P.O. Box 12070

i	CANDIDATE / OFFICER N FINANCE REPORT	IOLDER	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 FIRST MR. Acoxanssor H.  NICKNAME LAST  Kian	MISUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX: APT / SUITE #: CITY:	STATE: ZIP CODE	Date Hand-delivered or Postnárked Receipt # Anount
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed & S.
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  HR Tom  NICKNAME LAST  HA	MI SUFFIX	Date Imaged 3
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:	CITY: STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  THROUGH	Month Day Fe13 / 24	Year / Ze) ( H
11 ELECTION	Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (IRKNOWN) JUTHÉ, TARRA COURT #	INT COUNTY (RIMINAL
	GO TO PAG	iE2	

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

# FORM JC/OH COVER SHEET PG 2

14 C/OH NAME ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME	TAR 2014 F ELECTI	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	RANT EB 24 ONS ASS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	# 90 P	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	100 FY	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1305 =	
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$			MIZED \$	
	4. TOTAL POLITICAL EXPENDITURES \$ 16964 32			
CONTRIBUTION BALANCE	5. TOTAL F OF THE	DAY \$ 6837 40		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 30,000			
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.				
STEPHANIE HESTER Notary Public, State of Texas My Commission Expires April 04, 2016  AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Alla Mark Line, this the day of Line, 20 to certify which, witness my hand and seal of office.				
Signature of officer administering oath  Stephane Hosev  Notang Public  Title of officer administering oath				

Texas Ethics Commission

# 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):		
2 FILER NAME	./		3 ACCOUNT # (E	thics Commission Filers)	
Acexto	stock Line				
4 Date	5 Full name of contributor   Dout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
	Construct TX 76034		(If travel outside	of Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation	10 Contributor's job	title		
11 Contributor's er	mployer/law firm	12 Law firm of contri	butor's spouse (if any	/) PD 155	
				<del> </del>	
13 If contributor is	a child, law firm of parent(s) (if any)			TAR	
Date	Full name of contributorbut-of-state PAC (ID#:	)	Amount of	In kind contribution	
	MICENEL I-LEE		contribution (\$)	description(if applicable)	
2/5/14	Contributor address; City; State; Zip Code 7004 CHITTAM Dr. EULESS, TX 76039		(If travel outside	of Texas_complete_Schedule 1)	
Contributor's p	rincipal occupation	Contributor's job	<u> </u>	-21	
ins	AGENT	HEIT	ę F		
	mployer/law firm C ( & C	Law firm of contri	butor's spouse (if any	y)	
If contributor is	a child, law firm of parent(s) (if any)				
7/5/14	Full name of contributor   Dout-of-state PAC (ID#:  Kyonsh (fter  Contributor address; City; State; Zip Code  (G. S. PANCH HONSE DD)		Amount of contribution (\$)	In-kind contribution description(if applicable)	
	ALEDO. TX 76008		(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	title		
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	y)	
If contributor is	a child, law firm of parent(s) (if any)				
A CONTRACTOR OF THE CONTRACTOR			variani varian		

#### 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)

P.O. Box 12070

# SCHEDULE A (J)

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	dule A(J):
2 FILER NAME	inor Kin		3 ACCOUNT# (Eth	ics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2/24/14	KINAM MARZIMS  6 Contributor address; City; State; Zip Code  1913 EAGLE MSS  Kerlen, TX 76248		360	f Texas, complete Schedule T)
9 Contribytor's p	rincipal occupation	10 Contributor's job	L	rexas, complete ochedule 1)
Home.	WISTRATOR	Admins.s	TRATOR	
11 Contributor's e		12 Law firm of contri	butor's spouse (if any)	
<u>SNG</u>	a child, law firm of parent(s) (if any)			
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full pame of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Vyana Sur (AMORON)		contribution (\$)	description(if applicable)
7/5/14	Lyong Lok CAMENON  Contributor address; City: State: Zip Code 4803 Spring (REER RD)		50-	
	ARUNGTON, TX 76017		(If travel outside o	f Texas, complete Schedule T)
Contributors p	rincipal occupation	Coptributor's job		
ller	tlatur_	KEALAT	CP.	
	mployer/law firm	Law firm of contril	butor's spouse (if any)	
	2		· · · · · · · · · · · · · · · · · · ·	
If contributor is	a child, law firm of parent(s) (if any)	annun an annun an annun annun an	resolvent de la companya de la comp	
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
( )	Vacarotit (400		contribution (\$)	description(if applicable)
7/9/14	Peppe ( Com		***	
,	Contributor address; City; State; Zip Code 47 PARK ST.		500	
	EASTHARPTON, MADIOZZ		(If travel outside o	f Texas, complete Schedule T)
Contributor's p	EASTHAMPTON, MADIOCH rincipal occupation	Contributor's job		f Texas, complete Schedule T)
Contributor's p	rincipal occupation		itle	m N
TeAco Contributor's ei	rincipal occupation	Contributor's job	itle	748 2014 F
Contributor's en	rincipal occupation  Application  mployer/law firm	Contributor's job	itle	ELECI TAI
TEAC Contributor's e THA Will If contributor is	incipal occupation  ANA  mployer/law firm  LLISTEN NORTHARYTON SCHOOL	Contributor's job to face the firm of contributor's law firm of contributors.	itile  outor's spouse (if any)	TARRANT COUNTY  2014 FEB 24 AM 9: 47  STEVERAGOUSTRATO

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

# SCHEDULE A (J)

		3 (JUDICIAI	<b>-)</b>	(-)
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A(J):
2 FILER NAME	Alexander Kim		3 ACCOUNT# (E	thics Commission Filers)
4 Date 2 2 4	Deborah errimes		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
49H	Contributor address; City; State; Zip Code 109 Recse Lane HWSt, TX 76054	ntributor address; City; State; Zip Code		
9 Aontributor's p	principal occupation ASSISTANT	10 Contributor's job	title A _ '	of Texas, complete Schedule T)
J. Elea	employer/law firm	12 Law firm of contri		)
3 If contributor is	s a cylld, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
7:30-14	Contributor address; City; State; Zip Code 4712 FLAT ROCK RD.		75°	
	FW, TX 76132		(If travel outside o	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		,
Contributor's e	mployer/law firm	Law firm of contril	outor's spouse (if any	)
If contributor is	a child, law firm of parent(s) (if any)			A STATE OF THE STA
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job t	itle	
Contributor's er	mployer/law firm	Law firm of contrib	outor's spouse (if any)	(2)
If contributor is	a child, law firm of parent(s) (if any)			8 2
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDIN E	AS NEEDED	WH 9: 4:1 WH 9: 4:1
If cont	ributor is out-of-state PAC, please see instru	= -		g requirements.

# LOANS/HIDICIAL\

P.O. Box 12070

# SCHEDULE E (J)

(512) 463-5800

LOANS (JUDICIAL)		001125022 <b>L</b> (0)
The Instruction Guide explains how to complete this	_	ges Schedule E(J):
2 FILER NAME  ACCIONOSTE LIM		UNT # (Ethics Commission Filers)
TOTAL OF UNITEMIZED LOANS:		\$ 30,000=
5 Date of loan 7 Name of lender Out-of	state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?  8 Lender address; City; State; Zip.  760 Summit View DR.	Code	10 Interest rate
Y BOSFORD, TX 76021		,
12 Lender's Principal Occupation	13 Lender's Job Title	
14 Lender's Employer/Law Firm  Lim & Fronces, ATTARAGYS AT LAW	15 Law Firm of lender's spouse	(if any)
16 If lender is child, law firm of parent(s) (if any)	·	
17 Description of Collateral	18 Check if personal funds were	e deposited into political account
none		
19 GUARANTOR iNFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
21 Guarantor address; City; State	e; Zip Code	
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spou	use (if agy)
27 If guarantor is child, law firm of parent(s) (if any)		ARRA STEA OTIONS
ATTACH ADDITIONAL COPIES ( If lender is out-of-state PAC, please see instruc		ACCOUNT OF THE PROPERTY OF THE

Texas Ethics Commission P.O. Box 12070 Austin, Tex	as 78711-2070 (512) 463-5800	) (TDD 1-800-735-2989)		
LOANS (JUDICIAL)		SCHEDULE <b>E (J)</b>		
The Instruction Guide explains how to complete this	1 Total pages Sc	hedule E(J):		
2 FILER NAME A CORANDOR KIM	3 ACCOUNT#	(Ethics Commission Filers)		
TOTAL OF UNITEMIZED LOANS:	\$\display \display \display \display \display \display \display \display	\$ 30,000		
5 Date of loan 7 Name of lender Out-of-	9 Loan Amount (\$)			
6 Is lender a financial Institution?  8 Lender address; City; State; Zip of the financial Institution?	Code	10 Interest rate		
Y @ BOTTOND. TX 7602		11 Maturity date		
12 Lender's Principal Occupation	13 Lender's Job Title			
14 Lender's Employer/Law Firm  Lim 3 ANDRONS: ATTORNEYS AT LAW	15 Law Firm of lender's spouse (if any)			
16 If lender is child, law firm of parent(s) (if any)				
17 Description of Collateral	18 Check if personal funds were depo-	sited into political account		
19 GUARANTOR INFORMATION 20 Name of guarantor	4	22 Amount Guaranteed (\$)		
not applicable  21 Guarantor address; City; State; Zip Code				
23 Guarantor's Principal Occupation	24 Guarantor's Job Title			
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse (if	TA 2014 ELEC		
27 If guarantor is child, law firm of parent(s) (if any)		RRAM FIEB 2		
ATTACH ADDITIONAL COPIES O		requirements.		

### **POLITICAL EXPENDITURES**

### SCHEDULE F

(512) 463-5800

	EXPENDITURE (	CATEGORIES FOR	2 BOY 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense			ant (Daimhumanna)
Accounting/Banking	•	Salaries/Wages/Contract		ent/Reimbursement
	•	Solicitation/Fundraising		Equipment & Related Expense
Consulting Expense		Travel In District		Donations Made By
Event Expense	• ,	Travel Out Of District		Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental	Expense OTHER (enter	r a category not listed above)
	The Instruction Guide	explains how to comp	plete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACC	DUNT # (Ethics Commission Filers)
. Total pages content to	ALSKANDOR KIM			Sort is (Ethiod Dominiosion 1 hors)
4 Date	5 Payee name			
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6 Amount (\$)	1 ( - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	te; Zip Code		
6 Amount (\$)	14150 TRIN TY #	.e, Zip Code		
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<u> </u>	FU, X 76155			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b)	Description (If travel outside	of Texas, complete Schedule T)
OF	0 = 60			•
EXPENDITURE	PRINTING EXPASS	6	516N5	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
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a ladad				
214119	BEDFERED BAKERY			
Amount (\$)	Payee address; , City; Sta	te; Zip Code		
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JC .	BEDFURD, TX 7600	- 1		
DURBOAR	Category (See categories listed at the top	····	Description (If travel outside	of Toyon, complete Schodule T)
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expenditure to benefit C/C	'T			
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3894	11239 leo Lo.	-116		HASSAN S MW
3894	Bruns TX 74	,	December	AM 9:
3894 PURPOSE	11239 Co Lw.  Drucks TX 74  Category (See categories listed at the top	,	Description (If travel outside	of Texas, complete Scheggre T)
OF	Druns TX 74 Category (See categories listed at the top	of this schedule)		AM 9:
	Druns TX 74  Category (See categories listed at the top  A THEILTISING EXPE	of this schedule)	Description (If travel outside of	of Texas, complete Scheggre T)
OF	Druns TX 74 Category (See categories listed at the top	of this schedule)		of Texas, complete Scheggre T)
OF EXPENDITURE	Category (See categories listed at the top  A THE ILLIST THE Candidate / Officeholder name	of this schedule)	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top  A THE ILL (SING EXPERIENCE  Candidate / Officeholder name	of this schedule)	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the top  A THE ILT (SING EXPERIMENT)  Candidate / Officeholder name  Payee name	of this schedule)	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top  A THE ILL (SING EXPERIENCE  Candidate / Officeholder name	of this schedule)	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top  A DVE) LC (SING Exp) E  Candidate / Officeholder name  H  Payee name  KSKY	of this schedule)	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top  A DIENTISCHA TYPE  Candidate / Officeholder name  H  Payee name  KSKY  Payee address; City: State	of this schedule)	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Category (See categories listed at the top  A DIENTISCHA TYPE  Candidate / Officeholder name  H  Payee name  KSKY  Payee address; City: State	of this schedule)	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Payee address; City: State LyCO W. Restricted Lyce.	te; Zip Code	Donot Boyes	of Texas, complete Scheggte T)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  2/3/14  Amount (\$)	Payee name  KSKY  Payee address; City: State Guille of the Color of th	te: Zip Code	Donot Boxes 5 Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  2/28/14  Amount (\$)  PURPOSE	Payee name  KSKY  Payee address; City: Star  Guillow M. Rotting  Category (See categories listed at the top)  Candidate / Officeholder name  H  Candidate / Officeholder name	te: Zip Code	Donot Boyes	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  2/23/14  Amount (\$)  PURPOSE OF	Payee name  KSKY  Payee address; City: Star  Guillow M. Rotting  Category (See categories listed at the top)  Candidate / Officeholder name  H  Candidate / Officeholder name	te: Zip Code	Description (If travel outside of	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  2/28/14  Amount (\$)  PURPOSE	Payee name  KSKY  Payee address; City: State Guille of the Color of th	te: Zip Code	Donot Boxes 5 Office sought	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  2/28/14  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  KSKY  Payee address; City; Stat  LYCO W. ROZTLING  Candidate / Officeholder name  Category (See categories listed at the top  LYCO W. ROZTLING  Category (See categories listed at the top  ADVENTISING TXRC  Candidate / Officeholder name	te; Zip Code  To Zip Code  To Zip Code  To Zip Code	Description (If travel outside of	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  2/3/14  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name  KSKY  Payee address; City; Stat  LYCO W. ROZTLING  Candidate / Officeholder name  Category (See categories listed at the top  LYCO W. ROZTLING  Category (See categories listed at the top  ADVENTISING TXRC  Candidate / Officeholder name	te; Zip Code  To Zip Code  To Zip Code  To Zip Code	Description (If travel outside of	Office held  Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  2/28/14  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name  KSKY  Payee address; City; Stat  LYCO W. ROZTLING  Candidate / Officeholder name  Category (See categories listed at the top  LYCO W. ROZTLING  Category (See categories listed at the top  ADVENTISING TXRC  Candidate / Officeholder name	te; Zip Code  100 # 110  1063  of this schedule)	Description (If travel outside of the sought)  Office sought	Office held  Office held

# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co		
Accounting/Banking	Legal Services Solicitation/Fundra		ment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	Contributions/Donations Candidate/Officeh	ons Made By nolder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	, 101	egory not listed above)
1 663	The Instruction Guide explains how to	·	,
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT #	f (Ethics Commission Filers)
- 1 2	ALEXANDER KIN		
4 Date	5 Pavee name		
2/17/14			
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6 Amount (\$)	7 Payee address; City; State; Zip Code	<b>99</b>	E 29
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507	HURST, TX 76054		ARR
	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas	
8 PURPOSE OF			学年
EXPENDITURE	ADVENTISING EXPLOYEE	T. 10575	de tol
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
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	KORNCKE, TX 76262		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Assert to a	1	VUSHCARDS
	ADVOYLY (SING EXPRENSE	LESTE HOVERERS	
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2/20/14	FACEBOOK COM		
Amount (\$)	Payee address; City: State: Zip Code		
Amount (4)	160 1 1 wow RD		
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40	MENTE YARK, CA THOU		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
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EXPENDITURE			
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expenditure to benefit C/O	7F1		
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Arriount (4) 21	1601 Willow RD		
75			
THE STATE OF THE S	MONIO PARK, CA 94025		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Amontising Expensió	Boost	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	<i></i>		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
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# **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITURE C	ATEGORIES FOR	R BOX 8(a)		THE RESERVE OF THE PARTY OF THE
Advertising Expense	·	alaries/Wages/Contrac	ct Labor Loan	Repayment/Reimburse	ment
Accounting/Banking	_	olicitation/Fundraising		sportation Equipment &	·
Consulting Expense Event Expense	- ,	ravel In District ravel Out Of District		lributions/Donations Mac andidate/Officeholder/P	
Fees	<b>5</b> ,	faver Out Of District Office Overhead/Rental		ER (enter a category no	
. 555	The Instruction Guide ex			En (emer a obtogory m	r nated above)
1 Total pages Schedule F:	2 FILER NAME		-	3 ACCOUNT # Lithics	Commission filers)
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4 Date , /	5 Payee name /		***************************************	50	H 20_
2/21/14	7 Payee address; City; State	N65		3.5	B 27
6 Amount (\$)	7 Payee address; City; State	; Zip Code		25	F
299	1 American RD			23. yr	i 🖚 50
5	CONTRACT OH 4	4144		12 K	e Schedule T)
8 PURPOSE	(a) Category (See categories listed at the top of		Description (If trav	vel outside of Texas, complete	e Schedule T)
OF EXPENDITURE	Loventisius		CONLINE (	SPLICT NGS	5
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	į Or	fice held
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	1224 US 377				
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PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If trav	vel outside of Texas, complete	e Schedule T)
OF EXPENDITURE	Contract LABOR		Decided		
	Candidate / Officeholder name		Office sought	()f	fice held
Complete ONLY if direct expenditure to benefit C/O			Office sought		nce neur
Date /	Payee name			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
2/2/14	FACEBOOK.com				
Amount (\$)		; Zip Code			
14		,,			
500	1601 Williams 140	a. u.			
J •	MONEO PARK, CA	94025		:	
PURPOSE OF	Category (See categories listed at the top of	Ihis schedule)	Description (If trav	vel outside of Texas, complete	e Schedule T)
EXPENDITURE	ATOVERTISION EXI	Ponise	BOOST		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Of	fice held
Data	Payon name				
Date	Payee name				
Amount (\$)	Payee address; City; State	; Zip Code	***************************************		
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If trav	vel outside of Texas, complete	Schedule T)
OF	Jane delings, les have at the op of	2000)	_ company (noa)	second or reves, complete	
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Of	fice held
	ATTACH ADDITIONAL COL	DIES OF THIS SOL	EDIII E AS NEC	:DED	
	ATTACH ADDITIONAL COI	TIES OF THIS SCH	IEDULE AS NEE	UED	

P.O. Box 12070

OUTSTAN	IDING LOANS	SCHEDULE <b>L</b>
The (i	nstruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	work Kin	3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender ACTYANTONE KIM	
	5 Lender address; City, State; Zip Code 760 Sunnit VEZ BOTTORS TX 4607	
GUARANTOR INFORMATION	6 Name of guarantor	TARRANT 2014 FEB 21 2014 FEB 21 81 EVE
not applicable	7 Guarantor address; City; State; Zip Code	TARRANT 2014 FEB 24 ELECTIONS A BY:
LENDER INFORMATION	Name of lender	AM 9: 48
	Lender address; City; State; Zip Code	TOR ATOR
GUARANTOR INFORMATION	Name of guarantor	1
not applicable	Guarantor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED