

# 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: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>D</b>
	NICKNAME	LAST <b>Gorena</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <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>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 972 )</b>	PHONE NUMBER <b>315-0496</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Maria</b>	MI <b>G</b>
	NICKNAME	LAST <b>Gorena</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>417 Creekwood Ln.</b>	APT / SUITE #:	CITY, STATE, ZIP CODE <b>Lewisville, TX 75067</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 972 )</b>	PHONE NUMBER <b>315-0496</b>	EXTENSION
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month <b>04</b>	Day <b>01</b>	Year <b>2015</b>
	THROUGH		Month <b>04</b>
			Day <b>30</b>
			Year <b>2015</b>
11 ELECTION	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
	12 OFFICE OFFICE HELD (if any) <b>N/A</b>		13 OFFICESOUGHT (if known) <b>Mayor, City Of Lewisville</b>
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME**  
**John D. Gorena**

**15 ACCOUNT #** (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.

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	N/A
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,810.00
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**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
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4. TOTAL POLITICAL EXPENDITURES	\$ 3,307.42
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**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2.13
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**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
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**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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John D. Gorena, this the 30<sup>th</sup> 1<sup>st</sup> day of April May, 20 15, to certify which, witness my hand and seal of office.

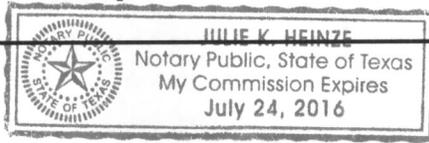
Signature of officer administering oath

Julie K. Heinze

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: <b>2</b>	
2 FILER NAME <b>John D. Gorena</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>04/09/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Alexander DeMarzo</b> 6 Contributor address; City; State; Zip Code <b>2913 Downing Street; Flower Mound, TX 75028</b>	7 Amount of contribution (\$) <b>100.00</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>Alarm Systems</b>		10 Employer (See Instructions) <b>DFW Alarm</b>	
Date <b>04/09/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Marvin Brooke</b> Contributor address; City; State; Zip Code <b>1531 Pebblestone Ct; Allen, TX 75002</b>	Amount of contribution (\$) <b>500.00</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>04/09/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Janna Brooke</b> Contributor address; City; State; Zip Code <b>1531 Pebblestone Ct; Allen, TX 75002</b>	Amount of contribution (\$) <b>500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Software Developer</b>		Employer (See Instructions) <b>Brinker International</b>	
Date <b>04/11/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Brent &amp; Irma Murray</b> Contributor address; City; State; Zip Code <b>841 Pinnacle Circle; 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>04/11/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jacquelyn A. Stanfield</b> Contributor address; City; State; Zip Code <b>4905 Stone Ct.; Flower Mound, TX 75028</b>	Amount of contribution (\$) <b>250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Dentist</b>		Employer (See Instructions) <b>VIP Dentistry</b>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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>04/11/2015</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>David &amp; Beth McLaughlin</b> 6 Contributor address; City; State; Zip Code <b>1613 North Valley Pkwy; Lewisville, TX 75077</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Technical</b>		10 Employer (See Instructions) <b>Self Employed</b>	
Date <b>04/11/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Labib Basta</b> Contributor address; City; State; Zip Code <b>801 Hebron Pkwy, Apt 7304; Lewisville, TX 75057</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>MTTI, Inc.</b>	
Date <b>04/20/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Leslie &amp; Pamela Britton</b> Contributor address; City; State; Zip Code <b>913 Toronto Dr.; Lewisville, TX 75077</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Truck Driver</b>		Employer (See Instructions) <b>UPS</b>	
Date <b>04/27/2015</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Virginia Nisbett</b> Contributor address; City; State; Zip Code <b>511 Beasley Dr.; Lewisville, TX 75057</b>	Amount of contribution (\$) <b>60.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**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
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> <b>04/07/2015</b>		<b>Payee name</b> <b>PayPal</b>			
<b>Amount (\$)</b> <b>3.20</b>		<b>Payee address; City; State; Zip Code</b> <b>POBox 45950; Omaha, NE 68145</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Fees</b>		<b>Description</b> (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	
<b>Date</b> <b>04/21/2015</b>		<b>Payee name</b> <b>Eagle &amp; Wheeler</b>			
<b>Amount (\$)</b> <b>3068.77</b>		<b>Payee address; City; State; Zip Code</b> <b>733 Fort Worth Dr; Denton, TX 76201</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Advertising</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Post Card Mailers 6400</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	
<b>Date</b> <b>04/27/2015</b>		<b>Payee name</b> <b>Carlisle's Engraving</b>			
<b>Amount (\$)</b> <b>219.21</b>		<b>Payee address; City; State; Zip Code</b> <b>325 E. Main St.; Lewisville, TX 75057</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Vinyl 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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					