(512) 463-5800 FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 2 Total pages filed: ACCOUNT # (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MS/MRS/MR М 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Date Received NAME SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX STATE: ZIP CODE **OFFICEHOLDER** MAILING Date Hand-delivered or Postma **ADDRESS** change of address 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** PHONE CAMPAIGN MS / MRS / MR Date Imaged TREASURER ಾ SeH NAME SUFFIX LAST STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT/SUITE#: CITY: STATE: ZIP CODE TREASURER some **ADDRESS** (residence or business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER) PHONE Same 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED THROUGH 06/30/2014 2/22/2014 11 ELECTION **ELECTION TYPE ELECTION DATE** Primary Runoff General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the Prope

GO TO PAGE 2

STATE OF TEXAS

Revised 04/19/2013

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	QUELYI		15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD IOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDA IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMANDE ADDRESS	2011 T
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	TIONS.
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4630 0
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1353.42
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	DAY \$ 3242.55
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ -0-
18 AFFIDAVIT			
			f perjury, that the accompanying report is a stormation required to be reported by me
		Gaguely Signature of Car	A LOUIGH ndidate or Officehølder
AFFIX NOTARY STAI			
Sworn to and subs	scribed before	me, by the said <u>Jacquelyn Wrigh</u> , 20 <u>II</u> , to certify which, witness n	this the , this the any hand and seal of office.
asheren (ada Cald	cathering advantage	on - Natary
Signature of officer admir	nistering oath	Print name of officer administering out CATHERIN	TAIL CALDERON sinistering oath

