

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: BY: REBECCA PHILLIPS ELECTIONS ADMINISTRATOR 2015 JAN 15 PM 3:15 TARRANT COUNTY FILED
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Patrick MI: W NICKNAME: "Pat" LAST: Ferdill SUFFIX:	Date Received: _____ Date Hand-delivered or Postmarked: _____ Receipt # _____ Amount _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TENSION: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Patrick MI: W NICKNAME: "Pat" LAST: Ferdill SUFFIX:	Date Received: _____ Date Hand-delivered or Postmarked: _____ Receipt # _____ Amount _____ Date Processed: _____ Date Imaged: _____	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS / PO BOX PLEASE: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2014 12 / 31 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	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) Judge, Probate Ct #2 Tarrant County, TX	13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Patrick W. Ferhill

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

FILED
TARRANT COUNTY
2015 JAN 15 PM 3:16
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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)

\$

0

EXPENDITURE TOTALS

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

\$

Bank charges for Aug - Dec, 2014 (\$3.50 x 5)

17.50

4. TOTAL POLITICAL EXPENDITURES

\$

1,327.69

CONTRIBUTION BALANCE

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

\$

20,300.90

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.

Pat Ferhill
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Patrick Ferhill*, this the *15th* day of *Jan*, 20 *15*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Tina A. Clay
Print name of officer administering oath

Count Coordinator
Title of officer administering oath

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 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.

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 TARRANT COUNTY
 JUN 15 PM 3:16
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F: **2** FILER NAME **Patrick W. Ferchill** 3 ACCOUNT # **1000**

4 Date **7/28/14** 5 Payee name **Sharen Wilson for District Attorney**

6 Amount (\$) **\$75.00** 7 Payee address; City; State; Zip Code **P.O. Box 282, FW, TX 76101**

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) Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **Sharen Wilson** Office sought **District Attorney** Office held

Date **7/28/14** Payee name **Republican Women of Arlington**

Amount (\$) **\$15.00** Payee address; City; State; Zip Code **4001 W. Park Row Dr., Arlington, TX 76013**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Fees - membership dues** 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 **7/31/14** Payee name **Black Women Lawyers Association**

Amount (\$) **\$30.00** Payee address; City; State; Zip Code **6001 Bridge St., Fort Worth, TX 76112**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Event Expense** 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 **8/13/14** Payee name **Modern Art Museum of Fort Worth**

Amount (\$) **\$200.00** Payee address; City; State; Zip Code **3200 Darnell St., Fort Worth, TX 76107**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Fees - Membership** 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

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 |
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| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

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1 Total pages Schedule F:	2 FILER NAME <i>Patrick W. Ferrell</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8/11/14</i>	5 Payee name <i>The Arlington Republican Club</i>	BY: <i>FRANK PHILLIPS ELECTIONS ADMINISTRATOR</i> 2015 JAN 15 PM 3:16 TARRANT COUNTY FILED
6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 14095, Arlington, TX 76094</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(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 <i>9/12/14</i>	Payee name <i>Safehaven of Tarrant County</i>
Amount (\$) <i>\$12500</i>	Payee address; City; State; Zip Code <i>401 W. Sanford St., Arlington, TX 76011</i>
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date <i>9/26/14</i>	Payee name <i>Safehaven of Tarrant County</i>
Amount (\$) <i>\$50.00</i>	Payee address; City; State; Zip Code <i>401 W. Sanford St., Arlington, TX 76011</i>
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date <i>9/16/14</i>	Payee name <i>Charlie Geren Campaign</i>
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 1440, Fort Worth, TX 76101</i>
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>
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 |
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 TARRANT COUNTY
 2015 JAN 15 PM 3:16
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F:	2 FILER NAME <i>Patrick W. Ferdill</i>	3 ACCOUNT # (Elections Commission Users)
4 Date <i>10/8/14</i>	5 Payee name <i>Friends of Jane Nelson</i>	
6 Amount (\$) <i>\$75.00</i>	7 Payee address; City; State; Zip Code <i>1201 N. Carroll Ave, Southlake, TX 76092</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(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 <i>10/13/14</i>	Payee name <i>J. D. Johnson Campaign</i>	
Amount (\$) <i>\$25.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 136021, Fort Worth, TX 76136</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	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 <i>10/22/14</i>	Payee name <i>U.S. Postmaster</i>	
Amount (\$) <i>\$37.24</i>	Payee address; City; State; Zip Code <i>3101 W. 6th St., Fort Worth, TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising Expense - Stamps</i>	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 <i>10/30/14</i>	Payee name <i>Texans for Joe Strauss</i>	
Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>7373 Broadway, Suite 202A, San Antonio, TX 78209</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event expense</i>	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 |
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| Fees | Printing Expense | Office Overhead/Rental Expense | |

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1 Total pages Schedule F: 2 FILER NAME *Patrick W. Ferrell* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *10/24/14* 5 Payee name *State Bar of Texas*

6 Amount (\$) *\$25.00* 7 Payee address; City: State; Zip Code *1414 Colorado St., Austin, TX 78701*

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Fees - CLE* (b) Description (If travel outside of Texas, complete Schedule T) 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 *11/5/14* Payee name *Dianne Patrick Grant Fund to Support*

Amount (\$) *\$100.00* Payee address; City: State; Zip Code *1141 W. Pioneer Parkway, Suite 103, Arlington, TX 76013*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Donation* 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 *11/10/12* Payee name *Texas Public Policy Foundation*

Amount (\$) *\$100.00* Payee address; City: State; Zip Code *900 Congress Ave., Ste 400, Austin, TX 78701*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Fees - Memberships* 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 *10/29/14* Payee name *Patrick Ferrell*

Amount (\$) *\$100.00* Payee address; City: State; Zip Code *100 W. Weatherford, Rm 150 Fort Worth, TX 76196*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Transportation expense - Party reimbursement July - October* 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 TARRANT COUNTY
 2014 JAN 15 PM 3:16
 FRANK PHILLIPS
 CLERK
 ELECTIONS ADMINISTRATION

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 Candidate/Officeholder/Political Committee |
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| Fees | Printing Expense | Office Overhead/Rental Expense | |

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1 Total pages Schedule F: 2 FILER NAME **Patrick W. Ferrell** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **12/23/14** 5 Payee name **Patrick W. Ferrell**

6 Amount (\$) **\$ 70.45** 7 Payee address; City; State; Zip Code **100 W. Weatherford, Rm 150 Fort Worth, TX 76196**

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) **Reimburse \$25 Ride Party for Receipt repair \$45**

9 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) 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) 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) 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

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 TARRANT COUNTY
 2015 JAN 15 PM 3:11
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY: