(TDD 1-800-735-2989) P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / Mi OFFICE USE ONLY OFFICEHOLDER NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE Date Hand-delivered or Postmarked Ft Worth Tx 76196 ADDRESS change of address Receipt # AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Processed 1700 (811 004 PHONE MS / MRS MR Date Imaged FIRST MI 6 CAMPAIGN R TREASURER NAME SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#: STATE: ZIP CODE TREASURER ADDRESS (residence or business) CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 Runoff 30th day before election treasurer appointment (officeholder only) July 15 Final report (Attach C/OH - FR) Exceeded \$500 8th day before election 10 PERIOD COVERED 18/14 THROUGH **ELECTION TYPE** 11 ELECTION ELECTION DATE Primary Runoff Special Place 4 2nd Court of Appeals Criminal Court#3 12 OFFICE

GO TO PAGE 2

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

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

			· .
14 C/OH NAME	THE SATE OF THE SAME OF THE SA	15 AC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO- HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S SEAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC	OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME	TAR 2014 J LECTIC
	GENERAL SPECIFIC	COMMITTEE ADDRESS	NEV CONTRACTOR
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	PM 12:
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	\$ 3200.00	
EXPENDITURE TOTALS	3. TOTAL F	\$ 71.33	
	4. TOTAL	\$5046,47	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$ 2099.95
OUTSTANDING LOAN TOTALS	6. TOTAL I	\$	
18 AFFIDAVIT		·	
		I swear, or affirm, under penalty of perjur true and correct and includes all informa under Title 15. Election Code	

PAMELA S. CHAPPELL lotary Public, State of Texas My Commission Expires July 26, 2017

AFFIX NOTARY STAMP / SEAL ABOVE

20 $\frac{14}{}$, to certify which, witness my hand and seal of office.

MOTARY

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

OTHER THAN FLEDGES OR EDANS (SODIO)					
The instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):				
2 FILER NAME BOD ME COY	3 ACCOUNT # (Ethics Commission Filers)				
4 Date 5 Full name of contributor Out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)				
6 Contributor address; City; State; Zip Code 113 N HOUSTON FT WORTH	(If travel outside of Texas, complete Schedule T)				
9 Contributor's principal occupation 10 Contributors	the state of the s				
11 Contributer's employer/law firm LOTTION WALL OFFICE 12 Law firm of co	ontributor's spouse (if any)				
13 If contributor is a child, law firm of parent(s) (if any)					
Date Full name of contributorbut-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description(if applicable)				
14 6917 Bal Lake Hevorth	(If travel outside of Texas, complete Schedule T)				
Contributor's principal accupation Contributor's	job title				
Contributor's employer/law firm Law firm of co	Law firm of contributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)					
Date Full name of contributorbut-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description(if applicable)				
14 1701 Piver Run Ft Worth	(If travel outside of Texas, complete Schedule T)				
Contributor's principal occupation	TOMEV 3 E 3				
Law firm of co	ontributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)					
	PH 12: 11				
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)

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	1 Total pages Schedule A(J):				
2 FILER NAME	BOD MECOY		3 ACCOUNT # (E	hics Commission Filers)		
4 Date	5 Full name of contributor Dout-of-state PAC (ID#	n Acct	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)		
5 20 14	6 Contributor address; City; State; Zip Code	AM TX	2500			
	10 DOX 1410 1100 01	101	(If travel outside	of Texas, complete Schedule T)		
9 Contributor's p	inscipal occupation of the standard owner	10 Contributor's job t	nitle of			
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	Full name of contributorout-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	s a child, law firm of parent(s) (if any)		3	Z EL 20		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	n-kind contribution description(itapplicable)		
	Contributor address; City; State; Zip Code			350		
			(If travel outside	of Texas, complete Schedule T)		
Contributor's principal occupation		Contributor's job	title			
Contributor's employer/law firm		Law firm of contril	butor's spouse (if any	0		
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.

Advertising Expense

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundralsing Expense

Accounting/Banking Legal Services
Consulting Expense Food/Beverage Expense
Event Expense Polling Expense
Fees Printing Expense

Food/Beverage Expense Travel In District
Polling Expense Travel Out Of District
Printing Expense 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 F:	2 FILER MANE, ME COV		3 ACCOUNT # (Ethics Commission Filers)			
5 23 14 5 Payername NUSICA						
4 975° 14	7 Payee address; / City; State; Zip Code 815 - A Bruzos #3 Austin TX 787	10/				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Ad Expense	(b) Description (If trav	el outside of Texas, complete Schedule T)			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		7A TA			
Amount (\$)	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 7)				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City: State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						