P.O. Box 12070

The Instructi	ON GUIDE explains how to complete this form.	1 Total pages Schedule A(J):		dule A(J):	
2 FILER NAM	Jacquelyn WRIGH	7	3 ACCOUNT # (Ethics Commission filers)		-
4 Date 4/25/14	5. Full name of contributor out-of-state PAC (IDA) Devid Gallogher 6 Contributor address; City; State; Zip Co 4516 Victa Ridge Cir File IX 76170		7 Amount of contribution (\$)	8 In-kind contribut description(if applic	
	principal occupation	10 Contributor's job	title		
11 Contributor's		12 Law firm of contr	ibutor's spouse (if any	/)	
13 If contributor	is a child, law firm of parent(s) (if any)				
Date 4/25-/14	Full name of contributor out-of-state PAC (ID# Niermann. + O/IVO. Contributor address; City; State; Zip Co. 1622 K. Belf-line Rd. S.		Amount of contribution (\$)	In-kind contributi description(if applic	
Contributor's	orincipal occupation	Contributor's job	title		-
Contributor's	employer/law firm	Law firm of contr	ibutor's spouse (if any	′)	
If contributor i	s a child, law firm of parent(s) (if any)				
Date 4-28-14	Full name of contributor out-of-state PAC (ID# V. rginia Carter Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; Cit		Amount of contribution (\$)	In-kind contributi description(if applic	
Contributor's p	principal occupation	Contributor's job	title		
Contributor's e	employer/law firm	Law firm of contr	ibutor's spouse (if any	·)	
If contributor is	s a child, law firm of parent(s) (if any)			7. E 3	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOA	NS (JUDICIA	L)	SCHEDULE A (J)
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Sche	dule A(J):
JACQUELYN WRIGH	17	3 ACCOUNT # (Ett	iics Commission filers)
5 Full name of contributor out-of-state PAC (III) 4-28-14 6 Contributor address; City; State; Zip C 9201 Dich son Ref FTW Ty 76/79	D#.	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Contributor's principal occupation	10 Contributor's job	b title	-
11 Contributor's employer/law firm	12 Law firm of cont	ributor's spouse (if any	")
3 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (ID		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Co. 130 Pipeline Ct. S.	Le 107	3500	
Contributor's principal occupation	Contributor's job	o title	
Contributor's employer/law firm Flargrave Law PC	Law firm of conti	ributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (ID #/25/14 Contributor address; City; State; Zip Co #/26/16 Stuckert D1. Bullson; 14.		Amount of contribution (\$)	In-kind contribution description(If applicable)
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Contributor's employer/law firm	Law firm of contr	ributor's spouse (if any)
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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS (JUDICIA	L)	SCHEDULE A (J)
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2 FILER NAME	Jacquelyn WRIGHT		3 ACCOUNT# (Et	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Larry Red 6 Contributor address; Gity; State; Zip Code 1700 Shiela D1. Ozle, Tx 76020		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Contributor's pr	incipal occupation	10 Contributor's job	title	
1 Contributors en	nployer/law firm	12 Law firm of contr	ibutor's spouse (if an	y)
3 If contributor is	a child, law firm of parent(s) (if any)			
Date 4/39/14	Euil name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	F4. Worth, Tx 76/36	Contributodo inh	title	
•	ncipal occupation	Contributor's job	uue .	
Contributor's em	ployer/law firm	Law firm of contri	butors spouse (if an	у)
If contributor is a	child, law firm of parent(s) (if any)			
Date 4/29/14	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
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Contributor's em	ployer/law firm	Law firm of contri	butor's spouse (if an	у)
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lf contrib	ATTACH ADDITIONAL COPIE utor is out-of-state PAC, please see instr	S OF THIS FORM Auction guide for a	AS NEEDED dditional reporti	1 12
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FILER NAM	JACQUELYN WRIGHT	•	3 ACCOUNT # (Et	hics Commission filers)
Date 4/24/14	5 Full name of contributor out-of-state PAC (ID#	· .	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Contributor's	principal occupation	10 Contributor's job	title	
Contributor's	employer/law firm	12 Law firm of contr	ibutor's spouse (if an	у)
If contributor	is a child, law firm of parent(s) (if any)			
Date Son	Full name of contributor out-of-state PAC (ID#: Ron Stugeon		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's	Contributor address; City; State; Zip Code 5940 L-den Or. Hallon Cyty, Tx 76117 principal occupation	Contributor's job	title	
Contributor's	SFOR - Sus mess man employer/law firm	Law firm of contr	butor's spouse (if an	у)
If contributor i	s a child, law firm of parent(s) (if any)			· · · · · · · · · · · · · · · · · · ·
Date 7/2/14	Full name of contributorout-of-state PAC (ID#: Horry Rafliff Contributor address; City; State; Zip Code 8735 5. Wobu Tower K F4. Worth Tx 76179	2d	Amount of contribution (\$)	In-kind contribution description(if applicable)
	principal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	/)
If contributor is	s a child, law firm of parent(s) (if any)			n 12
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) 1 Total pages Schedule A(J) The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount of In-kind contribution contribution (\$) description(if applicable) Lalene Cleary Contributor address; City; State; Zip Code Rol 1208 10 Contributor's job title Contributor's principal occupation unm wor Contributor's employer/law firm 12 Law firm of contributor's spouse (if any) 13 If contributor is a child, law firm of parent(s) (if any) Amount of In-kind contribution out-of-state PAC (ID# contribution (\$) description(if applicable) Contributor's principal occupation Contributor's job title Contributor's employer/law firm, Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description(if applicable)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

Austin, Texas 78711-2070

SCHEDULE A (J)

1-800-325-8506

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FILER NAME 1	N	3 ACCOUNT# (E	thics Commission filers)
Acquelyn WRIGHT	-		
Date 5 Full name of contributor out-of-state PAC (ID#_ 5/5/14 6 Contributor address; City; State; Zip Code 9287 Sickson Ref		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
F. Worth, Tx 76179	40 Contributada into	4:41	<u> </u>
Contributor's principal occupation	10 Contributor's job	ude .	
Contributor's employer/law firm	12 Law firm of contril	butor's spouse (if an	ny)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code POBox 19087		3 0	
Contributor address; City; State; Zip Code	Contributor's job	title	
Contributor address; City: State: Zip Code POBox 19081 Soginaw Tx 76/19 Contributor's principal occupation Contributor's employer/law firm		title	
Contributor address; City: State; Zip Code POBOY 19081 Soginaw Ty 76/19 Contributor's principal occupation OCC			 y)
Contributor address; City; State; Zip Code POBOY 19081 Segment Ty 7/0/19 Contributor's principal occupation Contributor's employer/law firm History If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
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Contributor address; City: State; Zip Code POBOY 19001 Saginar Ty 7/6/19 Contributor's principal occupation Contributor's employer/law firm Sub If contributor is a child, law firm of parent(s) (if any) Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution
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POLITICAL CONTRIBUTIONS

