# JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

## FORM JC/OH COVER SHEET PG 1

		TA ACCOUNT #	2 Tatal appear flad	
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 Leo	Everett	OFFICE USE ONLY  Date Received	
	NICKNAME LAST	SUFFIX		
	Young	Jr.	B) [Fi	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY:	STATE; ZIP CODE	Date Hard-trelivered or Postmand	
change of address			Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed S	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  J.  NICKNAME LAST  St. John	Warren SUFFIX	Date Imaged 7	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY: STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 X 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500  limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 01 / 23 /		
11 ELECTION	Monthi Day Year ELECTION TYPE  03 / 04 / 14  ELECTION TYPE  A Primary	Runoff	General Special	
12 OFFICE	District Court of Texas	13 OFFICE SOUGHT (ffknown) Tudge, County Tarrant Co	Criminal Court No.1 ounty, Texas	
GO TO PAGE 2				

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

#### FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	1 pa Even	ett Young, Ir.	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME  N/A  COMMITTEE ADDRESS	ZOV4 ELECT
<b>N/A</b> ☐ additional pages	SPECIFIC	N/A COMMITTEE CAMPAIGN TREASURER NAME N/A	RRANTI JAN 31 STEY RAS
		COMMITTEE CAMPAIGN TREASURER ADDRESS	PH 4: 21
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	2. TOTAL (OTHER	\$ 50.00	
EXPENDITURE TOTALS	3. TOTAL F	\$ 110,00	
	4. TOTAL	\$ 1,260.33	
CONTRIBUTION BALANCE	5. TOTAL F OF THE	\$ 13,277.98	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	\$ 10,000.00	
18 AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me
		Zes List signature of can	dicate of fficeholder
AFFIX NOTARY STA	MP / SEAL ABOVE	4 T all V	
Sworn to and sub	Take		· · · · · · · · · · · · · · · · · · ·
Signature of officer admi	inistering oath	LiSa Carl ton Description Desc	epitty Dist. Club Title of officer administering oath
	The second secon		

### **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):			
Leo Everett Young, Jr.		3 ACCOUNT # (Ethics Commission Filers)				
4 Date	ate 5 Full name of contributor   Dout-of-state PAC (ID#)  David Dywane Lambertsen		7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)			
1-18-14			* 50.00 -			
9 Contributor's p						
11 Contributor's e	Retired mployer/law firm N/A		Refixed  12 Law firm of contributor's spouse (if any)  N/A			
13 if contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributorout-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description(if applicable)			
	Contributor address; City; State; Zip Code					
		<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	(If travel outside of Texas, complete Schedule T)			
Contributor's p	rincipal occupation	Contributor's job	litle			
Contributor's employer/law firm Law firm of contributor's spouse (if any)			butor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description(if applicable)			
	Contributor address; City; State; Zip Code		- F9			
			(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)		AND POD			
			4:21			
If cont	ATTACH ADDITIONAL COPIES C					

### POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By				
Event Expense	Polling Expense Travel Out Of Dis				
Fees	Printing Expense Office Overhead/F	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 Leo Everett Young,	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name				
1-1-14	Stampede Consulting 7 Payee address! City; State; Zip Code				
# 1,000.00	P. O. Box 91235, Austra, Te	**45 78709			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Consulting Expense	Consulting Fee			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name ー パカ .	Office sought Office held			
Date  -10-14	Riscky's BBQ				
Amount (\$) # 150,33	Payee address; City: State: Zip Code 300 Main Street, Fort Wor	th, Texas 76102			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF	Con 1/2 in Transa	Judge's Luncheon 1-10-14			
EXPENDITURE	tood/Beverage txpense	<u> </u>			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
		<b>33</b> F5			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Scheduler)			
EXPENDITURE		70 5 3			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought			
Date	Payee name				
Date	Fayee name				
Amount (\$)	Payee address; City; State; Zip Code				
		The same			
		0R 21			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

Texas Ethics Commis	sion P.O. Box 12070	Austin, Texas 7871	1-2070 (5	12) 463-5800	(TDD 1-800-735-2989
OUTSTAN	IDING LOANS				SCHEDULE <b>L</b>
The Ir	nstruction Guide explains how	to complete this form	•	1 Total pages S	chedule L:
2 FILER NAME	Leo Everett You	ens, Ir,		3 ACCOUNT#	(Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender Leo Everett	- Young Jr.			
	5 Lender address; C		Zip Code Cherry Stre	et, Units,	Fort Worth, Texas 76102
GUARANTOR INFORMATION	6 Name of guarantor				
not applicable	7 Guarantor address; C	ity; State;	Zip Code		
LENDER INFORMATION	Name of lender				
	Lender address; C	ity; State;	Zip Code	• • • • • • • • • • • • • • • • • • •	
GUARANTOR INFORMATION	Name of guarantor			<u> </u>	
not applicable	Guarantor address; C	ity; State;	Zip Code		
LENDER INFORMATION	Name of lender				•
	Lender address; C	ity; State;	Zip Code	33	TTI
GUARANTOR INFORMATION	Name of guarantor			Olivers in a spinor	
not applicable	Guarantor address; C	ity; State;	Zip Code		AN 31
LENDER INFORMATION	Name of lender				PM 4: 2
	Lender address; Cit	y; State;	Zip Code		68 <u>22</u>
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address; Cit	y; State;	Zip Code		
					The state of the s

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED