### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The JC/OH Instruction (	Guide explains how to complete this form.	7	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX	TARRANT 2016 JAN 15 FRANK PH FRANK PH FRANK PH FRANK ADN	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE	N 15 PM	
Change of Address		PS R	
5 CANDIDATE/ OFFICEHOLDER PHONE	ENSION	Date Hand-demered or Page Postmarked  Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI  MY, Fatvich W:  NICKNAME LAST SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP GODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	January 15 30th day before election Runoff Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH 12/31/	Year 2015	
11 ELECTION	BLECTION TYPE Month Day Year Primary Runoff Other Description  General Special		
12 OFFICE	OFFICE HELD (if any)  Julge Probate Count Two		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Patrick W	. Fershill	15 Filer ID (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  COMMITTEE ADDRESS	TARRA 2016 JAN ELECTIONS BY:	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	FILED ANT COUNT V 15 PM 2: NK PHILLIPS S ADMINISTRAT	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	Z: 26	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O	
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ C	
	4. TOTAL POLITICAL EXPENDITURES \$ 2,880.69			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$15,559.94			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ O	
TINA A. CLAY NOTARY PUBLIC STATE OF TEXAS Ny Comm. Exp. 04-04-2018  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, Effection Code.  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said, this the, this the, to certify which, witness my hand and seal of office.				
Druber Tieb.Cla Contrardirenter				
Signature of officer administering path Printed name of officer administering oath Title of officer administering oath				

### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

19	FILER NAME Patrick W. Fershill	ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$2,880.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	\$ snoitu
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH \$
1 <b>1</b> .	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	RNED \$

FRANK PHILLIPS ELECTIONS ADMINISTRATOR TARRANT COUNTY

2016 JAN 15 PM 2: 26

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	Fershill	3 Filer ID (Ethics Commission Filers)	
4 Date 7/4/15	5 Payee name	Bouh, N. A.		
6 Amount (\$)	7 Payee address; City; State P. U. Box	Zip Code	TARRA 2016 JAN ELECTION BY:	
8	(a) Category (See Categories listed at the top of this			
PURPOSE OF EXPENDITURE	Fees - Bugg Service change	Check if travel ou	utside of Texas Complete Schoolule T.  T. TX, officehelder living supense 2	
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7/32/15	Payee name	llu		
Amount (\$)  51.85	Payee address: City: State:	zip code J. Hayden Rd, Ste. 226 de, AZ 85,260		
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Date	Payee name			
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Amount (\$)	Payee address; City; State; 19455	zipibode N. Hayden Rd, Sk. 2 Idale, AZ 85260	<b>26</b>	
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)							
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6 Amount (\$)	7 Payee ac	ddress; City; State;	Zip Code	Λ	7	* =	二二
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Amount (\$) \$ 300,00	Payee ad	3333 C	zip Code amp Bor loth, TX	vie Blvd. 76107			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Ethics Commiss Filers 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; \$3,50 8 Check if travel outside of Texas, Complete Sche Frez - Bonhacart fee **PURPOSE** Check if Austin, TX, officeholder EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Fices - Menbership dies Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** menbership dues Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Foot/Beverage Expense
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Potrich W. Farshill	3 Filer ID	(Ethics Commission Filers)	
4 Date 12 29 15	5 Payee name Wings of H	ope Equitherapy		
\$ Amount (\$)	7 Payee address; City; State; Zip Code P.O. Box 449 Burleson	TX 76097		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-	
PURPOSE OF EXPENDITURE	Chartable devotes in honor of Dee Kelly	Check if travel outside of Texas. Co		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	87.	TARF 2016 JI ELECTION	
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