

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> <small>(Ethics Commission Filers)</small>	<b>2 Total pages filed:</b>  7
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>D</b>
	NICKNAME	LAST <b>Gorena</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX, <b>417 Creekwood Ln.</b>	APT / SUITE #, 	CITY, STATE, ZIP CODE <b>Lewisville, TX 75067</b>
	AREA CODE <b>( 972 )</b>	PHONE NUMBER <b>315-0496</b>	EXTENSION
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS/MRS/MR <b>Mrs.</b>	FIRST <b>Maria</b>	MI <b>G</b>
	NICKNAME	LAST <b>Gorena</b>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); <b>417 Creekwood Ln.</b>	APT / SUITE #, 	CITY, STATE, ZIP CODE <b>Lewisville, TX 75067</b>
	AREA CODE <b>( 972 )</b>	PHONE NUMBER <b>315-0496</b>	EXTENSION
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year <b>12 / 31 / 2014</b>	THROUGH	Month    Day    Year <b>03 / 31 / 2015</b>
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>05 / 09 / 2015</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	<b>12 OFFICE</b>  OFFICE HELD (if any)  <b>N/A</b>	<b>13 OFFICE SOUGHT (if known)</b>  <b>Mayor, City Of Lewisville</b>	

**OFFICE USE ONLY**

Date Received **RECEIVED APR 8 2015 LEWISVILLE CITY SECRETARY'S OFFICE**

Date Hand-delivered or Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

**GO TO PAGE 2**



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>John D. Gorena</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/23/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David Smith</b> 6 Contributor address; City; State; Zip Code <b>642 Reno St.; Lewisville, TX 75077</b>	7 Amount of contribution (\$) <b>25.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Sales recruiter/Trainer</b>		10 Employer (See Instructions) <b>Primrose Oil Co.</b>	
Date <b>02/23/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Donald Murray</b> Contributor address; City; State; Zip Code <b>841 Pinnacle; Lewisville, TX 75067</b>	Amount of contribution (\$) <b>100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>02/23/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gregory Andree</b> Contributor address; City; State; Zip Code <b>1217 Valley Oaks; Dr Lewisville, TX 75067</b>	Amount of contribution (\$) <b>25.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>ATT</b>	
Date <b>02/23/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cindy Mackinnon</b> Contributor address; City; State; Zip Code <b>2010 Warrior Dr.; Lewisville, TX 75067</b>	Amount of contribution (\$) <b>50.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Math Tutor</b>		Employer (See Instructions) <b>Self Employed</b>	
Date <b>02/28/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anita Robles</b> Contributor address; City; State; Zip Code <b>947 Boxwood Dr.; Lewisville, TX 75067</b>	Amount of contribution (\$) <b>30.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Airline ticket agent</b>		Employer (See Instructions) <b>American Airlines</b>	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>John D. Gorena</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>03/01/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Phillip Davis</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2060 Sailmaker; Dr Lewisville, TX 75067</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Engineer</b>		10 Employer (See Instructions) <b>Texas Instruments</b>	
Date <b>03/03/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Benjamin David Kissling</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>322 Lake Park Rd #612; Lewisville, TX 75057</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>03/03/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kimberly McCary</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 51544; Denton, TX 76206</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Judge</b>		Employer (See Instructions) <b>Denton County</b>	
Date <b>03/03/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>James W. Norman</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>555 Temple Drive; Lewisville, TX 75067</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>03/03/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Stan Gilbert</b>	Amount of contribution (\$) <b>80.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2002 Warrior Dr; Lewisville, TX 75067</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Video Producer</b>		Employer (See Instructions) <b>Self Employed</b>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>John D. Gorena</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>03/10/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Les Wells</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1505 Elika; Ct Lewisville, TX 75067</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Retired</b>		10 Employer (See Instructions)	
Date <b>03/14/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Daniel Ottinger</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1221 Oakwood Ct.; Flower Mound, TX 75028</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>03/16/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jim &amp; Diane Wilson</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1209 Shady Rest Lane; Corinth, TX 76208</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>MBA/RN</b>		Employer (See Instructions) <b>HCA Behavioral Health Division Director</b>	
Date <b>03/17/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cindy Barnett</b>	Amount of contribution (\$) <b>20.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5401 Park Place; Flower Mound, TX 75028</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>03/17/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Shirley Spellerberg</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3621 Lynchburg Dr.; Denton, TX 76208-5329</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>John D. Gorena</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>03/17/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Joe Bridges</b>	7 Amount of contribution (\$) <b>50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO Box 2061; Denton, TX 76202</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Judge</b>		10 Employer (See Instructions) <b>Denton County</b>	
Date <b>03/19/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Diana Mattison</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3420 Hillpark Ln; Carrollton, TX 75007</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>03/20/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard Taber</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2036 Vista Drive; Lewisville, TX 75067</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Technical Writer</b>		Employer (See Instructions) <b>American Eagle Airlines</b>	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>1</b>	<b>2</b> FILER NAME <b>John D. Gorena</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>04/06/2015</b>	<b>5</b> Payee name <b>Crown Trophy</b>	
<b>6</b> Amount (\$) <b>16.24</b>	<b>7</b> Payee address; City; State; Zip Code <b>701 South Old Orchard, Suite A; Lewisville, TX 75067</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <b>Badge Magnets</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>03/16/2015</b>	Payee name <b>PayPal</b>	
Amount (\$) <b>13.13</b>	Payee address; City; State; Zip Code <b>POBox 45950; Omaha, NE 68145</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>PayPal Fees</b> <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 <b>03/17/2015</b>	Payee name <b>Premium GraphicX</b>	
Amount (\$) <b>1,599.90</b>	Payee address; City; State; Zip Code <b>5512 Mitchelldale; Houston, TX 77092</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>500 Elections Signs</b> <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 (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

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