

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Harold W. Froehlich II 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ <u>All Itemized</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3575.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>All Itemized</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3791.76</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2307.32</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Harold W. Froehlich II
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harold W. Froehlich II, this the 2nd day of May, 20 14, to certify which, witness my hand and seal of office.

Tirika Brown Kirk
Signature of officer administering oath

TIRIKA BROWN KIRK
Printed name of officer administering oath

CSR
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: <i>1 of 3</i>	
2 FILER NAME <i>Harold Froehlich</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Don Robinson</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>444 The Lakeside Farmers Branch TX 75234</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>CPA</i>		10 Employer (See Instructions)	
Date <i>4/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robin Bernier</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13830 Heartside Place Farmers Branch TX 75234</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>4/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patrick Williams</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3131 Brynmeade Ln. Farmers Branch 75234</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Accountant</i>		Employer (See Instructions)	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Crouch</i>	Amount of contribution (\$) <i>2000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2313 Plumrose Munquita TX 75750</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joan Lambert</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2230 Peters Colony Carrollton, TX 75007</i>		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 3

2 FILER NAME
Harold Froehlich

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4/26/14

5 Full name of contributor out-of-state PAC (ID#: _____)
Kelly Jason O'Donn

6 Contributor address; City; State; Zip Code
**3521 Green Hares
Farmers Branch TX 75234**

7 Amount of contribution (\$) **50.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4/26/14

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

Contributor address; City; State; Zip Code
**3022 Eric Ln
Farmers Branch TX 75234**

Amount of contribution (\$) **300.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/29/14

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

Contributor address; City; State; Zip Code
**2949 Mayfield Ln
Farmers Branch TX 75234**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/30

Full name of contributor out-of-state PAC (ID#: _____)
Flad Prather Jr

Contributor address; City; State; Zip Code
**3065 Amber Ln
Farmers Branch TX 75234**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/1/14

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

Contributor address; City; State; Zip Code
**2731 Bay Meadows Cir.
Farmers Branch TX 75234**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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: <i>3 of 3</i>	
2 FILER NAME <i>Harold Froelich</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/11/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Maxwell G. Brodenick</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>13531 Rawhide Farmers Branch TX 75234</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)	

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)	

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.

1 Total pages Schedule F:		2 FILER NAME <i>Harold Froehlich</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/15/14</i>		5 Payee name <i>Kee Kopy Inc</i>			
6 Amount (\$) <i>1300.00</i>		7 Payee address; City; State; Zip Code <i>15072 Beltway Tr Addison TX 75001</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing/Mail</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Harold Froehlich Dist 2</i>		Office sought <i>Dist 2</i>	
Date <i>4/19/14</i>		Payee name <i>Metro coast Mayor Trauger Breakfast</i>			
Amount (\$) <i>200.00</i>		Payee address; City; State; Zip Code <i>3035 Valley View Ln Farmers Branch TX 75234</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Donation</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Harold Froehlich</i>		Office sought <i>Dist 2</i>	
Date <i>4/21/14</i>		Payee name <i>Keeney Office & Promotional Products</i>			
Amount (\$) <i>991.28</i>		Payee address; City; State; Zip Code <i>2025 Irving Blvd Dallas TX 75201</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Mail</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Harold Froehlich</i>		Office sought <i>Dist 2</i>	
Date <i>4/25/14</i>		Payee name <i>Kee Kopy Inc</i>			
Amount (\$) <i>1500.48</i>		Payee address; City; State; Zip Code <i>15072 Beltway Tr Addison TX 75001</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing/Mail</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Harold Froehlich</i>		Office sought <i>Dist 2</i>	

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