Texas Ethics Commission

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(TDD 1-800-735-2989)

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 # (Ethics Commission Filers)	² Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Patrick	W.	OFFICE USE ONLY Date Received	
	"Pat" Ferchill	SUFFIX .	TA 2011 ELE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand eliveration for the formation	
change of address			Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed STR 12: 17	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR PFIRST Mr, Patrick NICKNAME LAST Pat Ferdill		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STRFFT ADDRESS (NO PO ROX PI FASE) APT / SUITE #	CITY: STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff	 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) 	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 2013	
11 ELECTION	Month Day Year 3 4 2014 ELECTION TYPE X Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (IF any) Judge, Probate Caut Two Tarrant County, TX	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

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JUDICIAL C SUPPORT 8		E / OFFICEHOLDER REPORT:	Cov	FORM J	
14 C/OH NAME	atrich U). Ferchill	15 ACCO	JN⊺ # (Ethics Co	mmission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR &	FICEHOLDER'S KN	WLEDGE OR
COMMITTEL(3)	COMMITTEE TYPE	COMMITTEE NAME		STEVE	UAN IL
	GENERAL	COMMITTEE ADDRESS		RABORN	PMI2:
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		NATOR	5. 7
		COMMITTEE CAMPAIGN TREASURER ADDRESS		• •	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN BLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 1,30	0.00
EXPENDITURE TOTALS		chty chain refurn / image fee 6x 3.50	MIZED	\$ 2	00.1
	4. TOTAL	POLITICAL EXPENDITURES		\$ 4,44	2.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS REPORTING PERIOD (Includes 75 read for Selicit		\$24,76	1.32
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
18 AFFIDAVIT	STEVEN FI NOTARY PL STATE OF T My Comm. Exp. 12	JELIC TEXAS	information FU		
AFFIX NOTARY STA	scribed before	me, by the said Patrick W. Far	dill	<u>iii ii ii</u>	is the office.
Signature di officer admi	2	Print name of officer administering oath	Vote Title of o	ry Public	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIA	L) SCHEDUL	.E A (J)
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):	
2 FILER NAME Patrich W. Ferdrill	3 ACCOUNT # (Ethics Commission	on Filers)
4 Date 5 Full name of contributor [out-of-state PAC (ID#:) 7/26/13 Jack Garbo 6 Contributor address; City; State; Zip Code		contribution n(if applicable)
3505 Gardenia Dr. Arlington, TX 76016	(If travel outside of Texas; dymp)	ete Sphedule F.
9 Contributor's principal occupation / 10 Contributor's jo HHowey 11 Contributor's employer/law for a 12 Law firm of cont	tributor's spouse (i(any)	
13 If contributor is a child, law firm of parent(s) (if any)		PH 12:
Date Full name of contributorout-of-state PAC (ID#) Tim D. Koltan Contributor address; City: State; Zip Code 1396 W. Mayfield, #100 Atvlingta, TX 76015		contribution fii applicable) ete Schedule T)
Contributor's principal occupation Contributor's jo	A	
Contributor's employer/law find Tim D. Kolten, Attorney / CPA/CFP	tributor's spouse (itany)	
If contributor is a child, law firm of parent(s) (/	
Date Full name of contributor Dout-of-state PAC (10#:) 8/7/13 J. Richard McVay Contributor address; City: State: Zip Code 503 E. Bardar St. Avlingtry, TX 76010		contribution n(if applicable)
Contributor's principal occupation Contributor's joint Contributor		ete Schedule T)
Contributor's employer/law firm Parks, Huffman, McVay, Shupavel+ Wells If contributor is a child, law firm of parent(s) (it any)	ng	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see instruction guide for a		ents.

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	n P.O. Box 12070 A	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-
POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITUR	E CATEGORIES FOR BOX	(8(a)	•
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Gui	Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expen	e Transportation Ed Contributions/Do Candidate/Off se OTHER (enter a	uipment & Related Expen
Total pages Schedule F:	2 FILER NAME Patrick	11 5 1.11		NT # (Ethics Commission F
Date 7/2/13	5 Payee name D.S. Post N	naster	39	ELG 2011
Amount (\$) \$746.00	7 Payee address; City; 3101 W, 6th Fart Warth, 7	State; Zip Code St. TR 76107		SIEVE
PURPOSE	(a) Category (See categories listed at the		iption (If travel outside of To	exas, comptete Schedule T)
EXPENDITURE	Fundvaisin Epen	ie .	Stamps for	Campaign =
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nan DH	ne Office	sought	
Date 9/6/13	Payee name Missim	Arlington		
Amount (\$) \$25.00	Payee address; City; 210 W. Sout Arlington, T	state; Zip Code h.Stveet . 76010		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Acnation	top of this schedule) Descr	iption (If travel outside of Tr	exas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder nan DH	ne Office	sought U	Office held
Date 10/3/13	Payee name Tarrant Ca	up Probate Bar As	ssociation	
Armount (\$) \$7/50,00	Payee address; City C/o Monica Ben 4763 Barwic Fat Wort	states zip gode 15m, freevelet h Ar., Ste 100 h, TR 76132		
PURPOSE	Category (See categories listed at the	top of this schedule) Descr	ription (If travel outside of T	exas, complete Schedule T)
EXPENDITURE	tees + Food Expens	e 2013/11		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholde¥ nan DH	ne Office	sought	Office held
Date 9/17/13	Payee name Fort Wo	rth Republican War	ren	
Amount (\$)	Payee address; City; C/o Julie Jo 6421 Fors 544 W	state; Zip ^c code hncox, Chur new 11. wth, TX 76116		
\$100.00			ription (If traval autoida of T	exas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the Event: Expense Candidate / Officeholder nar	Red,	White + Blue Fri sought	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Transportation Equipment & Related Expense Solicitation/Fundraising Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Politica Event Expense Polling Expense Travel Out Of District OTHER (enter Ratego Printing Expense Fees Office Overhead/Rental Expense w not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filer 1 Total pages Schedule F: 2 FILER NAME 4 Date 5 Payee name Wie Geren Campaign City; State; Zip Code 6 Amount (\$ 7 Payee address; 2900 Maritganery St. Я (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE (a) Category (See categories listed at the top of this schedule) 8 OF went Epense BBQ-2tidets EXPENDITURE Annual Indras Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Hatth Hssociation of City; State; Zip Code W. 4th St. Amou Pavee address: \$200.00 TR 76107 Description (If travel outside of Texas, complete Schedule T) PURPOSE Category (See categories listed at th OF MHA fudraiser - 2 tickets - Repeat Pirate Part Sent Egense / Umai Candidate / Officeholder name EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payee name Mients of Senater Jane Nelson City; State: Zip Code P.O. BOK 608 Amoun Payee address; \$ 75,00 76099 Grapevine, N. Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE 3 tidats to Jane's Annual Birty bent Epense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Texans for Kelly Han cock City: State: 20 Code P. O. Box 821349 North Richland Hills, TR Itegories listed at the top of this schedule) Description Amount (\$ Payee address; 00 (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF 3 tickets to Find russer at Back Firty EXPENDITURE Frent Egense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Texas Ethics Commission	n P.O. Box 12070	Austin, Texas 78711	-2070 (5-	12) 463-5800	(TDD 1-800-735-2989)
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	RE CATEGORIES I Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Re uide explains how to c	ntract Labor sing Expense rict ental Expense	Contributions/Donal Candidate/Office OTHER (enter a ca	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAME Patrich	W. Ferdiill	-	3 ACCOUNT	# (Ethics Commission Filers)
4 Date 11 22 13	5 Payee name Tarrant	Comp Republ	ican Party		
6 Amount (\$) \$ 3,500.00	7 Payee address: City: 2405 (Furl L	States 210 Code Svaul Kd. North, TX 76	118		
8 PURPOSE OF	(a) Category (See categories listed at t			(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Fees		filmfe	OBALL FACE	In Eaument fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na H	ame	Office sough	STO . TION	
Date 2313	Payee name U.S. Page Payee address; City;	State; Zip Code		NOR N	F FED
#46.00	3101	W. Gr. St.	5107	ISTRAT	H12: 50
PURPOSE	Category (See categories listed at t			(If travel outside of Texa	s, complete Schedule T)
	Fudraism Erense		Stamos .	for Campin	n
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame	Office sough	t	Office held
Date 12/17/13	Payee name Guar	Lianship Se	Nices, J	hc.	
Amount (\$) \$1/00.00	Payee address; City;	State; Zip Code 0. Box 1148 - 1112 D. TV -	1 76/10		
PURPOSE	Category (See categories listed at the			(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Donation		Arathan t	» dait an	diale Apara
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame	Office sough	t	Office held
Date 11/7/13 Amount (\$)	Payee name Reput	state; Zip Code	~		
\$25.00	. cycc addroso, City,	LING, LIP OULS			
PURPOSE OF EXPENDITURE	Category (See categories listed at th Event Egense	ne top of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Öfficeholder na H	ame	Office sough	t ·	Office held
	ATTACH ADDITIONA	L COPIES OF THIS S	SCHEDULE AS	NEEDED	
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	ST EARNED, OTHER CREDITS/GAINS DS, AND PURCHASE OF INVESTMEN		SCHED	ULE K
The Instruction Guide explains how to complete this form.		1 Total pages Sche	dule K:	
2 FILER NAME	Patrick W. Ferdill	3 ACCOUNT # (Et)	hics Commission I	ilers)
4 _{Date} 8/12/13	5 Name of person from whom amount is received Tavrant Carry Republican Party 6 Address of person from whom amount is received; City; State; Zip Code	<i></i>	8 Amc (\$ \$75	
-	2405 Gravel Dr.			
	Fut Warth, TX 76118 7 Purpose for which amount is received		L	
	Reinburgent from Drobge Petition Signing 201	3 7 6	20	
Date	Name of person from whom amount is received		Amo	R S S T
	Address of person from whom amount is received; City; State; Zip Code		14 PM 12: 51	AF COUNTY
	Purpose for which amount is received			
Date	Name of person from whom amount is received		Amo (\$	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received	I	· · · · · · · · · · · · · · · · · · ·	
Date	Name of person from whom amount is received		Amo (\$	
	Address of person from whom amount is received; City; State; Zip Code			
	Purpose for which amount is received	******	L	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		