

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST: <b>Cheril</b> MI: <b>5</b> NICKNAME: LAST: <b>HARDY</b> SUFFIX:	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 0;">Date Received</p> <div style="text-align: center; margin: 5px 0;">  </div> <p style="font-size: small; margin: 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: small; margin: 0;">Receipt #      Amount</p> <p style="font-size: small; margin: 0;">Date Processed</p> <p style="font-size: small; margin: 0;">Date Imaged</p> </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE		
<input type="checkbox"/> change of address			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST: <b>KRIS</b> MI: <b>5</b> NICKNAME: LAST: <b>KARR</b> SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>7 / 16 / 13</b> <b>1 / 15 / 14</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>11 /      / 2014</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  <b>JUDGE</b>	<b>13 OFFICE SOUGHT (if known)</b>  <b>JUDGE</b>	
<b>GO TO PAGE 2</b>			

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

14 C/OH NAME \_\_\_\_\_ 15 ACCOUNT # (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  
 GENERAL  
 SPECIFIC  
 additional pages

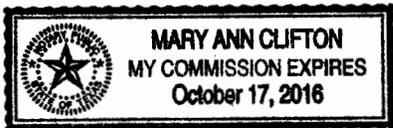
COMMITTEE NAME  
 COMMITTEE ADDRESS  
 COMMITTEE CAMPAIGN TREASURER NAME  
 COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED  
 TARRANT COUNTY  
 01 JAN 15 PM 4:06  
 STEVE KAMRIN  
 ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2625.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 979.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 2802.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2644.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD (to self)	\$ 611.40

**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.



*Mary Ann Clifton*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cheril S. Hardy, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

*Mary Ann Clifton* MARY ANN CLIFTON Notary  
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

# 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	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>11/3</b>	2 FILER NAME <b>Cheril Hardy</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>7-18-13</b>	5 Payee name <b>US Post Office</b>	
6 Amount (\$) <b>184.00</b>	7 Payee address; City; State; Zip Code <b>Camp Bowie Fort Worth TX 76107</b>	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FUNDRAISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>STAMPS</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name <b>MABA - Mexican Amer. Bar Assoc.</b>	
Amount (\$) <b>185.00</b>	Payee address; City; State; Zip Code <b>C/O ELOY SEPULVEDA 603 E. Belknap 76102</b>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Gift/Awards Expense (Event Expense)</b>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name <b>CALE Brewley</b>	
Amount (\$) <b>110.00</b>	Payee address; City; State; Zip Code <b>1033 Long Rifle Fort Worth TX 76108</b>	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name <b>Hunter Hart</b>	
Amount (\$) <b>110.00</b>	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract labor</b>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (Enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2/3</i>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---	--------------	--

4 Date <i>1-15-14</i>	5 Payee name <i>Cheril Hardy</i>
--------------------------	-------------------------------------

6 Amount (\$) <i>600.00</i>	7 Payee address; City; State; Zip Code <i>401 W. Bellknap FT Worth TX 76102</i>
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>7-18-13</i>	Payee name
------------------------	------------

Amount (\$) <i>250.</i>	Payee address; City; State; Zip Code <i>Republican Headquarters FORT WORTH TX</i>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PETITION signing party</i>	Description (If travel outside of Texas, complete Schedule T) <i>- fee for event</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>7-22-13</i>	Payee name <i>Cheril Hardy</i>
------------------------	-----------------------------------

Amount (\$) <i>500.-</i>	Payee address; City; State; Zip Code <i>401 W. Bellknap FT WORTH TX 76102</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>reimbursement</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>7-24-13</i>	Payee name <i>US POSTAL</i>
------------------------	--------------------------------

Amount (\$) <i>184.00</i>	Payee address; City; State; Zip Code <i>Camp Bowie FT WORTH 76107</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising</i>	Description (If travel outside of Texas, complete Schedule T) <i>stamps</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>3/3</i>	<b>2</b> FILER NAME <i>Cheri Hardy</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>7/30/13</i>	<b>5</b> Payee name <i>FT WORTH REP. WOMEN'S CLUB</i>	
<b>6</b> Amount (\$) <i>300.-</i>	<b>7</b> Payee address; City; State; Zip Code <i>Font Worth TX</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Event Expense</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Table @ luncheon</i>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Cheril Hardy	<b>3</b> ACCOUNT # (Ethics Commission Filers) 5
<b>4</b> Date 7/2013	<b>5</b> Payee name AlphaGraphics	
<b>6</b> Amount (\$) 60.44 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5836 Camp Bowie Fort Worth TX 76107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign letters & env.
Date	Payee name Cheril Hardy Golfsmith	
Amount (\$) 70.15 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1001 Interstate 20 Arlington TX 76017	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) T-shirts
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 2013 JAN 15 PM 4:06  
 ELECTIONS ADMINISTRATOR

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <span style="font-size: 1.5em;">1/6</span>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>J. Steven Poush</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<i>Aug 2013</i>	6 Contributor address; City; State; Zip Code <i>314 Main Street Ft Worth 76060</i>	<i>100</i>	
9 Contributor's principal occupation		10 Contributor's job title	
<i>ATTY</i>		<i>atty</i>	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
<i>self</i>			
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Randall Isenberg</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>8/14/13</i>	Contributor address; City; State; Zip Code <i>6830 Prestonwood Dallas TX 75225</i>	<i>250.00</i>	
Contributor's principal occupation		Contributor's job title	
<i>atty</i>		<i>atty</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
<i>self</i>			
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Chris Castanon</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<i>8/14/13</i>	Contributor address; City; State; Zip Code <i>2000 E. Lamar Suite 600 Arlington TX 76006</i>	<i>100.00</i>	
Contributor's principal occupation		Contributor's job title	
<i>ATTY</i>		<i>atty</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
<i>self</i>			
If contributor is a child, law firm of parent(s) (if any)			

FILED  
 COUNTY CLERK  
 24 JAN 15 PM 4:01  
 STEVE LARSON  
 ELECTIONS ADMINISTRATOR

**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 Schedule A(J): <span style="font-size: 2em;">2/6</span>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Sept 2013	6 Contributor address; City; State; Zip Code Cody Cooper 2136 W. Lotus Ave. 76102	250.	
9 Contributor's principal occupation		10 Contributor's job title	
atty		atty	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
self			
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/10/13	6 Contributor address; City; State; Zip Code Bill Ray 512 main st # 308 76102	100.-	
9 Contributor's principal occupation		10 Contributor's job title	
atty		atty	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
self		-	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/15/13	6 Contributor address; City; State; Zip Code Kory Nelson 1340 Keller Parkway Keller, TX 76248	200	
9 Contributor's principal occupation		10 Contributor's job title	
atty		atty	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
self			
13 If contributor is a child, law firm of parent(s) (if any)			

FILED  
 TARRANT COUNTY  
 JAN 15 PM 4:01  
 STEVENSON  
 CLERK OF COURTS  
 ADMINISTRATOR

**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 Schedule A(J): <u>3/6</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dale Heisch</u>	7 Amount of contribution (\$) <u>150.-</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>atty</u>		10 Contributor's job title <u>atty</u>	
11 Contributor's employer/law firm <u>self</u>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <u>10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Deegan</u>	Amount of contribution (\$) <u>100.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>101 Summit Ave Ft Worth 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>atty</u>		Contributor's job title <u>atty</u>	
Contributor's employer/law firm <u>self</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
<u>10/13</u>	<u>Jerry Wood</u>	<u>100.-</u>	
Contributor address; City; State; Zip Code <u>915 W. Bellnap 76102</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>atty</u>		Contributor's job title <u>atty</u>	
Contributor's employer/law firm <u>self</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

FILED  
 TARRANT COUNTY  
 2011 JAN 15 PH 4:01  
 STATE ELECTIONS ADMINISTRATOR

**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 Schedule A(J): <b>4/6</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Burrows</b>	7 Amount of contribution (\$) <b>250.-</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4131 N. Central Expwy Dallas 75204</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>atty</b>		10 Contributor's job title <b>atty</b>	
11 Contributor's employer/law firm <b>self</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Avery</b>	Amount of contribution (\$) <b>100.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>411 Randol mill Rd Arlington TX 76011</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>atty</b>		Contributor's job title <b>atty</b>	
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peter Schulte</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4131 N. Central Expwy Dallas 75204</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>atty</b>		Contributor's job title <b>atty</b>	
Contributor's employer/law firm <b>self</b>		Law firm of contributor'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.

FILED  
 TARRANT COUNTY  
 2014 JAN 15 PM 4:01  
 STEVE RABORN  
 ELECTIONS ADMINISTRATOR

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>5/6</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9-11-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lineberger Goggan et al</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>Throckmorton FT Worth TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>atty</b>		10 Contributor's job title <b>atty</b>	
11 Contributor's employer/law firm <b>above</b>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <b>9-11-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Burdock</b>	Amount of contribution (\$) <b>100.-</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1428 New Hope Boyd TX 76023</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>atty</b>		Contributor's job title <b>atty</b>	
Contributor's employer/law firm <b>-self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any).			

Date <b>9-11-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ed Jones</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1319 Ballinger 76102</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>atty</b>		Contributor's job title <b>atty</b>	
Contributor's employer/law firm <b>self</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

FILED  
 TARRANT COUNTY  
 2013 JAN 15 PM 4:01  
 STEVEN BOON  
 ELECTIONS ADMINISTRATOR

**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 Schedule A(J): <b>6/6</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/12/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Republican Headquarters</b>	7 Amount of contribution (\$) <b>75.00</b>	8 In-kind contribution description (if applicable) <b>Reimbursement from Petition Party</b>
6 Contributor address; City; State; Zip Code <b>707 Tarrant County FORT WORTH TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Campaign</b>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

FILED  
 TARRANT COUNTY  
 2014 JAN 15 PM 4:01  
 STATE ELECTIONS  
 ADMINISTRATOR  
 RY:

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.