# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

<u> </u>				
The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mr. Darrell  NICKNAME LAST  HUFFMA	MI W SUFFIX	OFFICE USE ONLY  Date Remived  FRANK PI  FRANK PI  FRANK PI  AD  FRANK PI  FRANK PI  FRANK PI  FRANK PI	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE		GITY; STATE; ZIP CODE	NK PHILLIPS S ADMINISTRATOR OF Date Hand delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  M.S. Melinda  NICKNAME HUFFMAN	D SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 7/1/15	THROUGH 12	31 / 15	
11 ELECTION	BLECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description Special		
12 OFFICE	Tarrant County Constable - Pct.	13 OFFICE SOUGHT (IT KNOWN  Tarrant  Constable	_	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME DOULT	ell (v	Huffma	Λ	15 Filer ID	(Ethics Commi	ssion 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 IN THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			FRANK OTIONS A	ARRAN 6 JAN 1
	SPECIFIC	COMMITTEE ADDRESS			PHILLIPS DHIMISTR	T COUNT
Additional Pages		COMMITTEE CAMPAIGN TE	REASURER NAME		ATOR	36
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
17 CONTRIBUTION TOTALS	_	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		, ,	6	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		4	\$ -		
EXPENDITURE TOTALS		POLITICAL EXPENDITUR S ITEMIZED	ES OF \$100 OR LESS,	4	· 0	
	4. TOTAL	FAL POLITICAL EXPENDITURES			\$1,0	00 -
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD			1,31	8 <u>79</u> 63 2 <sup>36</sup>
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD			42,	63 23
	RRI MCCONNE	•	I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.			
STATE OF TEXAS My Comm. Exp. 01-08-2017  AFFIX NOTARY STAMP/SEALABOVE  Signature of Candidate or Officeholder						
Sworn to and subsci	. 1	•	ELL W. HUFFM		his the	574
Deri M	Carl		RI MCCONNELL	Note	try pu	BLIC
Signature of officer a	dministering oath	Printed name of	officer administering oath	Title o	of officer admin	istering oath

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	Darrell W. Huffman	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ A
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <del>D</del>
4.	SCHEDULE E: LOANS	\$ <del></del>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,000 -
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>O</del>
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 BUSINESS OF C/OH	\$ <del>O</del>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN 15 AM 9: 36

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### 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 Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses a settlement and should be continued by the continued by th

Candidate/Officeholder/Politica Credit Card Payment	ai Committee Legal Servi	ces Salar	ies/Wages/Contract Labor	Other (enter a categ	ory not listed above)	
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Darry	UW. Hu	fman	3 Filer ID (Ethic	s Commission Filers)	
11-14-15	5 Payee name Tarran					
\$ 1,000	IT WORK	t County of City; State; Zip Good DSIER VIEW (	5	0		
8	(a) Category (See Catego	ries listed at the top of this schedule	(b) Description			
PURPOSE	G		Check if travel of	outside of Texas. Complete S	Schedule T.	
OF EXPENDITURE	Fees		Canaling Filing F	Candidate August, TX, afficeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Office H	holder name	Office sought		Office held	
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip Cod	e \			
				BX:	TARRA 2016 JAN	
PURPOSE OF EXPENDITURE	Category (See Catego	ries listed at the top of this schedule)	Chleck if travel o	outside of Texas. Complete &	7.	
Complete ONLY if direct expenditure to be efit C/OH	Candidate / Office	holder name	Office sought		Suffice had 1	
Date	Payee name					
Amount (\$)	Payee address;	City; State; Zip ood	e			
PURPOSE OF EXPENDITURE	Category (See Catego	ries listed at the top of this schedule)	Check if travel o	outside of Texas. Complete S	\	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Office	holder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME -3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Mo Contributing on or 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (18) Full name of contributor ut-of-state PAC (ID#:\_ Date Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-shate PAC (ID# State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.