JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM JC/OH COVER SHEET PG 1

		14 A000UNE #	
The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST		OFFICE USE ONLY
OFFICEHOLDER NAME	JOHN		Date Received
	NICKNAME LAST	SUFFIX	8 6 2
	Boh MECON		
CANDIDATE	OUD THE COV		FRAN CTIONS
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE#; 'CITY;	STATE; ZIP CODE	LA SEE P.
MAILING ADDRESS			Date Hand-de veregor Politicarked
change of address			3 2 20
	_	1 (Playmonton)	Receipt # 05 - Resunt
5 CANDIDATE/ OFFICEHOLDER			Date Processed
PHONE			33 33
6 CAMPAIGN	MS/MRS/MR) FIRST 6.0	PMI	Date imaged
TREASURER NAME	20111		
	BOLD MECOL	SUFFIX	
	DOD 111=COY		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER			
ADDRESS (residence or business)			
	ADEL CODE	EVERTURE V	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE			
9 REPORT TYPE			15th day after campaign
	January 15 30th day before election	Runoff	treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD	Month Day Year	· Month Day	Year
COVERED	7/1/14 THROUGH	12/31/	/ 14
	,,,,,,	10/01/	
11 ELECTION	SLECTION DATE ELECTION TYPE	4,	
I ELECTION	Month Day Year Primary	Runolf	General Special
	11/4/14		- Constant
	,		
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (ifknown)
	COUNTY CHIMING		
	COUNTY Criminal		
	GO TO PA	GF 2	
	30.07A		

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

FORM JC/OH COVER SHEET PG 2

44.0(0)1516355	TO HAVE THE TOTAL PROPERTY OF THE PARTY OF T	145.00	COUNT # /Ethias Commission Filors)
14 C/OH NAME		15 AC	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICEH	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POUNT OF PROPERTY OF THE CANDIDATE'S SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	TARRA DIS JAN ECTION
	GENERAL SPECIFIC	COMMITTEE ADDRESS	NT CO NT CO NT CO
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	HIZ: 3
		COMMITTEE CAMPAIGN TREASURER ADDRESS	108
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$365
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9143
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	10
	4. TOTAL	POLITICAL EXPENDITURES	\$146221
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$8/1564
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT			
	JENNIFER BULLAF MY COMMISSION EXP November 23, 201	IHES II	ation required to be reported by me
AFFIX NOTABY ST	AMB / CEAL ABOVE	Signature of Carolida	le di Cincenga
Sworn to and sub		me, by the said <u>Senuter Bull</u>	, this the
day day	y of <u>Januar</u>	y , 20 15 , to certify which, witness my h	and and seal of office.
Signature of officer adm	inistering oath	Print name of officer administering oath Title	of officer administering oath

SCHEDULE A (J)

The Instruction Guide explains how to complete ti	his form.	1 Total pages Sched	dule A(J): / D
2 FILER NAME BOD MECKEL		3 ACCOUNT# (Eth	ics Commission Filers)
4 Date 5 Full name of contributor Double-of-state PAC (ID#:	o le Tr	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) TARR
9 Contributor's principal occupation 016	76010		Texas complete Schedule 17
Stome VI	10 Contributor s job	uue	三 つ 8 に
11 Contributor's employer/law firm	12 Law firm of contri	butor's spouse (if any)	SIS SIS
13 If contributor is a child, law firm of parent(s) (if any)			γ 33
S 29 Full name of contributor Dout-of-state PAC (ID#_ S 29 Contributor address; City; State; Zip Cod	de la la Tr	Amount of contribution (\$)	In-kind contribution description(if applicable)
19 NOGE BORAIN BI	[[1]GHO]] (X	(If travel outside o	CXPENSE f Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
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)			
S 25 DIPLO CONTRIBUTOR QUI-of-state PAC (ID#_ Contributor address; City; /State; Zip Cool 1 4 370 Coole (Crow Ma	in Held Tx	Amount of contribution (\$)	In-kind contribution description(if applicable)
if Sie Cagic sied min	7063	(If travel outside of	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOAN	S (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME	BBM SELOV		3 ACCOUNT# (E	thics Commission Filers)
12 12	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description(If applicable)
9 Contributor's p	SOS PECAN #10/ FF WOYN TX 7600	10 Contributors job	(If travel outside	Text comple chedule (T)
9 Contributions p	14Mnome	FIN	1	글 그 곡
MUCPHU MA	mployer/law firm Non Keffler Famer	12 Law firm of contri	outor's spouse (if an	AN -2
13 If contributor is	s a child, law firm of parent(s) (if any)			PR CO
12 Y 14	Full name of contributor Dout-of-state PAC (ID#	16 100 14107	Amount of contribution (\$)	of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor diob	<u> </u>	· ·
Contributor's	motolyer/faw firm MAIH	Law firm of contri	butor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)			,
Date //	Full name of contributor Dout-of-state PAC (ID#	unnıngs.	Amount of contribution (\$)	In-kind contribution description(if applicable)
14	420 U Vehery 761	107	(If travel outside	
Contributor's p	principal occupation Standard	Contributor's job	title	
SHOPPI K	MACON CUMMING	Law firm of contri	butor's spouse (if an	y)
ff contributor is	s a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A (J)

The	instruction Guide explains how to complete the	is form.	1 Total pages Scher	dule A(J):
2 FILER NAME	BOMEAN		3 ACCOUNT# (Eth	ics Commission Filers)
4 Date	5 Full name of contributor but-of-state PAC (ID#:	10		B In-kind contribution
122	6 Contributor address; City: State; Zip Code	CRANDO	contribution (\$)	description(if applicable)
14	6 Contributor address; City, State, Zip Goge 4770 BOYANT TAWN G	#100	100	
9 Contributor's p	Provide IX IBIUT	as sallatain	(If travel outside of	Texas, complete Schedule T)
9 Continuotors L	principal occupation	10 Constitution	THIM	
LAW STOP	or Warm Gautten	12 Law firm of contri	utor's spouse (if any)	
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of	In-kind contribution
123	Contributor adgress: L. City: State: Zip Code	· · · · · · · · · · · ·	contribution (\$)	description(if applicable)
111	Contributor address: 1, City: State: Zip Code		250	TAI 2015 2LEC
0.4	PHWORTH TX 700	2	(If travel outside o	Texas. Onclete Samedule 70
Contributor's p	principal occupation	DANTA		NICE NATE OF THE PROPERTY OF T
WWW.	employed law of the la	Law firm of contri	bator's spouse (if any)	25 R 8
If contributor i	s a child, law firm of parent(s) (lf.añy)			IPS STRA
12 23	Full name of contributo)but-of-state PAC (ID#		Amount of contribution (\$)	In-kers contriberion descripson(If applicable)
14	Contributor address; City, State; Zip Code	+ worth	250	· · · · · · · · · · · · · · · · · · ·
Contributors	principal occupation AHO 0011	Constributor's job		f Texas, complete Schedule T)
Brown Contributor's e	employer@w firm	Law firm of contril	butor's spouse (if any)	
If contributor is	s.a child, law firm of parent(s) (if any)			
				· · · · · · · · · · · · · · · · · · ·
If con	ATTACH ADDITIONAL COPIES tributor is out-of-state PAC, please see inst			requirements.

P.O. Box 12070

SCHEDULE A(J)

(512)-463-5800

				:
The	instruction Guide explains how to complete this	s form.	1 Total pages Sched	lule A(J):
2 FILER NAME	Bob MECON		3 ACCOUNT# (Ethi	ics Commission Filers)
4 Date 12 DB	5 Full name of contributorbut-of-state PAC (ID#	duff	7 Amount of contribution (\$)	B In-kind contribution description(If applicable)
14	(b00 01/26AS Bladg	Luningham	250	
9 Contributor's p	incipal occupation Athronous	10 Contributors iob t		Texas, complete Schedule T)
11 Contributors e	Mariawan Makiff	12 Law firm of contrib	putor's spouse (if any)	7 - 1
13 If contributor is	a child, law firm of papent(s) (if any)			
1230	Full name of contributorbul-of-state PAC (ID#)	Amount of contribution (\$)	in-kind contribution description(if applicable)
14	Contributor address; City: State; Zip Code 501 LONESOME Tray	7/057	100	
Contributor's p	rincipal occupation Hanna A	Contrigutor's job t		Texas, complete Schedule T)
	51/0/1/100	ITTOV	18/	
Kel	sa child, law firm of parent(s) (if any)	Law firm of contrit	outer's spouse (if any)	
	<i>/</i>			
Date	Full name of contributorbut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	Texa: Complete Schedule T)
Contributors	rincipal occupation	Contributor's job t	itie	ARP
Contributor's e	mployer/law firm	Law firm of contrib	outor's spouse (if any)	NA A A
If contributor is	s.a child, law firm of parent(s) (if any)			PHILL PHILL
				PHILLIPS DMINISTRATOR
If con	ATTACH ADDITIONAL COPIES (tributor is out-of-state PAC, please see instr			1

P.O. Box 12070

SCHEDULE A (J)

(512) 463-5800

The instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A(J):
2 FILER NAME BODMECOU		.3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor Jour-of-state PAC (ID#	on	7 Amount of contribution (\$)	8 In-kind contribution description(If applicable)
6 Contributor address; City; State; Zip Code 7509 Someryal St Ct Woodb Tx 7617	7	135	
9 Contributor's principal occupation UNKNOUN	10 Contributors job		of Texas, complete Schedule T)
11 Contributor's employer/law firm	12 Law firm of contri	outor's spouse (if an	у)
13 If contributor is a child, law firm of parent(s) (if any)			
S 24 Contributor address; City: State; Zip Code		Amount of contribution (\$)	in-kind contribution description(if applicable)
Arlington Tx 760	77		of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title /	
Contributor's employer/lawnim 200 DISTICT	Law firm of contri	outor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (If any)			ш
S 23 Contributor address; City; State; Zip Code 500 COUNTY WOOL CH AN INDIANO TX 7601	/	Amount of contribution (\$)	PKING COMPUTATIONS ADMINISTRANT COLUMNS ADMINISTRANT PHILIPPETERS OF TEXAS OF THE COLUMNS ADMINISTRANT PHILIPPETERS OF TEXAS OF T
Contributor's principal occupation Atomor	Contributor's 6b	brieu	NTY IPS STRU
Contributor's employed aw firm	Law firm of contri	outor's spoy∡se (if an	y 108
If contributor is a child, law firm of parent(s) (If any)			

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P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME BOB MEGOV		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor Joui-of-state PAC (ID#	7.4.1	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City, State; Zip Code		100	
FLOWER MOUND	1x 75028	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	10 Contributor's job	roel	
1 Contributor's employed law firm OST. BHU	12 Law firm of contrib	outor's spouse (if any	y)
3 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description(if applicable)
Contributor address: City, State; Zip Code 14 6300 Kuggled ##10/	1/16	100	of Texas, complete Schedule T)
Contributor's principal occupation	Contributed s job		or reads, complete defication ()
Contributor's employer/law firm Mule ME Buge F. C. If contributor is a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if an	у)
Date Full name of contributorout-of-stage PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 19 1608 Ash/and Ave.		250	TAR 2015, ELECT
Frworth TX 1610	7	(If travel outside	o Texas, samplete Spedule
Contributor's principal occupation	Contributor's job	title /	AFP -2
Contributor's entployer/law firm	Law firm of contri	butor's spouse (if an	》 章 3 8
If contributor is a shild, law firm of parent(s) (if any)			PS A STRA
			OR G
			1

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SCHEDULE A (J)

The instruction Guide explains how to comple	ete this form.
2 FILER NAME PARMEROU	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor Journal PAC (1)	contribution (\$) description(if applicable)
11 9920 WESTENIAN OF	76109 (If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Copyright or s job title
11 Contributor's employer it with the Dallis	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 contributor Dout-of-state PAC (12-10 Contributor address: City; State: Zip 14 772 Man H	contribution (\$) description(if applicable)
Contributor's principal occupation	Contributor's job title
If contributor's employer/law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor Dout-of-state PAC (12 Will King Contributor Dout-of-state PAC (14 Contributor address; City, State; Zip 14 Summit AC F	Amount of contribution (\$) In-kind contribution description(if applicable) Code Co
Contributor's principal occupation	Contributer's job title
Contributor's englisher/law firm A Goh Paul	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	18A 33
	OR CO

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P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete th	is form.
FILER NAME BOD MECON	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of continuous for bours and PAC (ID#	7 Amount of contribution (\$) 8 in-kind contribution description(if applicable)
1 1 1 COURT IX 1011	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	10 Contributor's lop title
Contributelys emproyer play from	12 Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of constributorlout-of-state PAC (ID#	Amount of in-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State; Zip Code 555 SWMMT 3x76/0	(If travel outside of Texas, complete Schedule T)
Contributor's principal opquisitor	Controlling iob title
Contributor's employer/law firm & Oullame	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full game of contributor Jour-of state PASID#_	Amount of contribution (\$) In-kind contribution description(If applicable)
Contributor address; City; State; Zip Code 20/ Main #2500	102 (If travel outside of texas, complete Schedule 4)
Contributor's principal occupation	Commission title
Educiblishes employed agustim Hall Man	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	PHILLIPS TRATOR
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A (J)

The instruction Guide explains how to complete	this form. 1 Total pages Schedule A(J):
2 FILER NAME BODINE GV	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor Dout-of-state PAG (ID#) Dout-of-state PAG (ID#) Dout-of	contribution (\$) description(if applicable)
19 Frivorth TX	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Controllers op title
11 Contributor's employes/law firm	1.2 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 contributor Contributor aduress: City: State: 70 Ct	Amount of contribution (\$) in-kind contribution description(if applicable)
Contributor's principal occupation	Computors in title
(if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor Dout-of-state PAC (ID# Date Full name of contributor Contributor address; City; State; Zip Co State; Zip Co Full name of contributor Contributor address; City; State; Zip Co Full name of contributor Contributor address; City; State; Zip Co Full name of contributor	contribution (\$) description(if applicable)
Contributor's principal occupation	My upraignating 27 3
Contributer's enthoyer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	AATO

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):			
Date	5 Full name of contributor out of state PAC (ID:	ř)	7 Amount of	8 In-kind contribution		
ファ	Lee CMIH14		contribution (\$)	description(if applicable)		
	6 Contributor address; City; State; Zip C	Code	250			
4	FALLIONAN TOTAL	W/DZ	(If travel outside	of Texas, complete Schedule T)		
Contributor's p	principal occupation	10 Completes	7011	·		
Ontributor's e	erfigiover/lawfirm	12 Law firm of con	ntributor's spouse (if ar	y)		
li contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor Dout-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description(if applicable)		
23	Contributor address; / City; State; Zip,C		M			
14	2733 Coonial Phi	WY				
1	I HINOCHA IX IB	5109	(If travel outside	of Texas, complete Schedule T)		
Contributor's p	principal occupation	Computors	nell			
Contributor's	employer/law firm	Law firm of cor	ntributor's spouse (if ar	ly)		
If contributor i	is a child, law firm of parent(s) (if any)	*.		• .		
Date	Full pame of contributor Dout-of-state PAC (ID	#:	Amount of contribution (\$)	In-kind contribution description(if applicable)		
	Contributor address; City; State; Zip C	Code	150	E 2 -1		
	514 E BUNNE	(10)	(If travel outsid	BY CECTAGORIA		
Contributor's	principal occupation	Contribute sh	bille//	SA S		
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<i> </i>	is a child, law firm of parent(s) (if any)			ISTR ISTR		
If contributor is	·			77		
If contributor is				1 3		
If contributor is				TOR		

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	E CATEGORIES F	OR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor	ntract Labor	Loan Repaym	nent/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundrais		Transportation	n Equipment & Relate	d Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions	Donations Made By	
Event Expense	Polling Expense	Travel Out Of Distri			/Officeholder/Political	
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (ente	r a category not listed	t above)
	The Instruction Guid	le explains how to c	omplete this fo	rm.		
1 Total pages Schedule F:	2 FILER NAME / / ///	2/2.		3 ACC	OUNT # (Ethics Comm	nission Filers)
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	00////		W-04-04-04-04-04-04-04-04-04-04-04-04-04-			
4 Date	5 Payee name	7				
112019	Samo					
6 Amount (\$)	7 Payee address; City; S	State; Zip Code				
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	Taril north	to 7610	2 フ			
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8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(a) Description	In travel outside	of Texas, complete Sched	ule ()
OF EXPENDITURE	HA PUNDIN /+	0	PMIPA	2/20/1	MILLERY	
	NY VIGUILIO	- 6	//WALA		14/11/1	
9 Complete ONLY if direct	Candidate /Officeholder name	е	Office sough	nt /	Office he	eld
expenditure to benefit C/O	Н					
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Date	Payee name)	f Mann	11/1			
12 29 14	LOW I OF	HIMPL	115			
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	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS	MEEDED		
www.ethics.state.tx.us					Povis	ed 04/19/2013

POLITICAL EXPENDITURES

SCHEDULE F

	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	RECATEGORIES F Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ntract Labor sing Expense	Loan Repayment/ Transportation Eq Contributions/Don	uipment & Relate nations Made By iceholder/Political	Commi	ttee
		The Instruction Gu	ide explains how to c	omplete this fo	rm.			
1	Total pages Schedule F:	2 FILER NAME	,		3 ACCOUN	IT # (Ethics Comm	nission F	ilers)
4	Date // /4 /4	5 Payen name	as/ca					
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Expens	Loan Repayment/Reimi Transportation Equipme Contributions/Donations Candidate/Officehole e OTHER (enter a catego	ent & Related Expense s Made By der/Political Committee
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