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

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

The JC/OH Instruction Gu	IDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 PAGE#		
		00069316	1 of 8		
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Ms. Kathy	MI	OFFICE USE ONLY		
NAME	ino.		Date Received DS D		
	NICKNAME LAST	SUFFIX	To the same		
	Lowthrop				
<u> </u>					
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE			
OFFICEHOLDER MAILING			A CONTRACTOR OF THE PARTY OF TH		
ADDRESS			Date Hand-delivered or Date Postmarked		
Change of Address			·		
			Receipt # Amount		
5 CAMPAIGN	MS / MRS / MR FIRST	МІ	Date Processed		
TREASURER NAME	Richard		Date Imaged		
	NICKNAME LAST	SUFFIX			
	Dick Johnson				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE#; CITY; STATE;	ZIP CODE		
ADDRESS					
(Residence or business)					
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER					
PHONE					
8 REPORT TYPE					
	January 15 30th day before ele	ction Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before elec	tion Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	Month Day	Year		
OOVEILED	THR	OUGH			
	07/01/2013	12/31/20	13		
			·		
10 ELECTION	ELECTION DATE ELECTION T	YPE	<u></u>		
•	Month Day Year Prima	ary Runoff X	General Special		
	11/04/2014				
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known			
, TOTALIOE	STAGE FIELD (II dirty)	1	,		
		District Attorney			
	<u> </u>				
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#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

- σοι ι σικι α	TOTALO		001	LK OILL	.1 702
13 C/OH NAME Lowth	irop, Kathy (Ms.)		14 ACCOUNT 0006931		nission filers)
15 NOTICE  I. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditure have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders in required to report information only if they receive notice of such expenditures.			report this		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		STEV	R R R
	GENERAL	COMMITTEE ADDRESS			30
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		1: 25	2000 2000 2000 2000 2000 2000 2000 200
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		2	
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		0.00
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		5,837.37
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			•	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$		1,958.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00				0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00				0.00
17 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					
Kathy Craun Cervantes My Commission Expires 04/27/2017 Signature of Caddidate or Officeholder					
Corner Sec.	STAMP / SEAL ABO	Kathy Crain Chian	this the	. <u>. 15</u>	- day
	/	ertify which, witness my hand and seal of office.			
Signature of officer adm	ninistering oath	Print name of officer administering oath	Title of officer	r administering	oath

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 1/5 Report: 3/8			
2 FILER NAME	FILER NAME Lowthrop, Kathy (Ms.)		3 ACCOUNT # (Ethics Commission filers)		
			00069316		
4 Date	5 Full name of contributor  out-of-state PAC (ID# Alternative Medicine Inc	!)	7 Amount of contribution (\$)	8 In-kind contribution description (it applicable)	
12/14/2013	6 Contributor address; City; State; Zip Code 412 S Davis Dr		\$100.00	RRAN FILL	
	Arlington, TX 76013		,,,,		
O Contail dod o		40 Contributada iab	<u> </u>	Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation	10 Contributor's job	title	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11 Contributor's e	employer / law firm	12 Law firm of contr	ributor's spouse (if a	ny)	
				•	
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/25/2013			\$148.10	l	
11/20/2013	Contributor address; City; State; Zip Code 338 Spring Branch Lane		Ψ140.10	1	
	Kennedale, TX 76060			I	
			(If travel outside of	Texas, complete Schedule T)	
Contributor's principal occupation  Self Employed  Contributor's job Self Employed					
Contributor's employer / law firm  Self Employed  Law firm of cont		ributor's spouse (if a	ny)		
If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/08/2013	Contributor address; City; State, Zip Code 4700 Airport Fwy #B		\$1,000.00	 	
	Fort Worth, TX 76117		(If travel outside of	Texas, complete Schedule T)	
Contributor's p Lawyer	orincipal occupation	Contributor's job Lawyer	title		
Contributor's employer / law firm Mimi Coffee Attorney at Law		Law firm of cont	ributor's spouse (if a	ny)	
If contributor is a child, law firm of parent(s) (if any)					

The Instruction Guide explains how to complete this form.			1 PAGE #			
2 FILER NAME	LER NAME Lowthrop, Kathy (Ms.)		Schedule: 2/5 Report: 4/8  3 ACCOUNT # (Ethics Commission filers)			
			00069316			
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Coffee, Mimi (Ms.)	)	7 Amount of contribution (\$) 8 In-kind contribution (description (if applicable)			
12/21/2013	6 Contributor address; City; State; Zip Code 4700 Airport Frwy #B Fort Worth, TX 76117		\$879.27 BRAND			
9 Contributor's p Attorney	rincipal occupation	10 Contributor's job Attorney	title RS P S P			
11 Contributor's e Mimi Coffee	employer / law firm DWI Attorney	12 Law firm of contr	ributor's spouse (if any)			
13 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	:)	Amount of In-kind contribution contribution (\$) description (if applicable)			
11/08/2013	Contributor address; City; State; Zip Code 6004 Airport Fwy Fort Worth, TX 76117	• • • • • • • • • • • • • • • • • • • •	\$100.00     			
			(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation Bondsman		Contributor's job Bondsman	Contributor's job title Bondsman			
Contributor's employer / law firm Alicia davis Bail Bonds		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	<u> </u>	Amount of In-kind contribution contribution (\$) description (if applicable)			
12/31/2013	Contributor address; City; State; Zip Code 3505 West Grove Dr Arlington, TX 76001		\$1,000.00   			
	A STATE OF THE STA		(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation Student		Contributor's job title Student				
Contributor's employer / law firm Student		Law firm of cont	ributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)					

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 3/5 Report: 5/8		
2 FILER NAME	FILER NAME Lowthrop, Kathy (Ms.)				
Z FILLINIAMIE	E FILER NAME COWNITOP, Ratify (MIS.)		3 ACCOUNT # (Ethics Commission filers)		
			00069316		
4 Date	5 Full name of contributor   out-of-state PAC (ID#	<u>'</u> )	7 Amount of 8 In-kind contribution		
	Godine, Angie (Ms.)		contribution (\$) description (if applicable)		
12/14/2013			#4 000 00 I		
12/14/2013	6 Contributor address; City; State; Zip Code		\$1,000.00		
	1817 Norwood Ln Arlington, TX 76013		TAR ELECT		
	Annigion, 1X 70010		anne (1) torrest		
			(If travel outside of Texas, complete Schedule T)		
	orincipal occupation	10 Contributor's job			
Therapist		Wellness Coad	h हुई जुन		
44 0 111 11		48	7 TO		
11 Contributor's e Fitness Cent	employer / law firm	12 Law firm of conti	ributor's spouse (if any)		
Filliess Celli	ei		4 2 3		
13 If contributor is	s a child, law firm of parent(s) (if any)	VW	9 4		
	o a sime, ian inin or pareinto, (ii any)		*		
Date	Full name of contributor	ŧ )	Amount of In-kind contribution		
-	Halls Roofing	/	contribution (\$) description (if applicable)		
12/14/2013	Contributor address; City; State; Zip Code		\$200.00		
	1925 W Pioneer Pkwy				
	Arlington, TX 76013				
			(If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation Contributor's job title					
			·		
Contributor's	employer / law firm	Law firm of conti	ributor's spouse (if any)		
			•		
If contributor i	s a child, law firm of parent(s) (if any)				
ii Contributor i	s a child, law little of parent(s) (ii ally)				
Date	Full name of contributor  ut-of-state PAC (ID#	ŧ )	Amount of I In-kind contribution		
24.0	Little Texas	/	contribution (\$) description (if applicable)		
11/08/2013	Contributor address; City; State; Zip Code		\$1,000.00		
	2615 W Division St				
	Arlington, TX 76012		<b>!</b>		
			(If travel outside of Texas, complete Schedule T)		
Contributor's	I principal occupation	Contributor's job			
Contributor's principal occupation Contributor's job title					
Contributor's employer / law firm		Law firm of cont	Law firm of contributor's spouse (if any)		
	MARKET I THE STATE OF THE STATE				
If contributor i	s a child, law firm of parent(s) (if any)				

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 4/5 Report: 6/8		
2 FILER NAME Lowthrop, Kathy (Ms.)		3 ACCOUNT # (Ethics Commission filers)			
-	. ILLI TITATIL			· ·	
_	D. 1			00069316	11
4	Date	5 Full name of contributor  out-of-state PAC (ID#	<u> </u>	7 Amount of 8 In-kind contr contribution (\$) get description (if a	
		Roberts, Pam (Ms.)		/ m ====	indergraphic and the state of t
	11/08/2013			\$200.00	70
	11/00/2013	6 Contributor address; City; State; Zip Code		\$200.00	777
		4700 Airport Fwy Fort Worth, TX 76117		1 25 5	
_				(If travel outside of Texas, complete School	T
9		principal occupation	10 Contributor's job	4	and the
	Paralegal		Paralegal	2	į.
14	Contributorio	omployer / low firm	12 Law from of contr	ributor's spouse (if any)	1
11		employer / law firm Attorney at Law	Law IIIII OI CONU	indutor a apouse (ii aliy)	
	WIII OUILEE	, momoy at Lan		ě	
13	If contributor is	s a child, law firm of parent(s) (if any)			
		The state of the s			
	Date	Full name of contributor	<u> </u>	Amount of Iri-kind contr	
		Stelle, Alan (Mr.)		contribution (\$) description (if a	ipplicable)
				4,000	
	12/14/2013	Contributor address; City; State; Zip Code		\$10.00	
		777 Main Street			
		Fort Worth, TX 76102		·	
				(If travel outside of Texas, complete Sch	edule T)
	Contributor's	orincipal occupation	Contributor's job	title	
	Lawyer Lawyer				
Out the date of the first		1	sibutada anguas (if a)		
Contributor's employer / law firm		Law firm of conti	Law firm of contributor's spouse (if any)		
	Alan Steele Attorney at Law				
Г	If contributor i	s a child, law firm of parent(s) (if any)			
L					
	Date	Full name of contributor	#)	Amount of In-kind control	ribution
		Willett, Brian (Mr.)		contribution (\$) description (if a	applicable)
				0.50.00	
	12/21/2013	Contributor address; City; State; Zip Code		\$150.00	
		1113 Bedford Rd #B			
		Bedford, TX 76022			
L				(If travel outside of Texas, complete Sch	edule T)
	Contributor's	principal occupation	Contributor's job	o title	
	Attorney Attorney				
-					
Contributor's employer / law firm		Law firm of cont	Law firm of contributor's spouse (if any)		
Brian Willet Law Office					
$\vdash$	If contributor i	is a child, law firm of parent(s) (if any)	1		
	ii cominatori	o a dima, tati initi di pardinidi (ii arij)			
1					

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	The Instruction	ON GUIDE explains how to complete this form.			1 PAGE # Schedule: 5/5	Report: 7/8	
2	FILER NAME	Lowthrop, Kathy (Ms.)	· · ·		3 ACCOUNT# (		on filers)
					00069316		•
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Williams, Bobby (Mr.)	ŧ	)	7 Amount of contribution (\$)	8 In-kind condescription	ontribution (if applicable)
	12/21/2013	6 Contributor address; City; State; Zip Code 3752 Calle Linda Vista Thousand Oaks, CA 91320			\$50.00	 	
					(If travel outside of	Texas, complete	Schedule T)
9	Contributor's p Plumber	orincipal occupation	10	Contributor's job Plumber	title		
11	Contributor's e Self Employe	employer / law firm ed	12	Law firm of conti	ributor's spouse (if a	ny)	
13	If contributor is	s a child, law firm of parent(s) (if any)					
	· II cortainator i	o a dilina, nam ilim di pardin(o) (ili diliy)			84:	201 ELE	
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#### **POLITICAL EXPENDITURES**

SCHEDULE F

Accounting/Banki Consulting Exper Event Expense Fees					
1 PAGE# Schedule: 1/1 Re	port: 8/8 2 FILER NAME Lowthrop, Kathy (Ms.)	3 ACCOUNT # (TEC filers) 00069316			
4 Date 11/19/2013	5 Payee name DPI Press				
6 Amount (\$)	7 Payee address City; State; Zip Code	anne de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de			
\$401.06	2200 S Bowen Road Arlington, TX 76013				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Signs			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:			
Date	Payee name	5/2 - ==			
12/27/2013	Interact Website Inc	क्ष ज जान			
Amount (\$)	Payee address City; State; Zip Code				
\$641.00	PO Box 2291 Midland, MI 48641	SFF F. P			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas complete Schedule T)			
OF	Fees	Webb Site Development Expense			
EXPENDITURE		,			
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date	Payee name				
12/21/2013	PaC Treasurer Tarrant County Conservative Fair				
Amount (\$)	Payee address City; State; Zip Code				
\$729.99	Hurst Conference Center 1601Campus Drive Hurst, TX 76050				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF	Event Expense	Table for Campaign Exhibit			
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date	Payee name Quick Sign				
11/19/2013 Amount (\$)	Payee address City; State; Zip Code				
\$186.84					
ψ100.04	Arlington, TX 76012				
PURPOSE OF	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Signs for Campaign			
EXPENDITURE	·				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			