

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FILED  
FORM JC/OH  
TARRANT COUNTY  
COVER SHEET PG 1  
2015 JAN 12 PM 3:05

The JC/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** FRANK PHILLIPS ELECTIONS ADMINISTRATOR

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MC/MRS / MR	FIRST	MI	BY	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST	SUFFIX		

Don  
Piereson

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<input type="checkbox"/> change of address				

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
		NICKNAME	LAST	SUFFIX

Patty  
Wright

<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
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<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	7	1	14		12	31	14

<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

11 / 4 / 14

<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>
	Judge, County Court at Law # 1, Tarrant Co.	

GO TO PAGE 2

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

FORM JC/OH  
FILED  
COUNTY CLERK  
TARRANT COUNTY

14 C/OH NAME Don Pierson

15 ACCEPTED BY THE COMMISSION: FILED 2015 JAN 12 PM 9:05

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.

FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR  
BY: \_\_\_\_\_

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

additional pages

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) \$ 500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ -0-

4. TOTAL POLITICAL EXPENDITURES \$ 463.00

CONTRIBUTION BALANCE

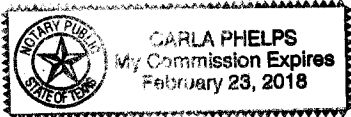
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 16,752.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 39,500.00

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.



Don Pierson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don Pierson, this the 8 day of January, 20 15, to certify which, witness my hand and seal of office.

Carla Phelps Carla Phelps notary  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

FILED (J)  
TARRANT COUNTY

2015 JAN 12 PM 3:05

FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T	
2 FILER NAME <i>Don Pierson</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>10.17.14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Blender Roth Law Firm</i>	7 Amount of contribution (\$) <i>500.00</i>	8 BY: In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2217 Harwood Road Bedford Tx 76021</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Law Firm</i>		10 Contributor's job title	
11 Contributor's employer/law firm <i>SAME</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

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)
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)			

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)
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 SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

FILED  
TARRANT COUNTY  
SCHEDULE F

2015 JAN 12 PM 3:05

**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/Travel & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1** 2 FILER NAME: **Don Pieron** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **7.8.14** 5 Payee name: **Tarrant Co Bar Assoc**

6 Amount (\$): **450.00** 7 Payee address; City; State; Zip Code: **1315 Calhoun Street Fort Worth TX 76102**

8 PURPOSE OF EXPENDITURE: **Fees - paid**  
 (a) Category (See categories listed at the top of this schedule)  
 (b) Description (If travel outside of Texas, complete Schedule T)  
**Makes Inv of Court**  
 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: **7.8.14** Payee name: **TX Assoc CC & Judges**

Amount (\$): **35.00** Payee address; City; State; Zip Code: **1210 San Antonio St # 800, Austin TX 78701**

PURPOSE OF EXPENDITURE: **Fees**  
 Category (See categories listed at the top of this schedule)  
 Description (If travel outside of Texas, complete Schedule T)  
**Annual dues**  
 Check if Austin, TX, officeholder living expense

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

Date: **11.24.14** Payee name: **TEXAS BAR FOUNDATION**

Amount (\$): **250.00** Payee address; City; State; Zip Code: **515 CONGRESS AVE # 1755 Austin TX 78701**

PURPOSE OF EXPENDITURE: **Fees**  
 Category (See categories listed at the top of this schedule)  
 Description (If travel outside of Texas, complete Schedule T)  
 Check if Austin, TX, officeholder living expense

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

Date: **12.4.14** Payee name: **M. S. Postmaster**

Amount (\$): **128.00** Payee address; City; State; Zip Code: **3101 W 8th Street Fort Worth**

PURPOSE OF EXPENDITURE: **Fees**  
 Category (See categories listed at the top of this schedule)  
 Description (If travel outside of Texas, complete Schedule T)  
**Annual bar rental**  
 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