

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: <div style="font-size: 2em; text-align: center;">9</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Cheri S.</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Hardy</div>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received</p> <div style="text-align: center; font-size: 1.2em; margin: 5px 0;"> BY: ALM ELECTIONS DIVISION 2014 JUN 7 TARRANT COUNTY FILED </div> <p style="font-size: 0.8em; margin: 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: 0.8em; margin: 0;">Receipt # Amount</p> <p style="font-size: 0.8em; margin: 0;">Date Processed</p> <p style="font-size: 0.8em; margin: 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">KRIS S.</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">KARR</div>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	(residence or business)		
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 checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em; text-align: center;">1 / 16 / 14 7 / 15 / 14</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em; text-align: center;">11 / 2014</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em; text-align: center;">JUDGE</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; text-align: center;">JUDGE</div>	
GO TO PAGE 2			

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME

Cheryl Hardy

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

STATE OF TEXAS
 ELECTIONS ADMINISTRATION
 JUL 17 PM 3:03
 TARRANT COUNTY
 JUDICIAL DISTRICT

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 300.00

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

817.18
483.10

\$ 1300.28

CONTRIBUTION BALANCE

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

\$ 1213.64

OUTSTANDING LOAN TOTALS

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

\$ 483.10

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.

Cheryl Hardy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

p1

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: 3		2 FILER NAME Cheril Hardy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-24-14		5 Payee name Betsy Price Campaign			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 1-24-14		Payee name Cheril Hardy			
Amount (\$) 200.00		Payee address; City; State; Zip Code Self			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3-2-14		Payee name JABO'S Ace Hardware - Post Office			
Amount (\$) 34.49		Payee address; City; State; Zip Code WESTCLIFF SHOPPING CENTER FORT WORTH			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising expenses		Description (If travel outside of Texas, complete Schedule T) Stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 4-21-14		Payee name SACU (College) Southwestern Assembly of God Univ.			
Amount (\$) 50.00		Payee address; City; State; Zip Code 1200 Sycamore St. Missouri Wayahatchie TX 75165			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (If travel outside of Texas, complete Schedule T) Bailey's daughters Volleyball trip	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

TARRANT COUNTY
 CLERK
 2014 JUL 17 PM 3:03
 ELECTIONS
 COUNTY CLERK'S OFFICE
 COUNTY CLERK'S OFFICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

P2

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: 3		2 FILER NAME Cheryl Hardy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-30-14		5 Payee name Girls Inc			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution		(b) Description (If travel outside of Texas, complete Schedule T) Purchase of Van	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-23-14		Payee name Clerk, Supreme Court			
Amount (\$) 265.00		Payee address; City; State; Zip Code AUSTIN, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Dues		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-4-14		Payee name Phyllis Anglin			
Amount (\$) 29.94		Payee address; City; State; Zip Code Bluebonnet Fort Worth TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T) Printing Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-1-14		Payee name Republican Women of Arlington			
Amount (\$) 25.00		Payee address; City; State; Zip Code Arlington, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Dues		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

p3

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6-4-14	5 Payee name Ron Wright
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6 Amount (\$) 62.75	7 Payee address; City; State; Zip Code 100 Weatherford FORT WORTH TX 76196
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Expense	(b) Description (If travel outside of Texas, complete Schedule T) - Registration
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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	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)
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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)
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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)
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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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

p 2

SCHEDULE G

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 G: 2	2 FILER NAME Cheril Hardy	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/17/14	5 Payee name DIMPLES FLOWERS
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6 Amount (\$) 218.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Oklahoma
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expense	(b) Description (If travel outside of Texas, complete Schedule T) funeral flowers
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Date 3/23	Payee name Staples
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Amount (\$) 24.10 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code University Drive FORT WORTH TX 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 CLERK
 JUN 7 PM 3:03
 STATE ADOPTED
 COMMISSION ADMINISTRATOR

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

p1

SCHEDULE G
 ELECTIONS
 2014 JUL 17 10:30
 STATE

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 G: 2	2 FILER NAME Cheril Hardy	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/10/14	5 Payee name Albertsons	
6 Amount (\$) 12.99 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Westcliff Shopping Center Fort Worth TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) food/beverage expense - cake	(b) Description (If travel outside of Texas, complete Schedule T)
Date 1/07/14	Payee name Marty & Pat's Frame	
Amount (\$) 161.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Camp Bowie Blvd. Font Worth TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office	Description (If travel outside of Texas, complete Schedule T) frame certificate
Date 7/07+3/28	Payee name JABO ACE Hardware	
Amount (\$) 45.56 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Westcliff Shopping Ctr. ALTON Rd Font Worth TX 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food/beverage	Description (If travel outside of Texas, complete Schedule T) decoration for party
Date 20.65	Payee name Office Depot	
Amount (\$) 3119/14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code University Drive Font Worth TX 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

FILED
 TARRANT COUNTY
 2014 JUL 17
 9:03
 CLERK OF COUNTY CLERK
 ELECTIONS ADMINISTRATION

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A (J)	
2 FILER NAME <i>Cherie Harder</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/4/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Clemente de la Cruz</i>	7 Amount of contribution (\$) <i>100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>601 University DR #109 Fort Worth TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>atty</i>		10 Contributor's job title <i>atty</i>	
11 Contributor's employer/law firm <i>self</i>		12 Law firm of contributor's spouse (if any) <i>self n/a</i>	
13 If contributor is a child, law firm of parent(s) (if any) <i>n/a</i>			

Date <i>2/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Reagan Wynn</i>	Amount of contribution (\$) <i>150.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Kearney + Wynn 3100 W. 7th # 420 76107</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>ATTY</i>		Contributor's job title <i>atty</i>	
Contributor's employer/law firm <i>Kearney / Wynn</i>		Law firm of contributor's spouse (if any) <i>Tarrant Co. District Attorney</i>	
If contributor is a child, law firm of parent(s) (if any) <i>n/a</i>			

Date <i>2/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Patrick Curran</i>	Amount of contribution (\$) <i>50.</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2101 Moneda ST Halton City TX 76117</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>atty</i>		Contributor's job title <i>atty</i>	
Contributor's employer/law firm <i>self</i>		Law firm of contributor's spouse (if any) <i>n/a</i>	
If contributor is a child, law firm of parent(s) (if any) <i>n/a</i>			

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

LOANS (JUDICIAL) from Personal Funds

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME <i>Cheril Hardy</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>483.00</i>
5 Date of loan <i>Jan 16 July 17</i>	7 Name of lender <i>Self</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? <i>N</i>	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Judge</i>		13 Lender's Job Title <i>n/a</i>
14 Lender's Employer/Law Firm <i>n/a</i>		15 Law Firm of lender's spouse (if any) <i>n/a</i>
16 If lender is child, law firm of parent(s) (if any) <i>n/a</i>		
17 Description of Collateral <input type="checkbox"/> none <i>n/a</i>		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

FILED
TARRANT COUNTY
2014 JUL 17 PM 3:03
ELECTIONS ADMINISTRATION
RY: