

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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2015 JAN -2 PM 12:33
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

\$ 365

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9143

EXPENDITURE TOTALS

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

\$ 348

4. TOTAL POLITICAL EXPENDITURES

\$ 1462²¹

CONTRIBUTION BALANCE

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

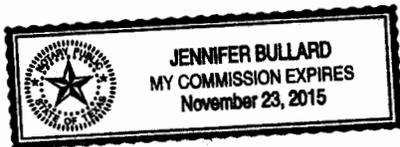
\$ 8115⁶⁴

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Bullard, this the 2nd day of January, 20 15, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Jennifer Bullard
Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **10**

2 FILER NAME **Bob McCool**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
8 29 14

5 Full name of contributor out-of-state PAC (ID#: _____)
Harris Cook LLP
6 Contributor address; City; State; Zip Code
709 E Abram Arlington Tx 76010

7 Amount of contribution (\$)
250
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)
**BY: FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
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9 Contributor's principal occupation
Attorneys

10 Contributor's job title

11 Contributor's employer/law firm
Harris Cook

12 Law firm of contributor's spouse (if any)

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

Date
8 29 14

Full name of contributor out-of-state PAC (ID#: _____)
Harris Cook LLP
Contributor address; City; State; Zip Code
709 E Abram Arlington Tx 76010

Amount of contribution (\$)
1593
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
Fundraiser expense

Contributor's principal occupation
Attorneys

Contributor's job title
FCM

Contributor's employer/law firm
Harris Cook

Law firm of contributor's spouse (if any)

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

Date
8 25 14

Full name of contributor out-of-state PAC (ID#: _____)
Brenda Hayer
Contributor address; City; State; Zip Code
370 Cagle Crow Mansfield Tx 76063

Amount of contribution (\$)
100
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Contributor's principal occupation
UNKNOWN

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 10	
2 FILER NAME Bob McElroy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12 12 14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MMKF	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Sos Pecan #101 Ft Worth TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorneys		10 Contributor's job title Firm	
11 Contributor's employer/law firm Murphy Mahon Keffler Farmer		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

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Date 12 9 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mack Ed Swindle	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30 Commerce #3500 Ft Worth TX 76102		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Whitaker Clark		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 12 11 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephens Anderson Cummings	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4200 W Vickers Ft Worth TX 76107		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorneys		Contributor's job title Firm	
Contributor's employer/law firm Stephens Anderson Cummings		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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 10	
2 FILER NAME <i>Bob McElroy</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12 2 14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Law Office of Mark Creighton</i>	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>4770 Brydnt Trwn Ct. #100 Ft Worth TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney / Firm</i>	
11 Contributor's employer/law firm <i>Law Office of Mark Creighton</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 12 3 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John David Hart</i>	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>201 Main #1720 Ft Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Law Office of John David Hart</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 ELECTIONS ADMINISTRATOR

Date 12 23 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John Proctor</i>	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>306 W 7th #200 Ft Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Brown Dean Wiseman</i>		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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 10	
2 FILER NAME Bob McCoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12 08 14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Carraway Medhoff 6 Contributor address; City; State; Zip Code 1600 Dilegas Bldg Ft Worth TX 76102	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Firm	
11 Contributor's employer/law firm Walter Carraway Medhoff...		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 12 30 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Cauce Contributor address; City; State; Zip Code 501 Lonesome Trail Haslet TX 76052	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Kelly Hart Hallman		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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): **10**

2 FILER NAME **Bob McCoy**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **8 29 14**
5 Full name of contributor out-of-state PAC (ID# _____)
Adam & Kelsi Rendon
6 Contributor address; City; State; Zip Code
**7509 Somervell St
Ft Worth TX 76120**

7 Amount of contribution (\$) **135**
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation **UNKNOWN**

10 Contributor's job title

11 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)

Date **8 24 14**
Full name of contributor out-of-state PAC (ID# _____)
Ravi Gonzales
Contributor address; City; State; Zip Code
**2211 Woodmont Ct
Arlington TX 76017**

Amount of contribution (\$) **100**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **Educator**

Contributor's job title **Educator**

Contributor's employer/law firm **School District**

Law firm of contributor's spouse (if any)

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

Date **8 23 14**
Full name of contributor out-of-state PAC (ID# _____)
Connie Hall
Contributor address; City; State; Zip Code
**500 Country Wood Ct
Arlington TX 76011**

Amount of contribution (\$) **100**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation **Attorney**

Contributor's job title **Attorney**

Contributor's employer/law firm **Law Office of Connie Hall**

Law firm of contributor's spouse (if any)

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 10	
2 FILER NAME Bob McCoy		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8 22 14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelli Meseriti	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2212 Shumard Ln Flower Mound TX 75028		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Tarrant Co. Dist. Atty		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 12 5 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike McBride	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6300 Ruddled Pl #101 Ft Worth TX 76116		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Mike McBride P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 12 15 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill Greenhill	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1608 Ashland Ave Ft Worth TX 76107		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Hewins & Boohe		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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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)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 10	
2 FILER NAME Bob McColl		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12 15 14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Jose	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4920 Westbriar Dr Ft Worth TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Stack & Davis		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 12 10 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris Finley Boyle	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 772 Main #1800 Ft Worth TX 76102		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorneys		Contributor's job title Firm	
Contributor's employer/law firm Harris Finley Boyle		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 12 11 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Powell Law Office	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 Summit Ave #1022 Ft Worth TX 76102		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Firm	
Contributor's employer/law firm Law Office of Rich Powell		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>10</u>	
2 FILER NAME <u>Bob McCool</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/14/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>The Coffey Firm</u>	7 Amount of contribution (\$) <u>500</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4700 Airport Exp #B Ft Worth TX 76115</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Attorney</u>		10 Contributor's job title <u>Firm</u>	
11 Contributor's employer/law firm <u>The Coffey Firm</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <u>12/8/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Bob Haskam</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>555 Summit Ft Worth TX 76104</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Haskam & Callagher</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <u>12/8/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kelly Hart Hallman</u>	Amount of contribution (\$) <u>500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>201 Main #2500 Ft Worth TX 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>Attorney's</u>		Contributor's job title <u>Firm</u>	
Contributor's employer/law firm <u>Kelly Hart Hallman</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 ELECTIONS ADMINISTRATOR
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>10</u>	
2 FILER NAME: <u>Bob McGowan</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <u>12/9/14</u>	5 Full name of contributor: <u>Lively & Associates</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: <u>201 Main # 1260</u> <u>Ft Worth TX 76102</u>	7 Amount of contribution (\$): <u>1000</u>	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation: <u>Attorney</u>		10 Contributor's job title: <u>FIRM</u>	
11 Contributor's employer/law firm: <u>Lively & Associates</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date: <u>12/1/14</u>	Full name of contributor: <u>McMullen Law Firm</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: <u>1300 Riddleda Pl # 509</u> <u>Ft Worth TX 76116</u>	Amount of contribution (\$): <u>100</u>	In-kind contribution description (if applicable)
Contributor's principal occupation: <u>Attorney</u>		Contributor's job title: <u>FIRM</u>	
Contributor's employer/law firm: <u>McMullen Law Firm</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date: <u>12/2/14</u>	Full name of contributor: <u>Jim Zaden</u> <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: <u>3408 Harwin Ter</u> <u>Ft Worth TX 76109</u>	Amount of contribution (\$): <u>100</u>	In-kind contribution description (if applicable)
Contributor's principal occupation: <u>Attorney</u>		Contributor's job title: <u>Attorney</u>	
Contributor's employer/law firm: <u>Law Office of Jim Zaden</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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TARRANT COUNTY
2015 JAN 2 PM 12:34
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ELECTIONS ADMINISTRATOR
BY: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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)

The instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): 10

2 FILER NAME *Bob McColl* 3 ACCOUNT # (Ethics Commission Filers)

4 Date 12/3 14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lee Christy</i>	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>306 W 7th #901 Ft Worth TX 76102</i>		

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation *Attorney* 10 Contributor's job title *Attorney*

11 Contributor's employer/law firm *Pepe Sanchez Christie* 12 Law firm of contributor's spouse (if any)

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

Date 12/3 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bill Collins</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2733 Colonial Pkwy Ft Worth TX 76104</i>		

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation *Attorney* Contributor's job title *Attorney*

Contributor's employer/law firm *self* Law firm of contributor's spouse (if any)

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

Date 12/3 14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bob Grieb</i>	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>514 E Bell St Ft Worth TX 76102</i>		

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation *Attorney* Contributor's job title *Attorney*

Contributor's employer/law firm *Law Office of Robert Grieb* Law firm of contributor's spouse (if any)

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

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 ELECTIONS ADMINISTRATOR
 BY:

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 By |
| 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.

1 Total pages Schedule F: 2	2 FILER NAME Bob McColl	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11 26 14	5 Payee name Stamps
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6 Amount (\$) 33⁰¹	7 Payee address; City; State; Zip Code 1400 University Ft Worth TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Ad expense	(b) Description (If travel outside of Texas, complete Schedule T) envelope/mailers
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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 12 29 14	Payee name Court of Appeals
-------------------------	---------------------------------------

Amount (\$) 60²⁹	Payee address; City; State; Zip Code 401 W Beltmap Ft Worth TX 76196
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Exp.	Description (If travel outside of Texas, complete Schedule T) Court Christmas Lunch
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12 16 14	Payee name Bob McColl
-------------------------	---------------------------------

Amount (\$) 55⁰⁰	Payee address; City; State; Zip Code 401 W Beltmap Ft Worth TX 76196
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Reimbursement re: Schedule G
------------------------	--	--

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)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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BY: _____
 FILED
 TARRANT COUNTY
 2015 JAN -2 PM 2:34
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

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 |
| 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.

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

4 Date 11 14 14	5 Payee name Murphy Masica
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6 Amount (\$) 600	7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Ad. expenses	(b) Description (If travel outside of Texas, complete Schedule T) signage
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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 11 21 14	Payee name Tarrant Co Bar Assn
-------------------------	--

Amount (\$) 150	Payee address; City; State; Zip Code 1315 Calhoun Ft Worth TX 76102
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad expense	Description (If travel outside of Texas, complete Schedule T) Labels
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11 24 14	Payee name JSB Co.
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Amount (\$) 116.91	Payee address; City; State; Zip Code PO Box 820922 North Richland Hills TX 76182
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pol. expenses	Description (If travel outside of Texas, complete Schedule T) Labeling
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10 22 14	Payee name Staples
-------------------------	------------------------------

Amount (\$) 99.00	Payee address; City; State; Zip Code 1400 University Ft Worth TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pol. expenses	Description (If travel outside of Texas, complete Schedule T) envelopes/mailed
------------------------	--	--

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 |
| 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.

1 Total pages Schedule G: 1	2 FILER NAME Bob McCoy	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	----------------------------------	--

4 Date 12 16 14	5 Payee name Shaws
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6 Amount (\$) 55.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code* 1057 W Magnolia Ft Worth TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food expense	(b) Description (If travel outside of Texas, complete Schedule T) Staff lunch re: case wrap-up
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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