



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

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

<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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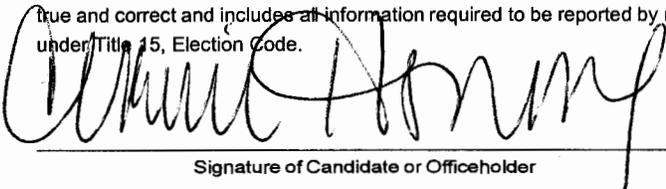
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	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 -
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 53.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 781.36
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 266.51
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 308.00

**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.





Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cheril S. Hardy, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

Lori McEndree  
Signature of officer administering oath

Lori McEndree  
Print name of officer administering oath

Notary Public  
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.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-27-14	5 Payee name George Gallagher - for Quida Stevens
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6 Amount (\$) 100	7 Payee address; City; State; Zip Code District Court, Tarrant County
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift	(b) Description (If travel outside of Texas, complete Schedule T) Memo - Gift for Retirement <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10-2-14	Payee name Mexican American Bar Association
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Amount (\$) 185.00	Payee address; City; State; Zip Code 410 ELOY SEPULVEDA 603 E. Belknap FORT WORTH TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) Contribution to golf town. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 11-12-14	Payee name Cheril Hardy
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Amount (\$) 175.00	Payee address; City; State; Zip Code Self
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rena Loan paymt	Description (If travel outside of Texas, complete Schedule T) loan payment <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 12-18-14	Payee name Ranch Oak Farms
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Amount (\$) 60.04	Payee address; City; State; Zip Code 3005 Biedsoe FORT WORTH TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev. Expense	Description (If travel outside of Texas, complete Schedule T) Ham for Staff Party <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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**

**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.

1 Total pages Schedule F:	2 FILER NAME <i>Cheri Hardy</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-18-14</i>	5 Payee name <i>SWA</i>
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6 Amount (\$) <i>163.32</i>	7 Payee address; City; State; Zip Code <i>unknown</i>
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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) <i>n/a</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12-20-14</i>	Payee name <i>Cheri Hardy</i>
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Amount (\$) <i>220.00</i>	Payee address; City; State; Zip Code <i>Self</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimburse - staff party</i>	Description (If travel outside of Texas, complete Schedule T) <i>Rental expenses - tables chairs</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

**OUTSTANDING LOANS**

*from personal funds*

**SCHEDULE L**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

*Cheril Hardy (self)*

5 Lender address; City; State; Zip Code

*CARRY OVER TOTAL \$308.00*

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**