### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY					
NAME	Wes		Date Received					
	NICKNAME LAST	SUFFIX	EL 2					
	Ball		EC1					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked					
change of address			Receipt # Arsount					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed 10					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  SV Zanne  NICKNAME LAST  BC11	MI 	Postmark 1-15-2014					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION						
9 REPORT TYPE	January 15 30th day before 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 THROUGH	Month Day	Year 2014					
11 ELECTION	ELECTION DATE Source Primary  A / 4 / 2014	Runoff	General Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)						
		Torrant County	District Attorney					
GO TO PAGE 2								

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Wes Ba	11	<b>15</b> ACC	OUNT #	(Ethics	Commiss	sion Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR						
	COMMITTEE TYPE			-			
	GENERAL	COMMITTEE ADDRESS		₩ 	<u> </u>	22	7
	SPECIFIC	COMMITTEE ADDRESS			CIONS A		3 Z
		COMMITTEE CAMPAIGN TREASURER NAME	-				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				PH 2	and sky
		COMMITTEE CAMPAIGN TREASURER ADDRESS		Toward Communication of Communication Commun	A Car	No.	***
17 CONTRIBUTION TOTALS		TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ i	181	100	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	MIZED	\$			
	4. TOTAL	POLITICAL EXPENDITURES		\$4	181%	700	
CONTRIBUTION BALANCE	5. TOTAL P	DAY	\$	0			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				0	5	
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.  Notary Public, State of Texas My Commission Expires December 22, 2014  Signature of Candidate or Officeholder							
Sworn to and subscribed before me, by the said 108 Ball, this the							
15 th day of January, 20 14, to certify which, witness my hand and seal of office.							
Malinda	Maur	Malinda A. Davis	1	lota	ny F	ubi	/ie_
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title	e ot offi	cer admi	nisterin	y oath

POLITICAL CONTRIBUTIONS FILED OTHER THAN PLEDGES OR LOANS  2014 JAN 17 PM 2-12								
The	Instruction Guide explains how to complete this	Total pages Schedule A:						
2 FILER NAME	Wes Ball BY:	ONS AUMINISTRAT	3R ACCOUNT # (E	thics Commission Filers)				
4 Date	5 Full name of contributor □ out-of-state PAC(ID#:  Truric Cope	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)					
7/24/13	6 Contributor address; City; State; Zip Code /803 Lake side Orive	15000	 					
9 Principal occup	Ar ling fun, TX 7663 pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)				
Date	Full name of contributor 🗆 out-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)				
8/20/13	Contributor address; City; State; Zip Code 4025 Woodlend Fork Blue, Svite 10	4100 00						
	Arlington, TX 7003		(If travel outside o	of Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See I						
Date	Full name of contributor   out-of-state PAC (ID#:_	Amount of contribution (\$)	In-kind contribution description (if applicable)					
10/15/13	Contributor address; City; State; Zip Code	\$73100	 					
	Arlington, TX 76013	(If travel outside	of Texas, complete Schedule T)					
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)					
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	Contributor address; City; State; Zip Code							
			(If travel outside of Texas, complete Schedule T)					
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)				
	Contributor address; City; State; Zip Code		1					
		(If travel outside of Texas, complete Schedule T)						
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)					
If c	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.							

#### **POLITICAL EXPENDITURES**

Austin, Texas 78711-2070 (512) 463-5800 FILED TARRANT COUNTY

SCHEDULE F

2014 JAN 17 PM 2: 42

				~. 4C				
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Ed	- marine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ր Repayment/Reimbursement				
Accounting/Banking	Legal Services	Solicitation/Fundra		nsportation Equipment & Related Expense				
Consulting Expense	Food/Beverage Expense	Travel In District	Cor	ntributions/Donations Made By				
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee				
Fees	Printing Expense	Office Overhead/R	tental Expense OTH	HER (enter a category not listed above)				
	The Instruction Guide	explains how to	complete this form.					
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)				
1	Wes Ball							
4 Date	5 Pavee name							
7/18/13	United States P 7 Payee address; City; Sta	ostal Serv	rce					
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code						
# / 3/10	City ween station Funt Worth, TX 76132							
\$6200		1 ms						
	Funt Worth, TX 1	6137						
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)				
OF	Fee <sub>s</sub>							
EXPENDITURE	7003							
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held				
expenditure to benefit C/O	н							
Date	Payee name ,							
7/29/13	Dala Partes	and look	Colutions					
	Payer address; City; Sta	mai poet	3 (IV) TONS					
Amount (\$)								
\$41900	211 Cardinal Orice	2						
4911	Marilan	12549						
	Montgomery, N							
PURPOSE	Category (See categories listed at the top	,	Description (If tra	avel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Advertising Exper	vse						
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held				
expenditure to benefit C/O	H							
	· D			100				
Date	Payee name							
Amount (\$)	Payee address; City; Sta	te; Zip Code						
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)				
OF EXPENDITURE								
EXPENDITURE								
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held				
expenditure to benefit C/O	DH							
Date	Payee name							
Date	T dyec name							
			***************************************					
Amount (\$)	Payee address; City; Sta	te; Zip Code						
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)				
OF EXPENDITURE								
LAFERDITORE			055					
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name  OH		Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Те	xas Ethic	s Commission	P.O	D. Box 12070	Austin, Tex	as 78711-2070	(512)	) 463-580	00	(TDD 1-80	00-735-298	39)
		NDIDATE SIGNATIO					Γ:	F	ORM	C/OH	l - FR	
		•• Co	The omplet	Instruction Gute only if "Rep	uide explains ort Type" or	s how to comple page 1 is mark	ete this ked "Fin	form. nal Repo	.t" •-		S	
1	C/OH N	IAME W	es (	Ball				2 ACCO	UNT#	thics Comm	ission Filers)	
3	report as	expect any further p	nates m	y campaign treasu	rer appointmer		that I may	y not acce	ept any c	ampaign co	ontributions	
						,	Signatur	re of Can	didate /	Officehol	der	
4		WHO IS NOT A	only if ye									
	Chec	k only one:										
	1	-	pended	contributions or u	nexpended inte	rest or income earne	ed from po	olitical cor	ntribution	ns.		
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.										
	В.	ASSETS										
	Check	k only one: I do not retain asse	ets purc	hased with politica	al contributions	or interest or other in	ncome fro	om politica	al contrib	utions.		
		I may not convert a	issets pu tand that	urchased with polit t I must dispose of	ical contribution	erest or other income as or interest or other sed with political cont	income fro tributions	om politic	al contrib ance with	outions to p	ersonal	
								Nr B	all			
							S	Signature	of Can	didate		
5		CEHOLDER plete this section	o <i>nly</i> if	you are an office	eholder ••							
		I am also aware th	nat I will n politica	be required to file al contributions, inte	reports of une erest or other in	ole to an officeholder v xpended contribution come from political co butions.	ns if, after	r filing the	last req	uired repoi	t as an	
							Si	ignature	of Office	eholder		

BALL & HASE, P.C.
ATTORNEYS AND COUNSELORS AT LAW
4025 WOODLAND PARK BLVD.
SUITE 100
ARLINGTON, TEXAS 76013





Tarrant County Elections Center 2700 Premier Street Fort Worth, Texas 76111

### **BALL & HASE**

A PROFESSIONAL CORPORATION ATTORNEYS AND COUNSELORS AT LAW

WES BALL

BOARD CERTIFIED-CRIMINAL LAW TEXAS BOARD OF LEGAL SPECIALIZATION

4025 WOODLAND PARK BLVD SUITE 100 ARLINGTON, TEXAS 76013

**DON HASE** 

BOARD CERTIFIED-CRIMINAL LAW TEXAS BOARD OF LEGAL SPECIALIZATION

TELEPHONE (817) 860-5000 TELEFAX (817) 860-6645

January 15, 2014

via: CERTIFIED MAIL NO. <u>7003 3110 0000 8856 3544</u> RETURN RECEIPT REQUESTED

Tarrant County Elections Center 2700 Premier Street Fort Worth, Texas 76111

Re: Wes Ball; 2014 Campaign

Dear Sir/Madame:

Enclosed please find the completed Campaign Finance Report of Wes Ball.

Thank you for your attention to this matter.

Sincerely,

Malinda Davis

Legal Assistant to Wes Ball

**Enclosure**