P.O. Box 12070

00-10-11	CANDIDATE / N FINANCE RI		IOLDER	FORM COVER SH	N JC/OH NEET PG 1
The JC/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	<b>1</b> :
3 CANDIDATE / OFFICEHOLDER NAME		JOHN JHITE	SUFFIX	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS /PO BOX: APT / SUITI	E#: CITY.	STATE: ZIP CODE	Date Hand-delivered of Receipt	CAMBUT S
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N	JMBER	extension	Date Processed	
6 CAMPAIGN TREASURER NAME	NICKNAME U	RST RACE SST PALOS	SUFFIX	Date Imaged CO	7 2: 05 105 105
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA	SE): APT/SUITE#:	city, state:	ZIP CODE	)
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	JMBER	EXTENSION		
9 REPORT TYPE		h day before election	Runoff  Exceeded \$500 limit	15th day after treasurer appo (officeholder only)  Final report (Atta	intment
10 PERIOD COVERED	Month Day Year	THROUGH		ay Year 3/14	
11 ELECTION	Month Day Year 3/4/2014	ELECTION TYPE Primary	Runoff [	General	Special
12 OFFICE	OFFICE HELD (Fany)		County C	own PAMINA/CO + County,	rurt#2 TEXAS
		GO TO PAG			

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

### FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	JOHA		ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTE	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE E OLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEL(S)	COMMITTEE TYPE	COMMITTEE NAME	
		NA	3 E 2
	GENERAL	COMM ITTEE ADDRESS	
	SPECIFIC		2
additional pages		COMMITTEE CAMPAIGN TREA SURER NAME	
codinona pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	2:0
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEM (ZED	\$ 384
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 649
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$ - 0 -
	4. TO TAL	POLITICAL EXPENDITURES	\$ 78475
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 6914
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 584 75
18 AFFIDAVIT		, , , , , , , , , , , , , , , , , , , ,	erjury, that the accompanying report is rmation required to be reported by me
Notary I My C	RY WILSON DAVIS Public, State of Tex ommission Expires May 08, 2016	The state of the s	date or Officeholder
AFFIX NOTARYSTA		ne by the said John E. W. H. J.	this the
	of Feb	, 20 4 , to certify which, witness my	
Signature of officer admin	nistering oath	Print name of officer administering oath	Dary Public tle of officer administering oath

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

P.O. Box 12070

# SCHEDULE A (J)

(512) 463-5800

The instruction Guide explains how to complete th	is form.  1 Total pages Schedule A(J):
2 FLER NAME JOHN Powshite, J	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC(D#_	7 Amount of 8 In-kind contribution contribution (\$) description(if applicable)
1/9/14 GREEN, Robbie 33 Labere Estate St Louis, Mo	PS DR, \$150 - (If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job title
11 Contributor's employer/law jrm  NA	12 Law firm of contributor's spouse (if any)
13 ff contributor is a child, law firm of parent(s) (if any) லித	
Date Full name of contributorout-of-state PAC (D#	Amount of In-kind contribution contribution (\$) description(if applicable)
1/11/14 Contributor address; City, State; Zip Code 1013 RoseLeood	LN
Contributor's principal occupation	76010 (If travel outside of Texas, complete Schedule T)  Contributor's job title
Contributor's employer/law irm	Lawfirm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	1 Myst
Date Full name of contributorout-of-state PAC(D#	Amount of In-kind contribution contribution (\$) description(if applicable)
1/21/14 Contributor address; City, State; Zip Code 38 Devonshire	Mas. E.
Bedford, TX	
Contributor's principal occupation  [Sq:// P +	Contributor's job title
Contributor's employer/law1irm  NA	Lawfirm of contributor's spouse (if any)
ff contributor is a child, law firm of parent(s) (If any) NA	BY:
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see inst	OF THIS SCHEDULE AS NEEDED ruction guide for additional reporting requirements.

#### **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 FILER NAME John Po White, DR	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-statePAC(D#	7 Amount of 8 In-kind contribution contribution (\$) description(if applicable)
1/21/14 6 Contributor address: City, State: Zip Code  SII Mustang CA  Colleyville, TX	76034 (I travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation  Sankling	10 Contributor's job title
11 Contributor's employer/lawfirm	12 Lawfirm of contributor's spouse (Ifany)  **NI A**
13 If contributor is a child law firm of parent(s) (if any)  N/A	
Date Full name of contributorout-of-state PAC(D#	Amount of In-kind contribution contribution (\$) description(if applicable)
3208 Halton Ro	
Contributor's principal occupation	76/17 (If travel outside of Texas, complete Schedule T) Contributor's job title CODS FOLCE
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
N/A	NA
If contributor is a child. faw firm of parent(s) (if any)	
Date Full name of contributor [jout-d-state PAC(D#	Amount of In-kind contribution contribution (\$)   description(if applicable)
1/21/14 Contributer address; City: State; Zip Code 5/28 BITCHHAN FT WOTH, TY	7/1/07
Contributor's principal occupation	Contributor's job title
Contributor's employer/law/firm	Contributor's job title  AHO NOC  Law firm of contributor's spouse (if any)
If contributor is a child law firm of parent(s) (if any)	TAR TAR
ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

### SCHEDULE A (J)

The Instruction Guide explains how to complete	te this form.	1 Total pages Sch	nedule A(J):
2 FILER NAME  JOHN P. White  4 Date 5 Full name of contributor [but-of-state PAC(D)]	JR.	3 ACCOUNT # (E	thics Commission Filers)
		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
1/21/14 TUSNET, Chance of Contributor address: City: State: Zip Contributor address: City: State: Zip Contributor address: TX TX	ista Dic	100	
Contributor's principal occupation	10 Contributor's job		of Texas, complete Schedule T)
11 Contributor's employer/lawfirm ルノム	12 Lawfirm of conti	ributor's spouse (if any 7	у)
3 If contributor is a child, law firm of parent(s) (if any)  NA			
Date Full name of contributorout-of-state PAC(D#		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-21-14 Contributor address: City State: Zip C 6313 Fern Mendous Ft. Worth, TX	DR,	100	of Texas, complete Schedule, T)
Contributor's principal occupation Sell+etaly	Contributor's job		o renal complete contegue, 1)
Contributor's employer/law firm  MA	Law firm of contr	ibutor's spouse (if any 4	
If contributor is a child. law firm of parent(s) (if any)  NA			
Date Full name of contributor []out-ct-state PAC(D#	#	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Ci		(If travel outside	of Texas. Complete Schedule 70
Contributor's principal occupation	Contributor's job	title	0 -1
Contributor's employer/law firm	Lawfirm of contri	butor's spouse (If any	) = 2
lfcontributoris a child Taw firm of parent(s) (ifany)			1 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			9

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commiss	sion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
LOANS (JI	JDICIAL)		•	SCHEDULE E (J)
The Inst	ruction Guide explains how to	complete this form.	1 Total pages Sch	edule E(J):
2 FILER NAME	John Pahohi	te, Je	3 ACCOUNT#	(Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOA		라 라	\$
5 Date of loan	7 Name of lender John P. WI			9 Loan Amount (\$) 3 2 5 4
6 Islender a financial Institution?	le '	state: Zipcode Eatherford St th, TX 7610		10 Interest rate  NA  11 Maturity date  NA
12 Lender's Principal	Occupation  HOTNEY	13 Lender's Job T	itle	
14 Lender's Employen  16 If lender is child. la	w firm of parent(s) (if any)	N		
17 Description of Colla	ateral	18 Check if person	nal funds were deposi	teginto pelitical account
none				Y: CCT Z
19 GÜARANTOR INFORMATION  To not applicable	20 Name of guarantor 21 Guarantor address;	City; State; Zip Code		22 Amount Guaranteed (3)
23 Guarantor's Princip	al Occupation	24 Guarantor's Jo	b Title	A Q
26 Guarantor's Employ	/er/Law Firm	26 Law Firm of gu	arantor's spouse (if a	ny)
27 If guarantor is child	. law firm of parent(s) (if any)			
	ATTACH ADDITIO	NAL COPIES OF THIS SCHEDUL	E AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (J	UDICIAL)			SCHEDULE E (J)
The Inst	truction Guide explains how to complete this	ı form.	1 Total pages Sci	nedule E(J):
2 FILER NAME	John P. White, JR		3 ACCOUNT#	(Ethics Commission Filers)
4 ТОТА	AL OF UNITEMIZED LOANS: =	ದು ದು ದು	<b>ದ</b> ದ	\$
5 Date of loan	7 Name of lender out-of-	state PAC(ID#:		9 Loan Amount (\$)  142 50
6 Is lender a financial Institution?	8 Lender address: City: State: Zip C 400 E, Weather	ford St		10 Interest rate  MA
Y (N)	H. Worth, T)	176102	2	11 Maturity date  NA
12 Lender's Principal	YOLNEY	13 Lender's Job Title	7	
14 Lender's Employer	/Law Firm	15 Law Firm of lende	er's spouse (if any)	
16 If lender is child. la	w firm of parent(s) (if any)	and the second s	ner menne med men i speriori selle militari mengamban kadan mener pelapa menganak	
17 Description of Colla	ateral	18 Check if personal	tunds were depos	ited into political account
19 GUARANTOR INFORMATION	20 Name of guarantor		(X 	22 Amount Guaranteed (5)
not applicable	21 Guarantor address; City; State	zip Code		FEB -3 1
23 Guarantor's Princip	al Occupation	24 Guarantor's Job T	ritle	32 N
25 Guarantor's Employ	/er/Law Firm	26 Law Firm of guan	antor's spouse (if a	my) gg c
27 If guarantor is child	law firm of parent(s) (if any)			3
if lende	ATTACH ÀDDITIONAL COPIES O is out-of-state PAC, please see instructi			requirements.

