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 # CETHICS Commission Filters) 2 Total pages filed: 9 2 Total pages filed: 9 3 CANDIDATE / OFFICEHOLDER NAME NICKNAME LEO EVERET NORTH ADDRESS /POBOX: APT/SLITTE: CITY STATE: ZIP CODE ADDRESS OFFICEHOLDER APT/SLITTE: CITY STATE: ZIP CODE ADDRESS OFFICEHOLDER PHONE NUMBER 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER FROM DOING PHONE AREA CODE PHONE NUMBER NICKNAME NICKNAME AREA CODE PHONE NUMBER APT/SLITTE: CITY STATE: ZIP CODE ADDRESS OFFICEHOLDER PHONE NUMBER EXTENSION Date imaged AT SUFFIX TREASURER NAME NICKNAME STREET ADDRESS (NO DO ROY DI EASE) APT/SLITTE: CITY STATE: ZIP CODE ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION 2 Total pages field: (Ethics Commission Filters) Date imaged ADDRESS OFFI CODE ADDRESS OFFI CODE ADDRESS OFFI CITY STATE: ZIP CODE ADDRESS OFFI CODE ADDRESS OFFI CITY STATE: ZIP CODE ADDRESS OFFI C	TARRAN			
OFFICEHOLDER NAME ACANDIDATE / OFFICEHOLDER MAILING ADDRESS Orange of address CAMPAIGN TREASURER NAME AREA CODE NICKNAME LIST SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX STATE: 7IP CODE CT. STATE: 7IP CODE CT. STATE: 7IP CODE CT. STATE: 7IP CODE CT. Date Proceduced Date Received Date Received	TARRANT COUNT			
NAME NICKNAME	FILED ANT COUNT			
A CANDIDATE / OFFICEHOLDER MAILING ADDRESS /POBOX: APT/SLIFF#: CITY STATE: ZIP CODE CONTROL OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER PHONE 6 CAMPAIGN TREASURER NAME NICKNAME NICKNAME AREA CODE PHONE NUMBER FIRST TREASURER NAME NICKNAME STREFT ADDRESS (AND BO ROY DI FASE). ADT / SI ETF#: CITY. STATE: ZIP CODE **TOTAL CODE **TOTAL CITY STATE: ZIP CODE **TOTAL CITY S	FILED ANT COUNT			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER ADDRESS (residence or business) ADDRESS / POBOX: APT / SLITTE: CITY STATE: ZIP CODE / CITY	FILED ANT COUNT			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER ADDRESS (residence or business) ADDRESS / POBOX: APT / SLITTE: CITY STATE: ZIP CODE / CITY	FILED ANT COUNT			
ADDRESS POROX: APT/SLITTE CITY STATE ZIPCODE OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE NUMBER FROM TREASURER NAME NICKNAME AREA CODE PHONE NUMBER FIRST SUFFIX TO Date Hand-defibated or Portugate Recond Recond Recond Recond Date managed A No Date managed A No Date managed A No Date managed A No COM TO Date managed A No COM NICKNAME STREET ADDRESS (NO BORDY DI EASE) APT/SLITTE* CITY: STATE: ZIPCODE TO Date managed A NO Date managed A NO COM Recond TO Date managed A NO COM NO COM Recond TO Date managed A NO COM NO COM Recond TO Date managed A NO COM NO COM NO COM Recond TO Date managed A NO COM NO COM Recond Date managed A NO COM NO COM Recond Date managed A NO COM NO COM Recond TO Date managed A NO COM NO COM Recond Date managed A NO COM Recond Recond Recond Recond Date managed A NO COM Recond Date managed A NO COM Recond Recond Date managed A NO COM Recond Re	FILED ANT COUNT			
MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST J. NICKNAME LAST SH-John 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION Date Hand deficised or PORTEGAL Recult Date Processed: Recult Date Processed: Recult Date Processed: Re	FILED ANT COUNT			
CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION Recoil CP OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME NICKNAME TO CAMPAIGN TREASURER ADDRESS (residence or business) Recoil CP OFFICE PHONE NUMBER EXTENSION Recoil CP OFFICE PHONE NUMBER EXTENSION Recoil CP OFFICE PHONE NUMBER EXTENSION Recoil CP OFFICE PHONE NUMBER EXTENSION Recoil CP OFFICE OFFI	FILED ANT COUNT			
5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME NICKNAME 1 STREET ADDRESS (NO PORCY PLEASE) APT / SLETE* CITY: STATE: 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION Date Processed: Date Proc	COUNT			
SCANDIDATE/ OFFICEHOLDER PHONE MS/MRS/MR FIRST TREASURER NAME NICKNAME STREETADDRESS (NO PORCY DI FASE): APT/SLISTE ADT/SLISTE ATTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION Date Processed: Date	'			
FHONE CAMPAIGN TREASURER NAME NICKNAME TO CAMPAIGN TREASURER ADDRESS (NO BOROY DI FASE): APT/SIETE TO CITY: STATE: 719 CODE STREET ADDRESS (residence of business) STREET ADDRESS (NO BOROY DI FASE): APT/SIETE TO CITY: STATE: 719 CODE CAMPAIGN AREA CODE PHONE NUMBER EXTENSION	'			
6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST Warren NICKNAME LAST SUFFIX 7 CAMPAIGN TREASURER ADDRESS (NO POROX PI FASE). APT/SLETE # CITY. STATE. 7 IP CODE TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION	'			
TREASURER NAME NICKNAME LAST SH. John 7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION	-			
NICKNAME NICKNAME LAST SUFFIX 7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO POROX PLEASE): APT (SLETE #: CITY: STATE: 71P CODE TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION				
7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER APT/SLETE \$1. CITY. STATE. 7/IP CODE TREASURER ADDRESS (TOTAL STATE. 7/IP CODE REACCODE PHONE NUMBER EXTENSION				
TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION				
o or an income				
TREASURER PHONE				
9 REPORT TYPE X January 15	1			
July 15 Sth day before election Exceeded \$500 Final report (Attach C/OH limit	· FR)			
10 PERIOD COVERED Month Day Year THROUGH 12/31/14				
03/04/14	ecial			
District Judge, 297th Judicial Judge, County Criminal Court No District Court of Texas Tarrant County, Texas	1			
District Judge, 297 Judicial Judge, County Criminal Court No District Court of Texas (In 2014) 13 OFFICE SOUGHT (# KNOWN) Tudge, County Criminal Court No Tarrant County, Texas (In 2014)	• 1			
GO TO PAGE 2				

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME L	eo Everett	Young Jr.	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	FROM CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
NIA	GENERAL SPECIFIC	COMMITTEE ADDRESS N/A	TARF 2015 J ELECTII		
additional pages	NIA	COMMITTEE CAMPAIGN TREASURER NAME N/A	TARRANT C 2015 JAN 15 LECTIONS ADD		
		COMMITTEE CAMPAIGN TREASURER ADDRESS N/A	OUNT OUNT ILLIPS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,801.14				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 421.37 4. TOTAL POLITICAL EXPENDITURES \$ 1,682.56				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 3,513.63				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	* 0.00		
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 STAMPT SEAL ABOVE SWOTH- to and subscribed before me, by the said Leo Everett Young, Jr., this the 1379 day of Jahuary, 20 5, to certify which, witness my hand and seal of office.					
Stignature of officer adm	inistering oath	Print name of officer administering oath	Deputy Dustrick Clerk Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	adule A(J):
2 FILER NAME	Leo Everett Young , Ir.		3 ACCOUNT # (Et	Nès Configussion Flats)
4 Date	Full name of contributor Dout-of-state PAC (10# Roderick C. White		7 Amount of contribution (\$)	8 In king contribution Z description (if applicable)
7-1-14	6 Contributor address; City; State; Zip Code 316 Hemphill Street	2U	100.00	M I:
	Fort Worth, Texas 76/6	74	(If travel outside o	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation Attorney at Law	10 Contributor's job	itile vegat Law	1 ~
11 Contributor's e		12 Law firm of contril	butor's spouse (if any)
13 If contributor is	a child, law firm of parent(s) (if any) N/A			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
7-144	D. Blaine Scheideman Contributor address; City; State; Zip Code 2501 Museum, Way # 1		200.00	
	Fort Worth, Texas 7610	7	(If travel outside o	of Texas, complete Schedule T)
Contributor's p	rincipal occupation Retired	Contributor's job	title eS	
Contributor's e	mployer/law firm Retivel	Law firm of contri	outor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
7-1-14	Contributor address; City; State; Zip Code	uite 302	100.00	
	Fort Worth, Texas 76116	-5421	(If travel outside o	of Texas, complete Schedule T)
Contributor's p	rincipal occupation nmercial & Investment Real Estate	Contributor's job	iille BroKer	1781
	mployer/law firm Ellis + Tinsley, Inc.	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.

l .	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S (JUDICIAL	.) s	CHEDULE A	(J)
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sche	Ble A(E)	TARF
2 FILER NAME	Leo Everett Young	Jr.	3 ACCOUNT # (Et	ST.	ANT ANT
4 Date 7-1-14	Full name of contributor Dout-of-state PAC (ID#	<u>, </u>	7 Amount of contribution (\$)	In Mind control description (if ap	Stion Column 28
	Fort Worth, Texas 76/6		(If travel outside	of Texas, complete Sch	hedule T)
11 Contributor's e	mployer/law firm N. Hamis A Altorneyat Law s a child, law firm of parent(s) (if any)	10 Contributor's job Afform 12 Law firm of contri	usat Law	r)	
Date	Full name of contributorbut-of-state PAC (ID# Ronald W. Roberts)	Amount of contribution (\$)	In-kind contrib description(if app	
7-1-14	Contributor address; City; State; Zip Code 2709 Stonehenge Lan	e 7008-6110	200,00		
	Flower Mound, Texas	Y**		of Texas, complete Sch	nedule T)
Contributor's p	Attorney at Law	Contributor's job	title ry at Law		
	mployer/law firm /	Law firm of contril	hitor's spouse (if any)	***************************************
Ronald W. Roberts, Attorney at Law If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributorout-of-state PAC (ID#: Brett D. Boone		Amount of contribution (\$)	In-kind contrib description(if app	
[119	Contributor address; City; State; Zip Code P. 0 , Box 3 467	_	100.00		
	Fort Worth, Texas 7611.			of Texas, complete Sci	hedule T)
Contributor's p	Attorney at Law	Contributor's job			
Contributor's e	Boone, Attorney at Law	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.					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

		1 Total pages Sche	dule A(J):		
The Instruction Guide explains how to complete this form.		if	· (1)		
			- 100011171115	P	= =
2 FILER NAME			3 ACCOUNT # (Et)	ies Commission F	1194S) 50
	Leo Everett Young, Ir	•		- EX	E 2
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of	B Inconstcon	
	0 0 0		contribution (\$)	description(if	applicable)
7-1-14	Rose Anna Salinas	<i></i>	# 20	1 33	 85
1-1-17	6 Contributor address; City: State; Zip Code	1. 200	250,00	1	¥ =
	6 Contributor address; 5 Fix State; Zip Code 3001 West 5 Fixeet, Sur	16 230	"	STO	- 3
	Fort Worth, Texas 76107		-27	\$ 200	~ ~
			(If travel outside o	of Texas, complete	Scheole T)
9 Contributor's p	principal occupation	10 Contributor's job		7	
	Attorney at Law		ney at Law	- 1	
	employer/law firm	12 Law firm of contri	buto's spouse (if any))	
hose H	nna Salinas, Attorney at Law		10/H		
13 If contributor is	s a child, law firm of parent(s) (if any)				
	/V/ N				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind con	ıtribution
	Q + 01 a.		contribution (\$)	description(if	applicable)
 1 1 1 1	Brad Clark		#_		
7-1-14	Contributor address; City; State; Zip Code	10 1020	\$ 200,00		
	10/ Summit Avenue, Su	are 1020			
	Fort Worth, Texas 761	02-71.17			
		1	L	of Texas, complete	Schedule T)
Contributor's p	principal occupation	Contributor's job			
	AttorneyatLaw		orney at La		
•	mployer/law firm	Law firm of contril	butor's pouse (if any))	
Brox	Clark Attorney at Law	10//4			
If contributor is	s a child, law firm of parent(s) (if any)				
	/V// I				
Date	Full name of contributorout-of-state PAC (ID#:	.)	Amount of	In-kind con	
	William Ra William		contribution (\$)	description(if	applicable)
7-2-14	William Reagan Wynn		\$200.00		
1-6-19	Contributor address; City; State; Zip Code 3100 West 7th Street Su	ide. 42.	250,00		
	3100 West 1= Street 34	110 720			
	Fort Worth, Texas 76107				
				of Texas, complete	Schedule T)
Contributor's p	rincipal occupation	Contributor's job	. ,	.1	
On atalant de	Attorney at Law		rrey at Lau	<i>y</i>	
	mployer/law firm Attaches at last	Law firm of contril		F. T	101
www. Nea	agan Wynn Attornay at Law	Shelin Wy	nn DAS OF	fice Tarran	wunty
If contributor is	s a child, law firm of parent(s) (if any)				
	/V/ <i>P</i> t				

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 Sch	TAF 2015	
2 FILER NAME	Leo Everett Young, Ju	^,	3 ACCOUNT # (E	hics Commission (R) RANK
4 Date 7-2-14	5 Full name of contributor Dout-of-state PAC (ID# Don Bodenhamer 6 Contributor address; City; State; Zip Code P. O. Boy 2520 Glen Rose, Texas 760			des arma contribution des armon(if applicable) REPRESENTATION Of exas, complete Schedule T)
9 Contributor's p	rincipal occupation Attorney at Law	10 Contributor's job	orner at L	zw
11 Contributor's e	mployer/law firm 1 oden hamer, Attornay atlaw	12 Law firm of contri	butor's spouse (if any	′)
13 If contributor is	s 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 travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	")
If contributor is	s 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 travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	L	,,
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	")
If contributor is	s 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 **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 Expen Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Travel In District **Event Expense** Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not lighted above The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ilers Leo Everett Young, Jr. 5 Payee name Vidalias - Renaissance Worthington Hotel 7 Payee address; City: State: Zip Code 200 Main Street, Fort Worth, Texas 76/02 6 Amount (\$) *383.47 (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Grand Jury Luncheon - 7-3-14 Office sought Office held Food/Beverage Expense Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Everett Young City; State; Zip Code Amount (\$) % J. Warren St. John, 801 Cherry Street, Unit 5, Fort Worth, Texas 76102 # 210.00 Description (If travel outside of Texas, complete Schedule T) Political Expenditures Reimbursement - Made From Personal Funds Category (See categories listed at the top of this schedule) **PURPOSE** Keimbursement EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Tarrant County Bar Association Payee address; City: State; Zip Code 1315 Calhoun Street, Fort Worth, Texas 76102 8-21-14 Amount (\$) #105.00 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE Membership Fee 2014-2015 Fees **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH NIA Date Payee name 11-7-14 Payee address; City; State; Zip Code 300 Main Street, Fort Worth, Texas 76102 Amount (\$) \$ 150,58 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Judge's Luncheon Food/Beverage Expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F e explains how to	aising Expense trict Rental Expense	Contributions/Dona Candidate/Offic OTHER (enter a c	uipment & Related Exp	nmittee
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commissio	n Filers)
2	Leo Everett Your	IS, Ir.				
4 Date 12-20-14	Everett Young	ŕ				
6 Amount (\$) \$412.14	7 Payee address; City; S 9. J. Warren St. John	tate; Zip Gode , 801 Cherry	Street, Unit	S, Fort Wo	orth, Texas 761	102
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Tex	ras, complete Schedule T), Tican Expendit Som Personal Fu	tures
	Keim bursement		Reimbursem	ent Made fr	om rersonal tu	nds
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH N/A	·	Office sough	nt	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; S	tate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of ex	as, quaplete Schemile T)	TARR.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	•	Office sough	nt	Soffice Herd	AT.
Date	Payee name	4.1.			PA	COUNTY
Amount (\$)	Payee address; City; St	ate; Zip Code	• .		: 29	77
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	it .	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; St	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	it	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memorials Salaries/Wages/Co Expense Solicitation/Fundra Legal Services Travel In District Food/Beverage Expense Travel Out Of District Polling Expense Office Overhead/Ro Printing Expense The Instruction Guide explains how to co	ising Expense ict contributions/Denations Made By Candidate/Officeholder Blitical Committee OTHER (enter a Seepory not listed against the contributions)	
1 Total pages Schedule G:	Leo Everett Young, Jr.	3 ACCOUNT (Ethics Commission)	
4 Date 12-14-14	Sam's Club	178AII	
6 Amount (\$) \$ 82.46 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code, F 4400 Bryant Irvin Road, F	ort Worth, Texas 76132	
8 PURPOSE OF Expenditure	(a) Category (See categories listed at the top of this schedule) Food/Beverase Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food and Refreshments - Retirement Party Check if Austin, TX, officeholder living expense	
Date 12-15-14	Payee name Party City		
Amount (\$) \$ 18,35 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4826 Southwest Loop 820, Fort	Worth, Texas 76109	
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Supplies for Retirement Party Check if Austin, TX, officeholder living expense	
Date 12-17-14	Payee name Walmart		
Amount (\$) # 12.98 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6300 Oakmont Blvd., Fort Wi	orth, Texas 76132	
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Supplies for Retirement Party Check If Austin, TX, officeholder living expense	
Date 12-17-14	Payee name Target-Cityview		
Amount (\$) 4298.35 Reimbursement from political contributions intended	Payee address; City; State; Zip Code Cityview Blud., Fort Wor (5700 Overton Ridge Blud.)	th, Texas 76132	
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) Food Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food and Refreshments - Retifement Party [] Checkif Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			