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	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST PIERSON	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX: APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # CA Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed S
6 CAMPAIGN TREASURER NAME	NICKNAME LAST WISH	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 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 Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 51 /	Year / J
11 ELECTION	Month ELECTION DATE Day Year Primary	Runoff G	General Special
12 OFFICE	County Court at Law 1	13 OFFICE SOUGHT (if known)	
	County Court at LAW 1 TARRANT COUNTY		
	GO TO PAG	SE 2	

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

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	Don Cie	NON	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	TA 2014 ELEC
	GENERAL SPECIFIC	COMMITTEE ADDRESS	JAN -I
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	T COLUMN STATE OF THE COLU
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5 0 Y
17 CONTRIBUTION TOTALS	N 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ - Ø -		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,019-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		* - O -
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,076-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 19334		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 39,500		
18 AFFIDAVIT		, , , , , , , , , , , , , , , , , , , ,	perjury, that the accompanying report is formation required to be reported by me
My AFFIX NOTARY STA	CARLA PHELPS Commission Expire: February 23, 2014 MP / SEAL ABOVE	Signature of Car	nolidate or Officeholder
Sworn to and sub	scribed before	me, by the said <u>Pon Pierson</u>	ny hand and seal of office.
Signature of officer admir	>	Print name of officer administering oath	Title of officer administering oath

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Rein	nbursement ent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donation	
Event Expense	Polling Expense	Travel Out Of District		Ider/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a categ	ory not listed above)
	The Instruction Gui	de explains how to complete this f	orm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT#	(Ethics Commission Filers)
	10~ 116	FRIDA		7 20 LE
4 Date F. 17.13	5 Payee name	Co. Ban Asso	2	ARRAN
6 Amount (\$)	7 Payee address; City;	State; Zip Code		36 T 37
* 400 °C	134 Calhons	St. 76/02		
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule) (b) Description	n (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Ferr - part ed	neation Maho	J Iso of	Cont ?
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nar OH	me Office sou	ght	Öffice held
Date	Payee pame >	6 14		
12.21.13	IEXAL DA			
Amount (\$)	Payee address; City;	State; Zip Code		
2000	JOY LAVA	en Austra T	x 7876	91
PURPOSE	Category (See categories listed at the	e top of this schedule) Descriptio	n (If travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	athe	CON	tri SutiON	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nan DH	me Office sou	ght	Office held
Date	Payee name	•1 1		
11 15 13	1 OWER JIS	·, †A		
Amount (\$)	Payee address; City;	State; Zip Code		
219 2	607 w. magno	la Food Work	TX 761	04
PURPOSE	Category (See categories listed at the	top of this schedule) Descriptio	n (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Printing expe.	Jue Dri-	itu	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nan			Office held
Date	Payee name			
12 23 13	Town lie	:tal		
Amount (\$)		State; Zip Code		
15635		gasla Fort war	h Tx 7610	4
PURPOSE	Category (See categories listed at the	top of this schedule) Descriptio	n (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Misting 21 pm	IN Dris	be setur	•
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nan DH	ne Office sou	ght	Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE A	S NEEDED	

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A(J):
2 FILER NAME DON PIERSON		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
F.N.13 6 Contributor address; City; State; Zip Code 1016 Stucket Dr Dw		(If travel outside	of Texas Domplete Schedule 1)
9 Contributer's principal occupation	10 Contributor's job	title 1	ds ← R
11 Contributor's employer/law am	12 Law firm of contri	butor's spouse (if an	NS A A CONTRACTOR
13 If contributor is a child, law firm of parent(s) (if any)	al PP		THE SECOND
Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	Gescription(ff applicable)
F. 21.13 Contributor address; City; State; Zip Code Since State; Zip Code Fort Wash In 76		/, 001 09 (If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job		
Contributor's employer/law firm	Law firm of contri	butor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (if arty)			
Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
6421 Camp Bowle For	#1302 TX	Q V C	I 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)		112.42.22.13.43.44.43.44.4	

Austin, Texas 78711-2070

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)

All the second s				
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME JON PERSON		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 5 Full name of contributorbut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
6 Contributor address; City; State; Zip Code 6 42 Camp Bowin Blvs 6 Contributor address; City; State; Zip Code	11/6		of Texas. @Miplete Schedule	
9 Contributors principal occupation	10 Contributor's job	title		
11 Contributor's employer/law firm	12 Law rirm of contri	butor's spouse (if any		
13 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributorbut-of-state PAC (ID#		Amount of contribution (\$)	In kind contain the description (if applicable)	
S.23.13 Contributor address; City; State; Zip Code		300 -	 	
Contributor's principal occupation	Contributor's job		of Texas, complete Schedule T)	
law tim			Week to depter	
Contributor's employer/ľaw firm	Law firm of contri	butor's spouse (if an	y)	
If contributor is a child, law firm of parent(s) (if any)		and the second s		
Date Full name of contributorlout-of-state PAC (ID#:	Soom Law	Amount of contribution (\$)	In-kind contribution description(if applicable)	
10 .1 .13 Contributor address; City; State; Zip Code 665 Arpart Freway #	/00	444-	 	
HOUT TX 76N3	1 0-1::	L	of Texas, complete Schedule T)	
Contributor's principal occupation	Contributor's job	WIY e	pal	
Contributor's employer/law firm. Note Soom LAU Firm	Law firm of contr	butor's spouse (if an	ý)	
If contributor is a child, law firm of parent(s) (if any)				

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

	1 Total pages Schedule A(J):
The Instruction Guide explains how to complete	this form.
2 FILER NAME DON /15-RIN	3 ACCOUNT # (Ethics 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)
777 May State; Zip C	76/02 (If travel outside of Texas complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job title
9 Contributor's principal occupation	
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 contributorbut-of-state PAC (ID#	Amount of Soln-kind Solntribution contribution (\$) description(if applicable)
11.13.13 Contributor address; City; State; Zip Contributor address; Ci	つは
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 contributorbut-of-state PAC (ID)	# Amount of In-kind contribution contribution (\$) description(if applicable)
F. 24.13 Contributor address; City; State; Zip C	N —
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)	

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