

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:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: **MR.** FIRST: **D.W.** MI: _____
 NICKNAME: **DUB** LAST: **BRANSON** SUFFIX: **JE.**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **MRS.** FIRST: **J ANN** MI: **M.**
 NICKNAME: _____ LAST: **GORDON** SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS (residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

8 CAMPAIGN TREASURER PHONE
 AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year: **7 / 15 / 2014** THROUGH Month Day Year: **1 / 15 / 2015**

11 ELECTION
 ELECTION DATE: Month Day Year: **/ /**
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): **CONSTABLE - FULL TARRANT COUNTY**
13 OFFICE SOUGHT (if known):

OFFICE USE ONLY

Date Received: _____

Date Hand-delivered or Postmarked: **2015 JAN 6 AM 10:28**

Receipt #: _____ Amount: _____

Date Processed: _____

Date Imaged: _____

BY: _____

FILED TARRANT COUNTY

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DW "DUB" Branson 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.

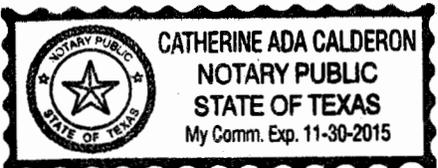
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED
 TARRANT COUNTY
 2015 JAN 16 AM 10:26
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY:

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5696 ⁰²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Dub Branson
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dub Branson, this the 15th day of January 2015, to certify which, witness my hand and seal of office.

Catherine Ada Calderon Catherine Ada Calderon Notary
 Signature of officer administering oath Printed name of officer administering oath 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: 1	
2 FILER NAME TW "DUB" BRANSON JR		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-13-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINDY RYON	7 Amount of contribution (\$) 1500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 79245 SAGINAW, TEXAS 76179		(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) BY: _____	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		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)	
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)	
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)	

FILED
 TARRANT COUNTY
 2015 JAN 16 AM 9:26
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

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

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 |
| 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.

BY: ELECTIONS ADMINISTRATOR
 TARRANT COUNTY
 2015 JAN 9 AM 10:26
 FILED

1 Total pages Schedule F:	2 FILER NAME DW "DUB" BRANSON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-15-14	5 Payee name SAGINAW CHAMBER OF COMMERCE	
6 Amount (\$) \$125⁰⁰	7 Payee address; City; State; Zip Code 301 So. SAGINAW BLVD, SAGINAW TEXAS 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) MEMBERSHIP DUES	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8-1-14	Payee name AZLE AREA CHAMBER OF COMMERCE	
Amount (\$) \$85⁰⁰	Payee address; City; State; Zip Code 404 W. MAIN, AZLE, TEXAS 76020	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MEMBERSHIP DUES	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8-11-14	Payee name COMPASSION GOLF CLASSIC - AZLE CHRISTIAN CHURCH	
Amount (\$) 150⁰⁰	Payee address; City; State; Zip Code 117 CHURCH ST., AZLE, TEXAS, 76020	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLE SPONSOR	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11-12-14	Payee name CASTLEBERRY BOOSTER CLUB - PAT FULLER	
Amount (\$) 65⁰⁰	Payee address; City; State; Zip Code 4700 CIRCLE RIDGE - FORT WORTH, TEXAS, 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PROGESS TO	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

FILED
 TARRANT COUNTY
 2011 JAN 15 AM 10:26
 DEAN PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-14-14	5 Payee name SUNSHINE MINISTRIES	
6 Amount (\$) 75⁰⁰	7 Payee address; City; State; Zip Code PO BOX 456, AZLE, TEXAS 76008	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-24-14	Payee name WHITE SETTLEMENT CHAMBER OF COMMERCE		
Amount (\$) 15⁰⁰	Payee address; City; State; Zip Code PO Box 150578, WHITE SETTLEMENT, TEXAS 76108		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MEMBERSHIP DUES	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-23-14	Payee name SHERY BRANSON - REIMBURSEMENT		
Amount (\$) \$264⁶³	Payee address; City; State; Zip Code 7751 W DALY C., FORT WORTH TEXAS, 76135		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CHRISTMAS PARTY - OFFICE	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED