSE OF EXPENDITURE: | (a) Category (See Categories listed at the top of this schedule): mailers | (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Rick franklin | Office sought: City Council dist 4 | Office held: 4

Date: 5/6 | Payee name: executive press | Amount (\$): 432.14 | Payee address; City; State; Zip Code: 1400 presidential Pk #110 Richardson TX 75081

PURPOSE OF EXPENDITURE: | Category (See Categories listed at the top of this schedule): signs, t-shirt | Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Rick franklin | Office sought: city council dist 4 | Office held: 4

Date: 5/21 | Payee name: executive press | Amount (\$): 280 | Payee address; City; State; Zip Code: 1400 presidential #110 Richardson TX 75081

PURPOSE OF EXPENDITURE: | Category (See Categories listed at the top of this schedule): - police endorsed signs | Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Rick franklin | Office sought: city council dist 4 | Office held: 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

2 FILER NAME

1 Total pages Schedule E.

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender 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)

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

Name of lender 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)

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$) 10,000

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.