	CANDIDATE N FINANCE R		IOLDER		FO Cover	RM JC/ Sheet f	
The JC/OH Instruction	Guide explains how to co	mplete this form.	1 ACCOUNT # (Ethics Commission	Filers)	2 Total pages	s filed:	
3 CANDIDATE / OFFICEHOLDER NAME	Mr. NICKNAME	Steve LAST	MI MI	  FFIX	OFFI Date Received	CE USE ON ZOIN	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / PO BOX; APT / SU	ITE#; CITY;	state; zip	CODE	Date Hand delive	red or Postmarker	
5 CANDIDATE/ OFFICEHOLDER PHONE					Date Processed		The same of the sa
6 CAMPAIGN TREASURER NAME	Mr.	FIRST George LAST Boswell	MI T. Sul	FFIX	Date Imaged	-	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLE	EASE); APT/SUITE#;	CITY; STA	ΝE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE	NUMBER	EXTENSION				
9 REPORT TYPE		Oth day before election	Runoff  Exceeded \$50	00	treasurer a	after campaign appointment only) t (Attach C/OH - F	·R)
10 PERIOD COVERED	Month Day Year 01 / 01 / 2014	THROUGH	Month <b>06</b> /	Day / 30 /	Year 2014		
11 ELECTION	Month Day Year  11 04 2014	ELECTION TYPE Primary	Runoff	V	General	Spec	ial
12 OFFICE	OFFICE HELD (if any)  Judge, Probate Cou	urt One	13 officesough				
		GOTOPAG	GE 2				

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

FORM JC/OH COVER SHEET PG 2

			ACCOUNT II (Fithing Commission Files)		
14 C/OH NAME		15	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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S) -	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	\$ 9 X		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5000		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		<b>\$</b>		
4. TOTAL POLITICAL EXPENDITURE		POLITICAL EXPENDITURES	\$4,485 <u>14</u> \$ 25.769 44		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 25		* \$ 25,769 <sup>94</sup>		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT	KELLY DENISE A NOTARY PL STATE OF 1 Ny Corrent, Esp. 03	true and correct and includes all information under Title 15, Election Code.  JBLIC TEXAS	erjury, that the accompanying report is rmation required to be reported by me		
Sworn to and sub	scribed before	. 14	hand and seal of office		
Signature of officer admi	of	Print name of officer administering oath	hand and seal of office.		

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

P.O. Box 12070

## SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	Total pages Sch     One of Or	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Steve M.	King			
4 Date	5 Full name of contributor   Dout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
		,	contribution (\$)	description(if applicable)
	Laurie Moore			
03/28/14	6 Contributor address; City; State; Zip Code		500.00	
	2004 Indian Creek Dr., Ft Worth, 7	TV 76107		
	2004 Indian Creek Dr., 17 Worth,	17 10101	(If trough sutside	of Towns - consulate Cab data Ti
9 Contributor's p	principal occupation	10 Contributor's job		of Texas, complete Schedule T)
Attorney		Attorney		
	mployer/law firm	12 Law firm of contri	butor's spouse (if any	′)
Self				
13 If contributor is	s a child, law firm of parent(s) (if any)			
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	Contributor address, Only, Clare, Zip Code			
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				of Texas, complete Schedule T)
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Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor   but-of-state PAC (ID#:	1	Amount of	In-kind contribution
		/	contribution (\$)	description(if applicable)
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If contributor is	s a child, law firm of parent(s) (if any)			
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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**

P.O. Box 12070

#### SCHEDULE F

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor		Loan Repayment/Reimbursement	
Accounting/Banking	•	undraising Expense	Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In Di	• .	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out (	Of District	Candidate/Officeholder/Political Committee	
Fees	• .	nead/Rental Expense	OTHER (enter a category not listed above)	
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1 Total pages Schedule F:	2 FILER NAME	_	3 ACCOUNT # (Ethics Commission Filers)	
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4 Date / 6 / 1 (L)	5 Payee name			
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# **POLITICAL EXPENDITURES**

P.O. Box 12070

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1 Total pages Schedule G:	SHUE M	King	3	ACCOUNT # (Ethics Con	mmission Filers)
4 Date /8/19	5 Payee name  5TAPLS	7		70	φ,
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City;	State: Zip Code	onsh, 73	- 76132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (If travel of	outside of Texas, complete Sci	
Date / 9/14	Payee name    Rulax Ho	r Badz			
Amount (\$) 54/.13 Reimbursement from political contributions intended		State: Zip Code	f. Waki	LTXB	(27
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	ATTACH ADDITIONAL	COPIES OF THIS SC	HEDULE AS NEEDE	R	

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

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	OTHER (enter a category not listed above)
		e explains how to complete this t	0
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4 Date	5 Payee name	3,0	
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eimbursement from	22/5 5W	Larn 820 Ft	4. WALKTX76/33
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Advertising Expense	Gift/Awards/Memorials Expense Sala	ries/Wages/Contract Labor	Loan Repayment/Reimbursement
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Event Expense	3 1	el Out Of District ce Overhead/Rental Expense	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
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8 PURPOSE	(a) Category (See categories listed at the top of this	schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
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Date -	Payee name		
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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form.  Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations/Made By Candidate/Officeholde//Political_Committee OTHER (enter a category not listed above)
	The instruction Guide explains now to complete this form.
1 Total pages Schedule G:	STYVE MY(109) 3 ACCOUNT # (Ethics Commission Filers)
3/26/14	1 NO SISTERS RESTANDANT
Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code  257 W. Belford-Qu(E55 Rl  HNRST, TX 76053
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	Fred BEN EXP Staff Lunch
Date 4/7/14	Payee name V 5 P 5
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4450 Oak Lawn, Ft. Worth, TX 76109
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  OFFICE OVERISEAD  STACE
Date 4/15/14	Payes name  DIXIE House
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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)  STAGE CUICE  TOTAL COMPLETE SCHEDULE TO S
Date 4/16/14	Payee name U565
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  4450 OBK LAWN, FORSWIRL 76/09
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Event Expense	Polling Expense	Travel Out Of District		ceholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Exp		category not listed above)
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SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Fees

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	STEVE M LING	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/17/59	5 Payee name Disself	
6 Amount (\$)  73  Feimbursement from political contributions intended	7 Payee address; Cily; State; Zip Code 919 1. Hatton 14	? Seattle NA 98134
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name	
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texase complete Schedule I)
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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)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

P.O. Box 12070

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:
2 FILER NAME Steve MKing	3 ACCOUNT # (Ethics Commission Filers)
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