(512) 463-5800 (TDD 1-800-735-2989) P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MI 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX LAST NICKNAME ADDRESS / PO BOX: ZIP CODE 4 CANDIDATE / STATE: **OFFICEHOLDER** MAILING Date Hand-delivered or Postmarked **ADDRESS** change of address Receipt # EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Processed OFFICEHOLDER 0.3 PHONE MS/MRS/MR Mi Date Imaged 6 CAMPAIGN **TREASURER** ٩vs. NAME SUFFIX NICKNAME 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; STATE; ZIP CODE TREASURER **ADDRESS** (residence or business) AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) limit 10 PERIOD COVERED THROUGH **ELECTION TYPE** 11 ELECTION ELECTION DATE Primary Runoff Special General

GOTO PAGE 2

13 OFFICE SOUGHT (if known)

12 OFFICE

OFFICE HELD (if any)

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

FORM JC/OH COVER SHEET PG 2

| 14 C/OH NAM | rah Neb | chom 1 | 5 ACCOUNT # (Ethics Commission Filers) | | |
|---|---|--|--|--|--|
| 16 NOTICE FROM POLITICAL | CANDIDATE / OFFICER | E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE IOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE | DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | TARR 2014 J ELECTI BY: | | |
| | GENERAL | COMMITTEE ADDRESS | 35 2 2 | | |
| additional pages | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 170000 | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 130 9 | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 927 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL I | \$ 927 ¹² \$ 11783 ⁹² | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | | |
| 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. Signature of Candidate of Office holder Signature | | | | | |
| Sworn to and sub | oscribed before | 111 | this the hy hand and seal of office. | | |
| Signature of officer administering oath Print name of officer administering oath Title of officer administering oath | | | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A(J): | | |
|---|--|-----------------------------|---|-----------|--|
| 2 FIFERINAME DECLOSION | | 3 ACCOUNT# (E | thics Commission Filers | 3) | |
| 4 Date 5 Full name of contributor Dout-of-state PAC (ID# | | | 7 Amount of contribution (\$) 8 In-kind contribution description(if applicable) | | |
| 3004 Oak Brown Dr Arlington, Tx 76016 | Roderick C. White 6 Contributor address; City; State; Zip Code 3004 Cak Brown Dr Arlivator Tv 36016 | | of Texas, complete Sch | edule T) | |
| 9 Contributor's principal occupation Attorized | 10 Contributor's job | title | | | |
| 11 Contributor's employer/law firm Attorney | 12 Law firm of contri | butor's spouse (if any | у) | | |
| 13 If contributor is a child, law firm of parent(s) (if any) | | | ELEC. | IMI | |
| P. Michael Schneider Contributor address; City; State; Zip Code |) | Amount of contribution (\$) | In Wid contito description (if app | dicable) | |
| Contributor address; City; State; Zip Code 400 E. Weatherford St., S Ft. worth, Tx 76102 | te 106 | \$(OO = | of Texas, complete Sch | | |
| Contributor's principal occupation | Attorney | | 9 9 c | 3 - 3 | |
| P. M. chael Schwei der Law Firm, P.C. If contributor is a child, law firm of parent(s) (if any) | Law firm of com | butor's spouse (if any | y) _t | | |
| Full name of contributor Out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contrib description (if app | olicable) | |
| Contributor's principal occupation | A Contributor's job | | of Texas, complete Sch | leadle 1) | |
| Contributor's employed aw firm Dale Heisch, Attorney | Law firm of coeffi | butor's spouse (if an | у) | | |
| If contributor is a child, law firm of parent(s) (ff any) | | | | | |

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)

| The Inst | truction Guide explains how to complete this | form. | 1 Total pages Sch | edule A(J): |
|---|--|-----------------------|---|--|
| FILER NAME | ih Nekhom | | 3 ACCOUNT # (E | thics Commission Filers) |
| Date 5 | Full name of contributorout-of-state PAC (ID#: |) | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) |
| 26/13 | Marc Lopus Contributor address: City, State: Zip Code Saoa Collinwood Ave. | | \$10000 | |
| (| 7. Worth, Tx 76107-3634 | | | of Texas, complete Schedule T) |
| Contributor's princi | pal occupation | 10 Contributor's job | title | |
| Contributor's empl | oyer/law firm | 12 Law firm of contri | butor's spouse (if an | 2011 2011 8Y: |
| If contributor is a c | hild, law firm of parent(s) (if any) | | | STE STE |
| Date | Full name of contributor Dout-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description(f applicable) |
| Contributor's prince | ipal occupation | Contributor's job | title | i i |
| | | | ibutor's spouse (if any) Le OF John Stickels | |
| If contributor is a | child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor Dul-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| | 3609 Clubgate Dr F4. Worth, Tx 76137 | | (If travel outside | of Texas, complete Schedule T) |
| | | Contributor's job | | |
| Pattulillman, Attorney at Law firm of contributor's spouse (if any) | | | y) | |
| 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.

| POLITICAL CONTRIBUTIONS | |
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| OTHER THAN PLEDGES OR LOANS (JUDICIA | L) |

P.O. Box 12070

SCHEDULE A (J)

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J): | | |
| 2 FLER NAME Doorah | Neldrom | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date 5 | Full name of contributor Dout-of-state PAC (ID# Mimi Coffey | | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) |
| 1/30/13 F | 6 Contributor address: City, State; Zip Code 4700 Air port fwy Ft. Worth, Tx 76117 | | \$500 99 (If travel outside | of Texas, complete Schedule T) |
| 9 Antributor's princip | | 10 Contributor's job to | itle | |
| 11 Contributor's emplo | ytirm | 12 Law firm of contril | outor's spouse (if any | y) |
| 13 If contributor is a ch | ild, law firm of parent(s) (if any) | | | |
| Date | Date Full name of contributorout-of-state PAC (ID#:) Lisa Nekhom | | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| | Contributor address; City; State; Zip Code 5112 Paint Rock Ct. | | 1000 | |
| Çeqtributor's princip | Ft. Worth, Tx 76132 | Contributor's job t | | of Texas, complete Schedule T) |
| Relived | | retirea | | |
| Contributor's employer/law firm Law firm of contributor's spouse (if any) | | | <i>'</i>) | |
| If contributor is a ch | nild, law firm of parent(s) (if any) | | | |
| Date | Date Full name of contributor Dout-of-state PAC(ID#) Michael P. Heiskell Contributor address: City; State; Zip Code 5601 Bridge St., Ste. 220 Ft. Worth, Tx Hell2-2306 | | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| 92913 | | | 15000 | |
| Qantributor's princi | | Contributor's job t | | of Texas, complete Schedule T) |
| Attorner | 1 | Attorne | 1 | |
| Johnson, Vaughn + Heiskell Law firm of contributor's spouse (if any) | | | /) | |
| If contributor is a c | hild, law firm of parent(s) (if any) | | | |
| | | | | |
| | | and the fill gloves, and a species is a second processing and | | K8 |
| ATTACH ADDITIONAL COPIES OF THIS SOMEDULE AS NEEDED 19373 If contributor is out-of-state PAC, please see instruction guide for additional deporting requirements. | | | | |
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

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| The Instruction Guide explains how to complete th | is form. 1 Total pages Schedule A(J): | | | |
| 2 Japonah Nelhom | 3 ACCOUNT # (Ethics Commission Filers) | | | |
| 4 Date 5 Full name of contributorout-of-state PAC (ID#: | 7 Amount of 8 In-kind contribution contribution (\$) description(if applicable) | | | |
| Edward G. Joves 6 Contributor address; City; State; Zip Code 1319 Ballinger Ft. Worth, 74 76102 | (If travel outside of Texas, complete Schedule T) | | | |
| 9 Apritibutor's principal occupation | 10 Contributor's job title Allovul 4 | | | |
| 112 Contributor's employer law firm Edward G. bues, Attorney at Law | 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 Dout-of-state PAC (ID# | Amount of In-kind contribution contribution (\$) description(if applicable) | | | |
| Lateph Adeniji Contributor address; City: State: Zip Code 619 W. Main St., Ste. G | \$1000 | | | |
| Arlington, 1x 76010-10 | (If travel outside of Texas, complete Schedule T) | | | |
| Cantributor's principal occupation Attowney | Contributor's job title Attorney | | | |
| Lateph Adeniji, Attorney at Law | 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 _out-of-state PAC(ID# | Amount of In-kind contribution contribution (\$) description(if applicable) | | | |
| Contributor address; City; State; Zip Code 601 University Dr, Ste 100 | \$100= | | | |
| Ft. Worth, Tx 76107 | (If travel outside of Texas, complete Schedule T) | | | |
| Contributor's principal occupation Attorney Fireway | Attorney/Fireman | | | |
| Law Office of Clemente Dela Cruz | Law firm of contributor's spouse (if any) | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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| | BA: | | | |
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| | Y TRUCO THANNAT | | | |

POLITICAL EXPENDITURES

SCHEDULE F

| | EXPENDITURE | CATEGORIES | OR BOX 8(a) | |
|--|---|--|-------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense | Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re | sing Expense Tra Co ict | an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee 'HER (enter a category not listed above) |
| | The Instruction Guide | explains how to c | omplete this form. | |
| Total pages Schedule F: | 27 Leborah Nelho | M | | 3 ACCOUNT # (Ethics Commission Filers) |
| 8/6/13 | 5 Payle James Allexander K | (M) | | |
| 5 Amount (\$) \$40° | 7 Payee address; City; St 3005 E. Belky F+ Worth, Ty | tate; Zip Code VAP 76111 | | |
| B PURPOSE | (a) Category (See categories listed at the to | pp of this schedule) | (b) Description (If t | ravel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | went Expense | | Keinlbu | represent |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name |) | Office sought | Office held |
| Date 13 | Payee name TCGOP | | | |
| Amount (\$) | Payee address; City: Si | tate; Zip Code | - | |
| \$500° | 2405 Gavel H | 76118 | | |
| PURPOSE | Category (See categories listed at the to | op of this schedule) | Description (If to | avel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Evert EN Dense | ,_ | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | 9 | Office sought | Office held |
| Date | Payee name | | | |
| Amount (\$) | Payee address; City; St | tate; Zip Code | • | |
| PURPOSE | Category (See categories listed at the to | op of this schedule) | Description (If to | avel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | | | | |
| Complete <u>QNLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name PH | | Office sought | Office held |
| Date | Payee name | | | :\ |
| Amount (\$) | Payee address; City; S | itate; Zip Code | | ACTARTEMENT SHORT |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the to | op of this schedule) | Description (If to | avel outside of Texa Compieles Bredule TO 111788 V |
| Complete <u>QNLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name DH | e | Office sought | CIT Epig Softon |
| | ATTACH ADDITIONAL (| COPIES OF THIS S | CHEDULE AS NE | EDED |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

| | The Instruction Guide explains how to c | omplete this form. |
|---|--|---|
| 1 Total pages Schedule G: | 2-Eller NAME Nekhou | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 20 13 | FT Worth Republican | Vomen |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code 306 W. 7th St | |
| political contributions intended | F+ Worth, Tx 76102 | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE | Contribution Donation | political fundraiser |
| 9/20/13 | Colleguille Lions Clu | b |
| Amount (\$) \$10692 | Payee address; City; State; Zip Code | |
| Reimbursement from political contributions intended | Colleyville, Tx 760 | 34 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | OtherItees | |
| Date 11/1/13 | Premier Gun Show | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Reimbursement from | 120, Box 34224 | |
| political contributions intended | Ft Worth, Tx 7616 | <u>d</u> |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE | Event Expense | table revtal |
| 17/21/13 | Payee name USPS | |
| Amount (\$) | Payee address; City; State; Zip Code | :43 |
| Reimbursement from political contributions intended | Ft Worth, Tx 7618 | ELECTIONS ADMINISTRATOR |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | tees | P.O. BOXOE: IIMA ZI HALIOS |
| | ATTACH ADDITIONAL COPIES OF THIS S | CHEDITE AS MEEDED YTMURD THARRAT |