SCHEDULE A (J)

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JACQUELYN WRIGHT		3 ACCOUNT # (Ethics Commission filers)		
Date	5 Full name of contributor out-of-state PAC (ID#_ Binda Rhodes 6 Contributor address; City; State; Zip Code 133 Russell St FTWOOTH, Tx 76108		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	principal occupation	10 Contributor's job	title	
	employer/law firm	12 Law firm of contr	ibutor's spouse (if an	y) · ·
if contributor i	s a child, law firm of parent(s) (if any)			
5/18/14	Full name of contributor out-of-state PAC (ID#:_ Boyd Fuuman Contributor address; City; State; Zip Code 10 Box 79488 Sogmon Ty 76/79		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	principal occupation	Contributor's job	title	
	employer/law firm	Law firm of contr	ibutor's spouse (if any	/) .
If contributor is	s a child, law firm of parent(s) (if any)			
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POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) 1 Total pages Schedule A(J): The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 5 Eull name of contributor __out-of-state PAC (ID#__ Roric + Toni Cowden Amount of In-kind contribution contribution (\$) description(if applicable) Contributor's principal occu 10 Contributors job title Contributor's employer/law 12 Law firm of contributor's spouse (if any) 13 If contributor is a child, law firm of parent(s) (if any) Amount of In-kind contribution contribution (\$) description(if applicable) Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description(if applicable) Contributor's principal occi Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

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SHOO	QUELYN WRIGHT			
2/28/14	5 Full name of contributor out-of-state PAC (IDF:	PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) sefund of la of Candida Fair fee
Contributor's	principal occupation	10 Contributor's job	title	
Contributor's	employer/law firm	12 Law firm of contri	butor's spouse (if an	у)
3 If contributor i	s a child, law firm of parent(s) (if any)			
Date 5/27/14	Dick Elkins Contributor address; City; State; Zip Code 128 S. Sogmow Blvd.		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributors	Sogman, TR 76179 principal occupation dware. Store	Contributor's job	title	L
Contributor's	employer/law firm	Law firm of contri	butor's spouse (if an	у)
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Contributors	principal occupation Mam	Contributor's job	title	
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		S OF THIS FORM A	Army	TARRANT 2014 JUL -2 STEVE OF ACH
If contributor is	ATTACH ADDITIONAL COPIE		AS NEEDED	TARRANT C

exas Ethics Com	nmission P.O. Box 12070 Austi	n, Texas 78711-2070	(512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR L	OANS (JUDICIA		SCHEDULE A (J)
The Instruction	Guide explains how to complete this form	n.	1 Total pages Sched	dule A(J):
FILER NAME	Incauelyn WRI	6HT	3 ACCOUNT # (Ethi	cs Commission filers)
6/16/14	5 Full name of contributor out-of-state Brad Shaw 6 Contributor address: City: State: 6 123 Telephone 74. Worth To	PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Contributor's p	incipal occupation	10 Contributor's jo	bb title	
1 Contributor's e	do prochice	12 Law firm of con	tributor's spouse (if any)
If contributor is a	a child law firm of parent(s) (if any)			
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Date //4/14	Full name of contributor out-of-state state; Contributor address; City; State; P. B. B. S.	PAC (ID#:	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's prin	cipe occupation	Contributor's joi	b title	
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			1 Total pages Sche	edule A(J):
The Instructi	on Guide explains how to complete this form.		, stall pages contours A(a).	
JACQUELYN WRIGHT		3 ACCOUNT # (Ethics Commission filers)		
Date 4/20/14	5 Full name of contributor , out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
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Date 5/14/14	Full name of contributor out-of-state PAC (ID#_ Mary Varner Contributor address; City; State; Zip Code P.O. BOX 100305 FT WOHL, TX 70185		Amount of contribution (\$)	In-kind contribution description(if applicable)
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PLEDGE	ED CONTRIBUTIONS (JUDI	CIAL)	(912) 403-3800 S	SCHEDULE B (J)
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule B(J):
2 FILER NAME	cauelyn WRIGHT		3 ACCOUNT # (E	thics Commission Filers)
	OF UNITEMIZED PLEDGES:	\$ \$	⇒ ⇒	\$
Some previous	6 Full name of pledgor out-of-state PAC (ID# Lucy Lincard 7 Pledgor address; City; State; Zip Code 110 Koki Lone W. Monroe, Lo.		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Pledgor's princ		11 Pledgor's job title		of Texas, complete Schedule T)
retir	ed			
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14 If pledgor is a c	child, law firm of parent(s) (if any)			
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	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 Transportation Eq Contributions/Dor Candidate/Offi	uipment & Related Expense
	The Instruction Guide	explains how to complete th	is form.	
1 Total pages Schedule F:	2 FILER NAME	1/1/10/	3 ACCOUN	IT # (Ethics Commission Filers)
4 Date 3/14/14	5 Payee name Discover - GT	Panital Retail	Bonk	
6 Amount (\$) 457./7 8 PURPOSE OF EXPENDITURE	7 Prayee addless; City; Sa PD B ox 96006 (a) Category (See categories listed at the top	996-00tot	duplice iption (If travel outsile of Te	fnyf xas, complete Schedule T)
Complete ONLY if direct/ expenditure to benefit G/C	Candidate / Officeholder name	Office	sought	Office held
Date 2/25	Payee name Steve Maxwell	//		
4500 D	1300 Summit #	ate; Zip Code 450 76102		· · · · · · · · · · · · · · · · · · ·
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office s	sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULI	E AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Accounting/Banking	Legal Services	Solicitation/Fundraisi		Transportation Foul	pment & Related Exp	ense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donat		701130
Event Expense	Polling Expense	Travel Out Of Distric			holder/Political Com	mittee
Fees	Printing Expense	Office Overhead/Rei	ntal Expense	OTHER (enter a car	tegory not listed abo	ve)
	The Instruction Guide	explains how to co	omplete this for	n. ,,		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commissio	n Filers)
	JACQUITIYN	WKIGHT				
4 Date	5 Payee name					
4-1-14	asles Footbal	I Boost	ec			
6 Amount (\$)	7 Pawe address; City; Sta 13805 Siberty	ate; Zip Code	. 1			
<i>c</i>),	13405 Siberty	Solicol K	α			
100	()	~ ~				
100	UZLE, 1X 7600	2 0				
8 PURPOSE	(a) Category (See catégories listed at the top	o of this schedule)	(b) Description ((If travel outside of Texa	s, complete Schedule T)	
OF EXPENDITURE	advant 75					
	Leavertising		Office county		Office held	
9 Complete ONLY if direct	Candidate / Office holder name		Office sought	1	Office held	
expenditure to benefit C/	OH					
Date	Payee name	,,				
2-00-111	7	2:16	a calance			
27019	FT. Worth Boto	11,001 QC	1101015		3100	
Amount (\$)	Payee address; City; St	ate; Zip Code	11	· /3	ded on b	
# 0000 W	3220 Botonical	Garden	Ro.	selum	ded on 6	116
700	Fillrett VI	7/107				
	T. WOITH, 14	10101	D			
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texa	s, complete Schedule T)	
EXPENDITURE	event expense					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	t .	Office held	
expenditure to benefit C/	ОН					
Date	Payee name					
2/18	Samo Club					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
Alle	6375 N.E. LOOP	820				
7507.68	1/1/2011	1/11 -	2/ 1/ 1/			
• • • • • • • • • • • • • • • • • • • •	Morth Kichland	Hi/15,14	16/80			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description ((If travel outside of Texa	s, complete Schedule T)	
OF EXPENDITION	0.10.1					• .
EXPENDITURE	event expense					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	t #\	C Office beld	
expenditure to benefit C/	OH .				E =	32
Date	Payee name				= 25	
= /10		1		!	20. 175	> T
2-/18	J.D. Johnson's	Compaig			O'a	All and property
Amount (\$)	Payee address: City; Sta	ate; Zip Code				-517
11-2	1 2.0. Box 136	02/		\$ 		
120	B (A) all 7			7	25% 3	2000 TOP 1
	17. WOM, //	k 76/3	سارا		ampgi dikan	+ 2
PURPOSE OF	Category (See categories listed at the top	or this schedule)	Description (It travel outside of Texa	s, complete Schedule T)	-4.
EXPENDITURE	adv. expense			1,1,1	<u>ن</u> ج	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	1	Office held	
expenditure to benefit C/0						
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)					
Advertising Expense			an Repayment/Reimbursement				
Accounting/Banking			• -				
Consulting Expense	Food/Beverage Expense Travel In Distr		, , , , , , , , , , , , , , , , , , , ,				
			Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Event Expense							
Fees	Printing Expense Office Overhea	ad/Rental Expense Of	THER (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)				
		•					
	JACQUELYN WRIGHT						
4 Date	5 Payee name						
3/1/2	Have Day 4						
4/4/2014	MOME WEDON						
6 Amount (\$)	7 Payee address; / City; State; Zip Code						
State of the state	7100 N. FRWY						
7227	7100 1417 2004						
12.3/	F4. Worth, Ty 76137						
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)				
OF	misc election day						
EXPENDITURE	signing supplies						
O Complete ONLY II dies	Candidate / Office Volder name	Office sought	Office held				
9 Complete ONLY if direct	NA	Coc sought	Office field				
expenditure to benefit C/C	JN .						
	B						
Date / /	Payee name	•					
3/1/2011	Car Lovers (as 11)ach						
2/0/2017	Car Lovers Car Wash Payee address; City; State; Zip Code 6339 hake Worth Blv9		·				
Amount (\$)	Payee address; City; State; Zip Code						
	6339 hake Worth Blug	7 .					
	1000						
118.95	76135						
7,0,75							
PURPOSE	Cleaning of bourous Venic	Description (If	travel outside of Texas, complete Schedule T)				
OF	cleaning of bououse venice	125					
EXPENDITURE	after PU of all compains sit						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/C							
experience to benefit ord							
Date	Payee name						
Date / /	Tayee hame						
3/5/2014	(120LOS						
Amount (\$)	Revee address: City: State: Zin Code	,					
Allount (\$)	Stayee address; City; State; Zip Code						
1	Lake Wolth 13118						
* 12// 1.8							
176.00	17. Worth, TV 76/31						
DIIDDOSE	/Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)				
PURPOSE OF	Thank you function for						
EXPENDITURE			TA 2011				
TVL FIADII OLC	my volunteers		: m = 3				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held.				
expenditure to benefit C/O			5 S				
			751. 5				
Date ,	Payee name		2 2				
			98 7				
3/14/2014	GE Walmort Discover						
Amount (\$)	Payee address; City; State; Zip Code						
Allount (#)			00 2				
# 1/2	Box 940024						
457.11	011 ~ 2===		A N				
/ - ///	Orlando Mo. 32896		4 U				
DUDDOCE	Category (See categories listed at the top of this schedule)	Description //fr	travel outside of Texas, complete Schedule T)				
PURPOSE OF	Lucy costs - campoign true	ks	Sara, Salaido de ronda, completo dellectulo 1)				
EXPENDITURE	D. I SI	/	./				
EXPERIDITORE	put out & DIU Signs + election	riday circu	<i>T</i>				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/O	Н						
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED				
			•				

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	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction Guide explains how to complete this form. 1 Total pages this			chedule G:
2 FILER NAME	hics Commission filers)		
4 Date 3/19/14	5 Payee name Walmart 6 Payee address; City: State: Zip Code 6 260 Loke Worth 8/60.		8 Amount (\$) 40-5-6
	6 Payee address; City; State; Zip Code 6360 Loke Worth Blad. Loke Worth, TY 76/35 7 Purpose of expenditure ink for printer		Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
Date	Payee name		Armount (\$) ELEC 14
	Purpose of expenditure	·	Reimbursement from political contributions intended
Date	Payee name		Amount PM 1: 25
	Purpose of expenditure		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	