P.O. Box 12070

1	CANDIDATE / OFF N FINANCE REPO		FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to complete this	s form.  1 ACCOUNT # (Ethics Commission Filen	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR SOON ALL FIRST	MI	OFFICE USE ONLY  Date Received
	Nekhom Nekhom	SUFFIX	TAR 2015 J ELECTION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#;	CITY, STATE; ZIP COI	Date Handlelivered opposite Ked
change of address			Receip # SE Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	_	:NSION	Receipt # STR AT 1000
6 CAMPAIGN TREASURER NAME	MR/MRS/MR FIRST H	MI SUFFIX	Date Inlaged
	Nekhom		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); AP	PT/SUITE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day befor	e 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 / 1 / 1 +	HROUGH 12 3	Day Year
11 ELECTION	11/9/14	mary Runolf	General Special
12 OFFICE	Judge County Cri Court #4	will Judge Co	anty Criminal 44
		TO PAGE 2	

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

P.O. Box 12070

### FORM JC/OH COVER SHEET PG 2

				(5.1.)	
14 C/OH NAME	oorah L	. Nekhorn	15 ACCOUNT	# (Ethics Con	nmission Filers)
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICER	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADIOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIOS SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFIC	CEHOLDER'S KNO	WLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		ECTION Y:	TARR 015 JAI
	GENERAL SPECIFIC	COMMITTEE ADDRESS		S ADM	ANT C
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		LIPS	JUNIT:
		COMMITTEE CAMPAIGN TREASURER ADDRESS		OR	8 ~
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		NIZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$	800	<u>ે</u>
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	DAY \$	80°	18 <sup>72</sup>
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
	NCHELLE SEA MANY PUBLE STATE OF TEX COMMISSION EXPLOSE 02-07-2016	I swear, or affirm, under penalty of true and correctiond includes all in under Title 15, Election Code.  Signature of Car	permation rec	nuired to be re	
AFFIX NOTARY STA	scribed before i	1		, thi	1
	Sea.	Michelle Seav	Nata	nd seal of	office.
Signature of officer admi	nistering puth		Title of office	er administeri	ng oath

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

# SCHEDULE A (J)

$\models$					
	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A(J):
2	FILERIAME	barah Nekharn		3 ACCOUNT # (E	Ethics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
		6 Contributor address; City; State; Zip Code			
				(If travel outside	Of Texas, Samplete Saledule
9	Contributor's p	rincipal occupation	10 Contributor's job	title	JAN FRAN
11	Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	
13	if contributor is	s a child, law firm of parent(s) (if any)		-	PH IS
	Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In sind contribution description(if applicable)
		Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
	Contributor's p	rincipal occupation	Contributor's job	<u> </u>	
	Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	y)
	If contributor is	a child, law firm of parent(s) (if any)			
	Date	Full name of contributorout-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
		Contributor address; City; State; Zip Code			
				(If brown) and side	Toward and School T
	Contributor's p	rincipal occupation	Contributor's job		of Texas, complete Schedule T)
	p		22		
	Contributor's er	mployer/law firm	Law firm of contril	butor'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.

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS (JUD	ICIAL)		SCHEDULE B (J)
The	Instruction Guide explains how to complete this	form.	1 Total pages So	chedule B(J):
2 FILEPWANE	wah Nekhoru		3 ACCOUNT#	(Ethics Commission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES: ⇔	\$ \$ \$	$\Rightarrow \Rightarrow$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			le of exas complete enedula
10 Pledgor's prind	cipal occupation	11 Pledgor's job title	·	RR
12 Pledgor's emp	loyer/law firm	13 Law firm of pledg	or's spouse (if any)	N IL
14 If pledgor is a	child, law firm of parent(s) (if any)			ECOL PH PH NIS
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	politing description (if applies ble)
	Pledgor address; City; State; Zip Code		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	)
Pledgor's princ	ipal occupation	Pledgor's job title		e of Texas, complete Schedule T)
Pledgor's emp	loyer/law firm	Law firm of pledg	or's spouse (if any)	
		, ,		
if pleagor is a	child, law firm of parent(s) (if any)			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside	   
Pledgor's princ	sipal occupation	Pledgor's job title	L	o or rozad, compete conceaso 17
Pledgor's emp	loyer/law firm	Law firm of pledg	or's spouse (if any)	
If pledgor is a	child, law firm of parent(s) (if any)	A CONTRACTOR STATE OF THE STATE		
lf con	ATTACH ADDITIONAL COPIES C tributor is out-of-state PAC, please see instru			ing requirements.

P.O. Box 12070

LOANS (J	UDICIAL)			SCHEDULE <b>E (J)</b>
The Inst	truction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule E(J):
2 THRUME	ch Nelchorn		3 ACCOUNT #	(Ethics Commission Filers)
4 TOT/	AL OF UNITEMIZED LOANS:	⇔ ⇔ ⇔	다 다	\$
5 Date of loan	7 Name of lender out-o	f-state PAC (ID#:	*	TARR
6 Is lender a financial Institution?	8 Lender address; City; State; Zip	Code		10 Ing ANT COU
12 Lender's Principal	 Occupation	13 Lender's Job Titl	e	IZ: OC
14 Lender's Employer	/Law Firm	15 Law Firm of lend	er's spouse (if any)	<b>1 3 3</b>
16 If lender is child, la	w firm of parent(s) (if any)			
17 Description of Colla	ateral	18 Check if persona	I funds were depos	sited into political account
none				
19 GUARANTOR INFORMATION  not applicable	20 Name of guarantor  21 Guarantor address; City; State			22 Amount Guaranteed (\$)
23 Guarantor's Princip	pal Occupation	24 Guarantor's Job	Title	
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of gua	rantor's spouse (if a	any)
27 If guarantor is child	i, law firm of parent(s) (if any)			
If lende	ATTACH ADDITIONAL COPIES er is out-of-state PAC, please see instruc			requirements.

#### (TDD 1-800-735-2989) Austin, Texas 78711-2070 SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Solicitation/Fundraising Expense Accounting/Banking Legal Services Travel In District Consulting Expense Food/Beverage Expense Contributions/Donations Made By Travel Out Of District Event Expense Candidate/Officeholder/Political Committee Polling Expense Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. OTHER (enter a category not listed above) 1 Total pages Schedule F: NAME 3 ACCOUNT # (Ethics Commission Filers) 5 Payee name 4 Date City; State; Zip Code 6 Amount (\$) 7 Payee address; (a) Category (See categories listed at the top of this (b) Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE schedule) OF EXPENDITURE Check if Austin, TX, officeholder liv Candidate / Officeholder name Office sought Office 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code lete Scheme Description (If travel outside of Category (See categories listed at the top of this PURPOSE schedule) OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this PURPOSE schedule) OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City: State: Zip Code Amount (\$) Payee address; Category (See categories listed at the top of this Description (If travel outside of Texas, complete Schedule T) **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

		The state of the s
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District  Food/Beverage Expense Travel Out Of Di	/Contract Labor
1 Total pages Schedule G:	Rebarah Nelchom	3 ACCOUNT # (Ethics Commission Filers)
12/a/14	5 Payee name USPS	
Reimbursement from political contributions intended  8 PURPOSE OF EXPENDITURE	7 Payee address; City: State: Zip Code  4450 Cak Park Law  Ft worth, Ty 76109  (a) Category (See categories listed at the top of this schedule)  Officer	(b) Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	ELE 20
Reimbursement from political contributions intended		ARI Y: C
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, produce Semedule T
EXPENDITURE		Check if Austin, TX, officeholder living e
Date	Payee name	NIZ: OCH
Amount (\$)	Payee address; City; State; Zip Code	9 9
Reimbursement from political contributions intended		
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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### **PAYMENT FROM POLITICAL** CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

	THERE IS A DOO			
	EXPENDITURE	CATEGORIES FOR BOX 8(a	1	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this for	Loan Repayment/F Transportation Equ Expense Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related
1 Total pages Schedule H:	2/FILERNAME AN WELL	clion	3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Business name	The state of the s	***************************************	
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the schedule)	_	n (If travel outside of To	exas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sou	ght 💥	Coffice held RR AN
Date	Business name			IL PH
Amount (\$)	Business address; City; Sta	ate; Zip Code		PH 12:
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)		(If travel outside of Te	l OR
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ght	Office held
Date	Business name			THE STATE OF THE S
Amount (\$)	Business address; City; Sta	ate; Zip Code		
PURPOSE OF Expenditure	Category (See categories listed at the schedule)			xas, complete Schedule T)
	Candidate / Officeholder name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Austin, TX, officeholder li	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C		, omos ood	9.11	011100 11010
Date	Business name			4.000.000.000.000.000.000.000.000.000.0
Amount (\$)	Business address; City; Sta	ate; Zip Code	and the second s	
PURPOSE OF EXPENDITURE	Category (See categories listed at the schedule)		(If travel outside of Te	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ght	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE	AS NEEDED	LE CULCUIS DE LE CONTROL POR LA CONT

## **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

#### SCHEDULE !

	The Instruction Guide explains how	v to complete this form.
1 Total pages Schedule I:	FILER NAME NEWHOW	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	· ·
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	TARRANT
Amount (\$)	Payee address; City; State; Zip Code	FHILLIPS DMINISTR
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL CODIES OF THE	COULDING AC MEEDED

	The Instruction Guide explains how to complete this form.	1 Total pages Sch	edule K:
AL DE NA	Nah Vellion	3 ACCOUNT# (E	thics Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip		•
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip	Code	
			TAI 2015 ELECT
	Purpose for which amount is received		JAN IL
Date	Name of person from whom amount is received		PHILIPS OMINISTRAT
	Address of person from whom amount is received; City; State; Zip	Code	2: 00 PRATOR
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip		
	Purpose for which amount is received		

OUTSTAN	NDING LOANS	SCHEDULE L
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FAR NAME	ah Nelchom	3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender	
	5 Lender address; City; State; Zip Co.	
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Cod	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Cod	de
GUARANTOR INFORMATION	Name of guarantor	TARR 2015 JA ECTIO BY:
not applicable	Guarantor address; City; State; Zip Cod	ASP F OF
LENDER INFORMATION	Name of lender	PM 12: 00 HILLIPS ATOR
	Lender address; City; State; Zip Cod	ATOR
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Coo	de
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Cod	de
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Coo	de
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

ASSETS VALUED AT \$500 OR MORE	SCHEDULE <b>M</b>
The Instruction Guide explains how to complete this form	1 Total pages Schedule M:
2 Fire NAME Velkhom	3 ACCOUNT # (Ethics Commission Filers)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	TARRA  2015 JAN  ELECTIONS  BY:
Description of Asset	
Description of Asset	FOUNTY L PM 12: 00 PHILLIPS ADMINISTRATOR
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	uction Guide	explains how to complete th	is form.	1 Total pages Schedule	Т:
Name of Contributor	New r / Corporation	n or Labor Organization / Pledgor		3 ACCOUNT # (Ethics of	Commission Filers)
Contribution / Exper	nditure reporte	ed on:			
s	chedule A	Schedule B Sched	dule C Schedule D	Schedule F	Schedule G
S	chedule H	Schedule N COH	 -uc сон-т	PAC-C	PAC-E
Dates of travel	7 Name o	f person(s) traveling	ACTUAL AND	чилалиния	
	8 Departu	re city or name of departure locati	on		
	9 Destinat	ion city or name of destination loc	ation		
0 Means of transporta	ition	11 Purpose of travel (including	name of conference, sem	inar, or other event)	
Name of Contributor	/ Corporation	or Labor Organization / Pledgor /	Payee		
Contribution / Expend	liture reported	on:			
Sc	chedule A	Schedule B Sched	dule C Schedule D		Schedule G
s	chedule H	Schedule N COH	-UC COH-T	PAC-C	PACE
Dates of travel	Name of	person(s) traveling			SR A
	Departu	re city or name of departure location	on		APP -
	Destinat	ion city or name of destination loo	ation		PH 12: 01
Means of transporta	tion	Purpose of travel (including na	arne of conference, semina	ar, or other event)	ATOR
Name of Contributor /	/ Corporation	or Labor Organization / Pledgor /	Payee		
Contribution / Expend	liture reported	I on:			
Sc	chedule A	Schedule B Sched	dule C Schedule D	Schedule F	Schedule G
Sc	chedule H	Schedule N COH-	ис Сон-т	PAC-C	PAC-E
	Name of	person(s) traveling			
Dates of travel			on		
Dates of travel	Departui	re city or name of departure location	511		
Dates of travel		re city or name of departure location			