LOANS (J	UDICIAL)			SCHEDULE E (J)
The ins	truction Guide explains how to complete th	s form.	1 Total pages Sc	hedule E(J):
2 FILER NAME	John P. White, JR		3 ACCOUNT #	(Ethics Commission Filers)
<b>4</b> TOT.	AL OF UNITEMIZED LOANS: ⇒	<b>ಘ ಘ ಆ</b>	<b>a a</b>	s
5 Date of loan / /21/14	John P. White	f-state PAC ( D#:		9 Loan Amount (\$)  /50
6 Islender a financial Institution?	400 E. Weather	-		10 Interest rate
Y 🔊	H. Worth, T.			NA
12 Lender's Principal	Occupation HOLNEY	13 Lender's Job Title		,
14 Lender's Employer	//Law Firm	15 Law Firm of lend		)
16 If lender is child la	wifirm of parent(s) (if any)	1 10/04	om er erfolgeriff til sossila ellahfölderligaren en en president eller sitte	
17 Description of Coll	ateral	18 Check If persona	l funds were depo	sited into political account
19 GUARANTOR INFORMATION	20 Name of guarantor	-	178	22 Amount Guaranteed (5)
not applicable	21 Guarantor address: City: Stat	e; Zip Code		RRANT DI REB -3
23 Guarantor's Princip	l pal Occupation	24 Guarantor's Job	, afrik seoraanbibbibb da da ta anka en akadelinaan. Tit <b>le</b>	522 2
25 Guarantor's Emplo	yer/Law Firm	26 Law Firm of guar	antor's spouse (if	any) d P
27 If guarantor is child	i. law firm of parent(s) (if any)			
If lende	ATTACH ADDITIONAL COPIES C r is out-of-state PAC, please see instruc			requirements.

LOANS (J	UDICIAL)			SCHEDULE E (J)
The instruction Guide explains how to complete this form.			1 Total pages Sch	nedule E(J):
2 FILER NAME	John P. White, JR		3 ACCOUNT#	(Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS: =	ಈ ಈ ಕು	<b>=</b> =	\$
5 Date of loan  1 2 1 4  6 Is lenger a financial	John P. White  8 Lender address; City: State: Zip	-state PAC ( D#		9 Loan Amount (\$) 2/7 10 Interest rate
Institution?				MA 11 Maturity date  NA
12 Lender's Principal (	Occupation  OF NET	13 Lender's Job Title  DUNE	7	•
14 Lender's Employer/	Law Firm /	15 Law Firm of lende	er's spouse (if any)	
16 If lender is child law	w firm of parent(s) (if any) $\mathcal{U} \mathcal{A}$	/		
17 Description of Colla	teral	18 Check if personal	funds were depos	ited into political account
19 GUARANTOR INFORMATION	20 Name of guarantor		76 7	22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City: State	a; Zip Code	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TARRANT 2014 FEB -3 ELECTIONS AT
23 Guarantor's Princip	al Occupation	24 Guarantor's Job 1	itle	M COU
25 Guarantor's Employ	rer/Law Firm	26 Law Firm of guar	antor's spouse (if a	ny)
27 If guarantor is child.	taw firm of parent(s) (if any)			9 4
lf lender	ATTACH ADDITIONAL COPIES C is out-of-state PAC, please see instruct			requirements.

LOANS (J	UDICIAL)			SCHEDULE E (J)
The ins	truction Guide explains how to complete this	s form.	1 Total pages Sch	nedule E(J):
2 FILER NAME	John P. White, JR		3 ACCOUNT#	(Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	<b>=</b> = =	# ¥	s
5 Date of loan	John P. White	f-state PAC (ID#:		9 Loan Amount (\$) 42 3/
6 /s lender a financial Institution?	male	-ford St		10 Interest rate  N/A
Y (N)	H. Worth, T.	X 76102	2	11 Maturity date  NA
12 Lender's Principal	Occupation  HOLNEY	13 Lender's Job Title	97	
14 Lender's Employer	/Law Firm /	15 Law Firm of lend		
16 If lender is child ta	ewfirm of parent(s) (if any)		to a figure contract of <sup>1</sup> contract updates in a produce in which the appropriate of the data for the data.	
17 Description of Colla	ateral	18 Check if persona	il funds were depos	ited into political account
19 GUARANTOR INFORMATION	20 Name of guarantor		₹:	22 Amount Graranteed (\$)
[X not applicable	21 Guarantor address; City; State	e; Zip Code		FEB -3 PM
23 Guarantor's Princip	pal Occupation	24 Guarantor's Job	Title	
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guar	rantor's spouse (if a	the transfer of the second state of the second
27 If guarantor is child	l law firm of parent(s) (if any)			
if lende	ATTACH ADDITIONAL COPIES C or is out-of-state PAC, please see instruct			requirements.

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITURE C	ATÉGORIES FOR BOX 8(8	ι)
Advertising Expense	Gift/Awards/Memorials Expense S	alaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services S	olicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense T	ravel in District	Contributions/Donations Made By
Event Expense	Polling Expense T	ravel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense 0	ffice Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide ex	oplains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME	( )	3 ACCOUNT # (Ethics Commission Filers)
	I John P. L. Mai	to 12	
4 5-1-	50001710011	1010	
4 Date	5 Payee name	1 0 -	1 1
1/21/14	Tarrant Coun	Ha Bak ton	indation
6 Amount (\$)	7 Payee address; City; State	; Zip Code	
66	1215 11/1	C+	
12506	1315 Calhou	_	
77)	FT WORTH,	TX 76102	2
8 PURPOSE	(a) Category (See categories listed at the top of		n (If travel outside of Texas, complete Schedule T)
OF			Par II
EXPENDITURE	EVENT EXPEN		4 Rental
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/O	NA		
Date	Рауее пате		
	, ,		
1-21-14	Teressia 1	Trahay	
Amount (\$)	Payee address; City; State	; Zip Code	-
<b></b>	1315 Calhoun	ve (7	
75			~ ~
, ,	FTWORK	7, 18 761	0 <
PURPOSE	Category (See categories listed at the top of		n (ftravel outside of Texas, complete Schedule T)
OF			2 2 1/1/2
EXPENDITURE	EVENT EXPP	ME ED	ent Help.
Complete ONLY if direct		Office sou	ght // Office held
expenditure to benefit C/C	$^{m}$ $\mathcal{N}/\mathcal{A}$		
Date	Payee name		
Cale	. Byou name		
Amount (\$)	Payee address; City; State	; Zip Code	B) EL 20
			TAR TLECT
			7, 7
			54 m 3
PURPOSE	Category (See categories listed at the top of	this schedule) Descriptio	n (If travel outside of Texas, complete Schedule I.)
PURPOSE OF	Category (See categories listed at the top of	this schedule) Description	1917
	Category (See categories listed at the top of	this schedule) Descriptio	
OF EXPENDITURE			
OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name	this schedule) Description Office sour	
OF EXPENDITURE	Candidate / Officeholder name		
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		ght Sign beld 2
OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name		ght wissing 2
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		ght 30 0000 held 0
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH Payee name		ght wissing 2
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date	Candidate / Officeholder name  Payee name	Office sou	ght wissing 2
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date	Candidate / Officeholder name  Payee name	Office sou	ght wissing 2
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date	Candidate / Officeholder name  Payee name	Office sou	ght wissing 2
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date	Candidate / Officeholder name  Payee name	Office sour	ght wissing 2
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Candidate / Officeholder name  Payee name  Payee address; City; State	Office sour	ght 30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)	Candidate / Officeholder name  Payee name  Payee address; City; State	Office sour	ght 30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  Payee name  Payee address; City; State  Category (See categories listed at the top of	Office sour	ght Office held O
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name  Payee name  Payee address; City; State  Category (See categories listed at the top of	Office sour	ght Office held O
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE	Candidate / Officeholder name  Payee name  Payee address; City; State  Category (See categories listed at the top of	Office sour	ght Office held O
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name  Payee name  Payee address; City; State  Category (See categories listed at the top of  Candidate / Officeholder name	Office sour	ght Office held Office held Office held Office held

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES F Salaries/Wages/Con Solicitation/Fundrais Travel in District Travel Out Of Distric Office Overhead/Rei	tract Labor ing Expense	Loan Repayme Transportation Contributions/D	Equipment & Re conations Made officeholder/Pol	elated Expense : By itical Committee
	The Instruction Guide	explains how to c	omplete this fo	-	6	enter "Strange enter para servición para servición
1 Total pages Schedule G:	2 FLER NAME JOHN PON	Dla to	l D	3 ACCOL	Marrie Art. 1	dmmission Filers)
4 Date //////////	5 Payee name  Office Dep	sot		3		
6 Amount (\$) 32 5E	7 Payee address; City://Sta	ate; Zip Code	_		7	!? <del> </del>
Reimbursement from potitical contributions intended	4015WF Arlingfo	,	Ste 10 760		TRATOR	Q
8 PURPOSE	(a) Category (See categories listed at the top	p of this schedule)		n (If travel outside o	~	
OF EXPENDITURE	Advertising	7	Parc	hare o	P perpe	preprint
Date 1/20/14	Payee name Office De	pot				
Amount (\$) /4/250		ate; Zip Code				
Reimbursement from political contributions intended	401 SILO, 1 Arlington		Ste 10 76016			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	n (If travel outside o	f Texas, complete	Schedule T)
OF EXPENDITURE	Advertising	7	Purch.	ase of	egger	+ print
Date	Рауее пате				7	
1/21/14	Tarrant ( Payee address; City; Sta	County	Bar t	-ourit	atron	<u>ي</u>
Amount (3) /50			<b>-</b> /			
Reimbursement from political contributions intended	1315 Call		T 14102			
PURPOSE	Category (See categories listed at the top			) (If travel outside o	f Texas, complete	Schedule T)
OF EXPENDITURE	Event Exp.	PASE	Lω.	4 Re	vta/	4
Date	Payee name				***************************************	
<b>3</b> /21/14	RYDGET Payee address; City; Sta					
Amount (5) 217 48	Payee address; City; Sta	ate; Zip Code	+ Rigi	lae	· · · · · · · · · · · · · · · · · · ·	
Reimbursement from political contributions intended		ig tow,	101	76016	2	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	) (Ftravel outside o	fTexas, complete :	Schedule T)
OF EXPENDITURE	Event Exp	ense	Food	4 Bei	rerage	2 expi
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services

P.O. Box 12070

Food/Beverage Expense Travel In District Polling Expense

Solicitation/Fundraising Expense

Travel Out Of District

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

(512) 463-5800

Office Overhead/Rental Expense OTHER (enter a category not listed above)

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:	JOHN P. White	3 ACCOUNT # (Ethics Commission Filers)
1-23-14	John P. White Office Depot	,
6 Amount (\$) 4221	7 Payee address: City; State: Zip Code	C40 127
Reimbursement from political contributions intended	4015 WPlaza Arlington, To	76016
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T;
Date	Payee ∩ame	enterentale massa di Campanina a mine () — managari confidencimali formatigament formatione proprietà d'antique etta ( ) » de communa ( ) » del con est proprietà del con est pr
Amount (\$)	Payee address: City; State; Zip Code	
Reimpursement from political contributions intended		3
PURPOSE OF EXPENDITURE	Calegory (See categories listed at the top of this schedule)	Description (If travel ordide of let as. complete Schedule T)
Date	Payee name	SVENA ADMA
Amount (\$)  Reimoursement from political contributions intended	Payee address; City; State; Zip Code	PH 2: 04
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 (\$)	Payee address: City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (fitravel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		