

# 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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
*JACQUELYN*  
NICKNAME LAST SUFFIX  
*WRIGHT*

### OFFICE USE ONLY

Date Received

FILED  
TARRANT COUNTY  
2014 JAN 15 9 15  
STEVENSON  
ELECTIONS ADMINISTRATOR

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
*self*  
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

*same*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

( ) *same*

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)  
 July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
*07 / 15 / 2013*    *12 / 31 / 2013*

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     General     Special  
*03 / 04 / 2014*

12 OFFICE

OFFICE HELD (if any)

*Justice of the Peace  
Pet 4*

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

*Jacquelyn Wright*

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

FILED  
TARRANT COUNTY  
JAN - 8 AM 9:15  
STEVE PARSON  
ELECTIONS ADMINISTRATION

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*1450.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*753.12*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*15,618.42*

OUTSTANDING LOAN TOTALS

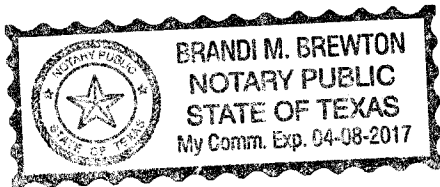
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*- 0 -*

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*Jacquelyn Wright*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Jacquelyn Wright*, this the *7th* day of *January* 20 *14*, to certify which, witness my hand and seal of office.

*Brandi M. Brewton*  
Signature of officer administering oath

*Brandi M. Brewton*  
Print name of officer administering oath

*Admin. Clerk*  
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):

18 3

2 FILER NAME

Jacquelyn Wright

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/13/13

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

David DeBusk

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

TARRANT COUNTY  
FILED  
JAN - 8 AM 9:18  
STEVE PARDON  
ELECTIONS ADMINISTRATOR

6 Contributor address; City; State; Zip Code

5208 Campwood Fwy, Ste 104  
Ft. Worth, TX 76117

9 Contributor's principal occupation

attorney

10 Contributor's job title

11 Contributor's employer/law firm

do practice

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

9/18/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Carol Wark

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3913 Lakewood Dr.  
Ft. Worth, TX 76135

Contributor's principal occupation

hair bonds

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

10/3/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Trey Hartin

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5752 Boat Club Rd #400  
Ft Worth, Tx 76179

Contributor's principal occupation

attg

Contributor's job title

Contributor's employer/law firm

Hartin law

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 FORM 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): **2 of 3**

2 FILER NAME *Jacquelyn Wright* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>9-7-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronnie Hong</i>	7 Amount of contribution (\$) <i>150<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6004 Airport Fwy Haltom City, TX 76117</i>			

9 Contributor's principal occupation *Bail bondsman* 10 Contributor's job title

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 <i>9-7-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alina Davis</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6004 Airport Fwy Haltom City, TX 76117</i>			

Contributor's principal occupation *Bail bonds* 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 <i>9-12-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Loyce Alexander</i>	Amount of contribution (\$) <i>100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2027 E. Hwy 114 Boyd, TX 76023-6011</i>			

Contributor's principal occupation *Bail bonds* 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 FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

FILED  
 TARRANT COUNTY  
 2014 JAN -8 AM 11:15  
 STIVE CARROLL  
 ELECTIONS ADMINIS  
 OR

**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 of 3**

2 FILER NAME  
*Severelyn WRIGHT*

3 ACCOUNT # (Ethics Commission filers)

4 Date: *12/13/13* 5 Full name of contributor: *Cheryl Watson*  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$): *100<sup>00</sup>* 8 In-kind contribution description (if applicable):

6 Contributor address; City; State; Zip Code  
*PO Box 26473  
Brentwood, TX 76126*

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TARRANT COUNTY  
2014 JAN - 8 AM 9:16  
STEVE RAYMON  
ELECTIONS ADMINISTRATOR

9 Contributor's principal occupation: *real bonds*

10 Contributor's job title

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: *7/16/13* Full name of contributor: *Gene Thompson*  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$): *500<sup>00</sup>* In-kind contribution description (if applicable):

Contributor address; City; State; Zip Code  
*300 N. Jim Wright Fwy  
Ft. Worth, TX 76108*

Contributor's principal occupation: *real estate*

Contributor's job title: *owner of his own company*

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 contributor: \_\_\_\_\_  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$): \_\_\_\_\_ In-kind contribution description (if applicable):

Contributor address; City; State; Zip Code

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 FORM 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): <u>1</u>
2 FILER NAME <i>Jacquelyn Wright</i>	3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date <i>12/30/13</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucille Kincaid for the LaDart Family</i>	8 Amount of pledge (\$) <i>\$18,000<sup>00</sup></i>	9 In-kind description (if applicable)
<i>carry forward from last report</i>	7 Pledgor address; City; State; Zip Code <i>110 Kaki Lane West Monroe, La 71291</i>	(If travel outside of Texas, complete Schedule T)	

10 Pledgor's principal occupation <i>retired mother-in-law</i>	11 Pledgor's job title
12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
14 If pledgor is a child, law firm of parent(s) (if any)	

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 TARRANT COUNTY  
 2014 JAN -8 AM 9:15  
 STATE ELECTIONS ADMINISTRATOR

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.

# 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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME <i>JACQUELYN WRIGHT</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>8-31-13</i>		<b>5</b> Payee name <i>Sons Club see Schedule G</i>			
<b>6</b> Amount (\$) <i>\$ 196.56</i>		<b>7</b> Payee address; City; State; Zip Code <i>North Richland Hills, TX 76180</i>			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Printing Expense ink, labels, stamps</i>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>Date</b> <i>9-1-13</i>		<b>Payee name</b> <i>Office Depot see Schedule G</i>			
<b>Amount (\$)</b> <i>\$ 51.92</i>		<b>Payee address; City; State; Zip Code</b> <i>7608 Denton Hwy Watauga, TX 76148</i>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Printing Expense envelopes</i>		<b>Description</b> (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
<b>Date</b> <i>9-12-13</i>		<b>Payee name</b> <i>USPS</i>			
<b>Amount (\$)</b> <i>460</i>		<b>Payee address; City; State; Zip Code</b> <i>Telephone Rd Lake Worth, TX 76135</i>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>postage</i>		<b>Description</b> (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
<b>Date</b> <i>12-30-13</i>		<b>Payee name</b> <i>Dr. Beeler</i>			
<b>Amount (\$)</b> <i>10</i>		<b>Payee address; City; State; Zip Code</b> <i>6717 Telephone Rd Ft. Worth, TX 76135</i>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <i>Sign spot</i>		<b>Description</b> (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					

FILED  
 TARRANT COUNTY  
 2014 JAN -8 AM 9:11  
 ELECTIONS ADMINISTRATION  
 STEVE RABININ

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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:	2 FILER NAME <i>Jacquelyn Wright</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12/30/13</i>	5 Payee name <i>BIGGERS Funeral Home</i>
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6 Amount (\$) <i>\$10.00</i>	7 Payee address; City; State; Zip Code <i>6100 Q 216 AVE Ft. Worth, TX 76135</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SIGN SPOT</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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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 <i>12/30/13</i>	Payee name <i>Home Depot</i>
-------------------------	---------------------------------

Amount (\$) <i>24.64</i>	Payee address; City; State; Zip Code <i>3950 Jrm WRIGHT FRGWAY Lake Worth, TX 76135</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>hardware for signs</i>	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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Date	Payee name
------	------------

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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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 FILER NAME <i>Jacquelyn Wright</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9-1-2013</i>	5 Payee name <i>Office Depot</i>	FILED TARRANT COUNTY 2014 JAN -8 AM 10:16 STEVE RABBIT ELECTIONS ADMINISTRATOR
6 Amount (\$) <i>\$51.92</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>7608 Denton Hwy, Ste 340 Watauga, TX 76148</i>	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>supplies - envelopes</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <i>8/31/2013</i>	Payee name <i>Sams Club</i>
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Amount (\$) <i>\$196.56</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>North Richland Hills, Tx. 76180 N800 @ Rute Snow</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ink + stamps</i>	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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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
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED