

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 NAME	MS / MRS / MR FIRST MI Ms Lynda NICKNAME LAST SUFFIX Tarwater	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 2px 0;">Date Received</p> <p style="font-size: x-small; margin: 2px 0;">Date Hand-delivered or Postmarked</p> <p style="font-size: x-small; margin: 2px 0;">Receipt # Amount</p> <p style="font-size: x-small; margin: 2px 0;">Date Processed</p> <p style="font-size: x-small; margin: 2px 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Howard F. NICKNAME LAST SUFFIX Chandler		
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	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2013 12 / 31 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judge, County Criminal Court No. 8	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH
SUPPORT & TOTALS COVER SHEET PG 2

14 C/OH NAME Lynda Tarwater **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.

additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,175.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 12.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,076.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,366.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,600.00

18 AFFIDAVIT

REBECCA K. FULBRIGHT
Notary Public
STATE OF TEXAS
My Comm. Exp. 05-01-2014

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 or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LYNDA TARWATER AND REBECCA K. FULBRIGHT, this the 15 day of June, 2014, to certify which, witness my hand and seal of office.

Rebecca K. Fulbright
Signature of officer administering oath

Rebecca K. Fulbright
Print name of officer administering oath

Notary
Title of officer administering oath

**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): 3	
2 FILER NAME Lynda Tarwater		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/05/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Andrews	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2441 N.E Parkway, Fort Worth, TX 76106		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation CEO TTI Inc		10 Contributor's job title CEO	
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 09/05/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Deberry	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2200 Forest Park Blvd, Fort Worth, TX 76110		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Griffith, Jay & Michel, LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 9/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Marlow	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8551 Boat Club Rd, #121, #143, Fort Worth, TX 76179		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Private Investigator		Contributor's job title Private Investigator/Owner	
Contributor's employer/law firm Honest Investigations		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.

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): 3	
2 FILER NAME Lynda Tarwater		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/23/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcia Hendrix	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9504 Lea Shore Dr., Fort Worth, TX 76179		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Ex. Asst.		10 Contributor's job title Ex. Asst.	
11 Contributor's employer/law firm TTI, Inc.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 9/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances C. Chandler	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4738 Lafayette Ave, Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Retired		Contributor's job title Retired	
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 9/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry K. Bailey	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 993 Roaring Spring Rd, Fort Worth, TX 76114		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Insurance		Contributor's job title Owner	
Contributor's employer/law firm Berry Kessler Bailey CLU, CHFC		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.

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): 3	
2 FILER NAME Lynda Tarwater		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/23/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Hughes	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2544 Stadium Dr, Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Self-employed		10 Contributor's job title Owner	
11 Contributor's employer/law firm Self		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Curran	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2101 Moneda St, Haltom City, 76117		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Pat Curran 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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): 1	
2 FILER NAME Lynda Tarwater		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 20.00	
5 Date 09/23/2013	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) William A. Woody	8 Amount of pledge (\$) 250.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 3717 Chapin Ct, Fort Worth, TX 76116		(If travel outside of Texas, complete Schedule T)	
10 Pledgor's principal occupation Retired		11 Pledgor's job title Retired	
12 Pledgor's employer/law firm Retired		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			

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

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

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME Lynda Tarwater		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		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 <input type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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

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: 7	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07/25/2013	5 Payee name Lynda Tarwater
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6 Amount (\$) 1,250.30	7 Payee address; City; State; Zip Code 1065 Roaring Springs Rd, Fort Worth, TX, 76114
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement of Expenses
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/02/2013	Payee name Fort Worth Rep. Women's Club
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Amount (\$) 50.00	Payee address; City; State; Zip Code 4603 Oak Valley Dr, Arlington, TX 76016
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/26/2013	Payee name Allmark Printing
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Amount (\$) 127.19	Payee address; City; State; Zip Code 823 N. Riverside Dr, Fort Worth, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Badges
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/04/2013	Payee name Tarrant Rep. Assembly
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Amount (\$) 20.00	Payee address; City; State; Zip Code c/o TCGOP 2405 Gravel Dr, Fort Worth, TX 76118
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 7	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/13/2013	5 Payee name Plan A&B Advisors		
6 Amount (\$) 2,300	7 Payee address; City; State; Zip Code 420 Throckmorton St, #200, Fort Worth, TX 76102		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Consulting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/20/2013	Payee name NE Tarrant Rep Club		
Amount (\$) 10	Payee address; City; State; Zip Code c/o 7301 Glenview Dr, N. Richland Hills, TX 76180		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/28/2013	Payee name NW Rep. Club		
Amount (\$) 15	Payee address; City; State; Zip Code c/o 6701 Lake Worth Blvd, Lake Worth, TX 76135		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/06/2013	Payee name TX 912 Project		
Amount (\$) 25	Payee address; City; State; Zip Code c/o 3233 White Settlement Rd, Fort Worth, TX 76107		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete <u>ONLY</u> 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: 7	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/2013	5 Payee name Tarrant Co. Hispanic Rep Club		
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code c/o 1509 S. University Dr, Fort Worth, TX 76107		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Membership Dues	(b) Description (If travel outside of Texas, complete Schedule T) Membership Dues	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/02/2013	Payee name Rep. Women's Club - Arlington		
Amount (\$) 15.00	Payee address; City; State; Zip Code c/o 4001 W. Park Row, Arlington, TX 76103		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/03/2013	Payee name Arlington Rep. Club		
Amount (\$) 25	Payee address; City; State; Zip Code PO Box 14095, Arlington, TX 76094		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/26/2013	Payee name Plan A&B Advisors		
Amount (\$) 2,248.63	Payee address; City; State; Zip Code 420 Throckmorton St, #200, Fort Worth, TX 76102		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete <u>ONLY</u> 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: 7	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/07/2013	5 Payee name Beautiful Feet Ministries, Inc		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 1509 E. Hattie St, Fort Worth, TX 76104		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Advertising (Golf Tournament Sponsor)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/03/2013	Payee name TCGOP		
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 2405 Gravel Dr, Fort Worth, TX 76118		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/03/2013	Payee name TCGOP		
Amount (\$) 1,250	Payee address; City; State; Zip Code 2405 Gravel Dr, Fort Worth, TX 76118		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Final Filing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/28/2013	Payee name Rep. Women's Club		
Amount (\$) 70.00	Payee address; City; State; Zip Code c/o 4001 W. Park Row, Arlington, TX 76013		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Membership Dues	Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete <u>ONLY</u> 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: 7	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/05/2013	5 Payee name USPS
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6 Amount (\$) 62.00	7 Payee address; City; State; Zip Code 3101 W. 6th St, Fort Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - PO Box Fees	(b) Description (If travel outside of Texas, complete Schedule T) PO Box
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/05/2013	Payee name Plan A&B Advisors
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Amount (\$) 500.00	Payee address; City; State; Zip Code 420 Throckmorton St, #200, Fort Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/02/2013	Payee name FW Rep. Womens's Club
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Amount (\$) 36.00	Payee address; City; State; Zip Code 4603 Oak Valley Dr, Fort Worth, TX 76016
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/16/2013	Payee name Office Depot
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Amount (\$) 28.61	Payee address; City; State; Zip Code 401 Carroll St. Ft. Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Supplies	Description (If travel outside of Texas, complete Schedule T) Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 7	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/24/2013	5 Payee name Office Depot		
6 Amount (\$) 99.45	7 Payee address; City; State; Zip Code 401 Carroll St. Ft. Worth, TX 76107		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Supplies	(b) Description (If travel outside of Texas, complete Schedule T) Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/25/2013	Payee name Office Depot		
Amount (\$) 5.30	Payee address; City; State; Zip Code 401 Carroll St. Ft. Worth, TX 76107		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Supplies	Description (If travel outside of Texas, complete Schedule T) Supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/04/2013	Payee name Office Depot		
Amount (\$) 19.81	Payee address; City; State; Zip Code 401 Carroll St., Fort Worth, TX 76107		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Supplies	Description (If travel outside of Texas, complete Schedule T) Supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/04/2013	Payee name Spec's		
Amount (\$) 63.47	Payee address; City; State; Zip Code 2750 S. Hulen St, Ft. Worth, TX 76109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Food/Beverages for Campaign	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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: 7	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/27/2013	5 Payee name Tarrant Co. Rep. Assembly
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6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code c/o TCGOP, 2405 Gravel Dr, Fort Worth, TX 76118
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Membership Dues	(b) Description (If travel outside of Texas, complete Schedule T) Membership Dues 2014
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/07/2013	Payee name Office Depot
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Amount (\$) 13.72	Payee address; City; State; Zip Code 401 Carroll St, Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Supplies	Description (If travel outside of Texas, complete Schedule T) Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule G: 2	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/15/2013	5 Payee name Tarrant Co. Voter Reg.	
6 Amount (\$) 1.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2700 Premier St, Ft. Worth, TX 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Reg. Voter CD
Date 07/24/2013	Payee name Ft. Worth Club	
Amount (\$) 4.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 306 W. 7th St, Ft. Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Events	Description (If travel outside of Texas, complete Schedule T) Parking
Date 07/29/2013	Payee name Macaroni Grill	
Amount (\$) 29.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1505 S. University Dr, Ft. Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting
Date 09/13/2013	Payee name Sheraton Arlington	
Amount (\$) 26.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1500 Convention Ctr. Dr, Arlington, TX 76011	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Campaign Meeting

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.

1 Total pages Schedule G: 2	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/04/2014	5 Payee name Party City	
6 Amount (\$) 12.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 435 Sherry Ln, Ft. Worth, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Events	(b) Description (If travel outside of Texas, complete Schedule T) Supplies for Campaign
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)
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)

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/07/2013	5 Business name Beautiful Feet Ministries, Inc.	
6 Amount (\$) 250.00	7 Business address; City; State; Zip Code 1509 E. Hattie St, Fort Worth, TX 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Advertising (Golf Tournament Sponsor)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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 Office held
Date	Business name	
Amount (\$)	Business 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 Office held
Date	Business name	
Amount (\$)	Business 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 Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Lynda Tarwater	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:
1

2 FILER NAME Lynda Tarwater 3 ACCOUNT # (Ethics Commission Filers)

4 Date Various	5 Name of person from whom amount is received Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code FT WORTH TX 76147 PO BOX 470830	8 Amount (\$) 1.25
7 Purpose for which amount is received Monthly Interest on Deposits		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

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OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: 1
2 FILER NAME Lynda TarwaterTarwater		3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender Lynda Tarwater	
	5 Lender address; City; State; Zip Code 1065 Roaring Springs, Fort Worth, TX, 76114	
GUARANTOR INFORMATION	6 Name of guarantor	
<input checked="" type="checkbox"/> not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Lynda Tarwater	
	Lender address; City; State; Zip Code 1065 Roaring Springs, Fort Worth, TX, 76114	
GUARANTOR INFORMATION	Name of guarantor	
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Lynda Tarwater	
	Lender address; City; State; Zip Code 1065 Roaring Springs, Fort Worth, TX, 76114	
GUARANTOR INFORMATION	Name of guarantor	
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Lynda Tarwater	
	Lender address; City; State; Zip Code 1065 Roaring Springs, Fort Worth, TX, 76114	
GUARANTOR INFORMATION	Name of guarantor	
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Lynda Tarwater	
	Lender address; City; State; Zip Code 1065 Roaring Springs, Fort Worth, TX, 76114	
GUARANTOR INFORMATION	Name of guarantor	
<input checked="" type="checkbox"/> not applicable	Guarantor address; City; State; Zip Code	

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:
1

2 FILER NAME
Lynda Tarwater

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME Lynda Tarwater		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Lynda Tarwater

2 ACCOUNT # (Ethics Commission Filers)
3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder