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JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 ACCOUNT # (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS/MRS MR OFFICE USE ONLY OFFICEHOLDER NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: CITY: STATE: ZIP CODE APT / SUITE #: OFFICEHOLDER 23 MAILING Date I and-defivered or ostma ADDRESS ~ Amount change of address Rec TIC $\mathbf{\sigma}$ 5 CANDIDATE/ Date Processed OFFICEHOLDER PHONE •• C Date Imaged 6 CAMPAIGN MS / MRS MR M TREASURER NAME NICKNAME SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: ZIP CODE 7 CITY: STATE: TREASURER ADDRESS (residence or business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE Runoff 15th day after campaign January 15 30th day before election treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) limit 10 PERIOD Month Day Year 5 / 17 / 14 ^{Month} 23/14 Month COVERED THROUGH ELECTION TYPE **11 ELECTION** ELECTION DATE Month Day Primary Runoff Special General 5 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Place 4 2nd Court of Appeals Tarrant County Criminal Court #3 GO TO PAGE 2

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JUDICIAL C SUPPORT &		E / OFFICEHOLDER REPORT:	FORM JC/OH
14 C/OH NAME		15 A	CCOUNT# (Ethics:Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY P HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR
		DFW Conservative Vot	ers PAC
		COMMITTEE ADDRESS POBOX 173065 ANINGTON COMMITTEE CAMPAIGN TREASURER NAME	Tx 76003
additional pages		Stuart Lane	
		POBOX 173065 Arlington	Tx 76003
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)	\$ 3000
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 170
	4. TOTAL	POLITICAL EXPENDITURES	\$38 264.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3946		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
18 AFFIDAVIT		l swear, or affirm, under penalty of perju	py that the accompanying report is
MY	MONICA A. GARCIA COMMISSION EXPIR August 29, 2016	true and correct and includes all information under Title 15, Election Code.	
AFFIX NOTARY STA	MP / SEAL ABOVE	Rol and Man	
Sworn to and sub	scribed before	me, by the said Robert MCCO	and and seal of office.
Signature of officer admi	4. Jam	Monica A Gania Fir Print name of officer administering oath Title	of officer administering oath
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	S (JUDICIAL) s	CHEDULE A (J)
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME BOD MELOV		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributorOut-of-state PAC (ID# 5 13 AN FAMS)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code	HODT TX	100	
Contributor's principal occupation	10 Contributor's job		of Texas, complete Schedule T)
A ETTI PU			
1 Contributor's employer/law firm	12 Law firm of contri	butor's spouse (if any	
3 If contributor is a child, law firm of parent(s) (if any)) 	STOR RR
Date Full name of contributor Dout-of-state PAC (ID#)	?	Amount of contribution (\$)	description (fapplicaple)
14 901 Latte St Ft UN	MTx 7602	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title IPT (
Contributor's employer/law firm	Law firm of contri	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 contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		ÐŨ	
Contributor's principal op Contributor's princip	Contributor's job		of Texas, complete Schedule T)
Contributor's employer/law firm	Law firm of contri	butor's spouse (if any	<i>y</i>)
If contributor is a child, law firm of parent(s) (if any)			· ····································
	· ·		
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see inst			ng requirements.
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	S (JUDICIAL)	S	CHEDULE A (J)
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2 FILER NAME BOD ME CAN	-	3 ACCOUNT # (Et	nics Commission Filers)
4 Date 5 Full name of contributor 328 J. COMP. William	15	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 14 10 BOX 1382 FAUM	4n Tx 76101	(If travel outside of	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributors job til		
11 Contributor's employed law firm 13 If contributor is a child, law firm of parent(s) (if any)	12 Law firm of contribu	utor's spouse (if any	
Date Full name of contributor Dout-of-state PAC (10#	+ Worth	Amount of contribution (\$) 150	in-kind contribution description(if applicable)
Contributor's principal occupation	Contributor's ob til		of Texas, complete Schedule T)
Contributors employer/law/irm	Law firm of contribu	utor/s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
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	Contributor's job til	Men I I I I I I I I I I I I I I I I I I I	ТА 2014
Contributors employer/law firm	Law firm of contrib	utor's spouse (if any	NAY RAN
If contributor is a child, law firm of parent(s) (if any)			9
			DPN 1:5
ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see inst			
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6 Contributor address; City; State; Zip Code 10/12 POIIING Hells CT	-	190	
9 Contributor's principal occupation	10 Contributor's job	nel	of Texas, complete Schedule T)
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Date Full name of contributor Dout-of-stage PAC (ID# 226 GODAR OPENTATIC Contributocaddress; City State; Zip Code 277 20 20 10 10 0000))	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation	Contributor's job		of Texas, complete Schedule T)
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If contributor is a child, law firm of parent(s) (if any)			T) 201 ELEL BY:
Date Full name of contributorbut-of-state PAC (ID#)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code	-	(If travel outside	of Texas; complete_Schedule:(1)
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If contributor is a child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·		
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see inst			ng requirements.
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POLITICAL	EXPENDITURES			SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	ECATEGORIES F Salaries/Wages/Con Solicitation/Fundraisi Travel In District Travel Out Of Distric Office Overhead/Rei e explains how to co	tract Labor Loan R ng Expense Transpo Contrib tl Can ntal Expense OTHER	epayment/Reimbursement ortation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee i (enter a category not listed above)
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4 Date 3/10/14	TAMANT CO GC	DP '	:	
6 Amount (\$) 7 Payee address; City; State: Zip Code 200 2405 GMVP/ Rd FHUDIAM TX 76/18				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to Advertarian	op of this schedule)	(b) Description (If travel	outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	l	Office sought	Office held
Date	Payee name			2 73 FD
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Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	e	Office sought	Soffic e h eid
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	EXPENDITURES M PERSONAL FUNDS	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Office Overhead/Re The Instruction Guide explains how to c	ntract Labor sing Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule G:	² FILER HAME ME COV	3 ACCOUNT # (Ethics Commission Filers)
4 Date 14 14	5 Payee name MUMPHY NASIC	Ca
6 Amount (\$) 37, 894. 78 Reimbursement from political contributions intended	7 Payee address dity: State: Zip Code 815 A Brazos # 1 Austrn TX 78	204 701
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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	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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