}	CANDIDATE / OFFICI N FINANCE REPORT		FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Carey NICKNAME LAST Walker	MI	Date Received Date Date Received Date Date Received Date Date Date Date Date Date Date Date
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE: ZIP CODE	NT COUNTY OF THE PH 3:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hane-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr	MI	Date Imaged
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 30th day before	_	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 01 2016	OUGH 06 / 30 /	Year 2016
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description	
12 OFFICE	OFFICE HELD (if any) Judge, County Criminal Court No. 2 Tarrant County, TX	13 OFFICE SOUGHT (if known)	
	GO TO	PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · · ·					
14 JC/OH NAME		15 F	iler ID (Et	hics Commiss	ion Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICE HOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			s		
	COMMITTEE TYPE	COMMITTEE NAME		1.24	F	N N
			•			E.
	GENERAL COMMITTEE ADDRESS			<u> </u>	<u>-</u>	<u> </u>
	SPECIFIC	COMMITTEE ADDRESS		震士	P	2F
				STRA	ယ္	er a de la constitución de la co
		COMMITTEE CAMPAIGN TREASURER NAME		OR	+-	
Additional Pages	-		'			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
						l
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	\$			ļ
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			0.00	
	2. TOTAL	POLITICAL CONTRIBUTIONS	\$			
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	Ψ		0.00	
EXPENDITURE						
TOTALS		SITEMIZED	\$		0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$			
	400.00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				I	
	OF REP	ORTING PERIOD			17,084.4	10
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$			
LOAN TOTALS	LAST DA	AY OF THE REPORTING PERIOD	"		68,350.4	18
18 AFFIDAVIT						
		I swear, or affirm, under penalty of perjur	y, that the	accompanyin	ig report is	
		true and correct and includes all informa	tion requir	ed to be repor	ted by me	
under Title 15 Election Code.						
(MOIMEN IMANIA						
Signature of Candidate or Officeholder						
			o or one	Seriolder		
AFFIX NOTARY STAME	P/SEAL ABOVE			.)		
Sworn to and subscribed before me, by the said QUEYY. WHEY this the						
day of 30 0, to certify which, witness my hand and seal of office.						
/ Muy Z Chaissen Mary L Chaisson No Tary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ummission Filers)
	20 The D (Ethics of	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 400.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
		2016 JUL 14 PM 3: 44 ELECTED NOW BISTRATOR BY:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

1 Wall Date 5 Payer 03/03/2016 Tai Amount (\$) 7 Payer \$200.00 75 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Payer 3/14/2016 Tair Amount (\$) Payer \$100.00 75	Fees Food/Beverage Expense Git/Awards/Memorials Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explains if R NAME Ker, Carey see name rant County Republican Party see address; City; State; Zip County Worth, TX 76118 rigory (See Categories listed at the top of this schedule discounty in the county Republican Party see and County Republican Party see and County Republican Party see name rant County Republican Party see address; City; State; Zip County Republican Party	3 Filer ID (Ethics Commission Ella (Commission Ella (Comm	rs) (
Date 5 Pays 03/03/2016 Tai Amount (\$) 7 Pays \$200.00 75 Reimbursement from political contributions intended (a) Cate PURPOSE OF EXPENDITURE A Complete ONLY if direct expenditure to benefit C/OH Date Pays 3/14/2016 Tari Amount (\$) Pays \$100.00 75 Su Pays A Complete ONLY if direct expenditure to benefit C/OH	ker, Carey se name rant County Republican Party se address; City: State; Zip C 24 Mosier View Ct., ite 230 rt Worth, TX 76118 regory (See Categories listed at the top of this schedul dvertising Expense landidate / Officeholder name rant County Republican Party se address; City; State; Zip C 24 Mosier View Ct.,	ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held)
Date 5 Pays 03/03/2016 Tai Amount (\$) 7 Pays \$200.00 75 Reimbursement from political contributions intended (a) Cate PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Pays 3/14/2016 Tari Amount (\$) Pays \$100.00 755 X Reimbursement from political contributions Fo	rant County Republican Party se address; City; State; Zip	ode (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held)
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Complete ONLY it direct expenditure to benefit C/OH Date Pay: 3/14/2016 Tarr Amount (\$) Pay: \$100.00 75. X Reimbursement from political contributions Fo	ee name rant County Republican Party ee address; City; State; Zip C		
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\$100.00 75. X Reimbursement from political contributions Fo	24 Mosier View Ct.,	ode	
Reimbursement from political contributions Fo			
political contributions FO			
	ite 230 t Worth, TX 76118		
PURPOSE	egory (See Categories listed at the top of this sched		
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Ad	vertising Expense		
Complete ONLY if direct Complete ONLY if direct Complete ONLY if direct Complete ONLY if direct Complete ONLY is direct to benefit C/OH	andidate / Officeholder name	Office sought Office held	
Date Pay	ee name		
01/27/2016 Fo	ort Worth Republican Women		
Amount (\$) Pay	ee address; City; State; Zip C	ode	
\$100.00 F	ort Worth, TX		
Reimbursement from political contributions intended			
Cate PURPOSE	egory (See Categories listed at the top of this school	ole) Description	
OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Ad	vertising Expese	Check if Austin, TX, officeholder living expense	
	andidate / Officeholder name	Office sought Office held	

OUTSTAI	NDING LOANS	SCHEDULE L
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Walker, Care	ey	
LENDER INFORMATION	4 Name of lender	
	Walker, Carey	
	401 West Belknap, Sixth Floor, Fort Worth, TX 76196	
GUARANTOR INFORMATION	6 Name of guarantor	ARRANT LILIAN SY:
x not applicable	7 Guarantor address; City; State; Zip Code	P C C
LENDER INFORMATION	Name of lender	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Walker, Carey Zip Code Lender address; City; State; Zip Code	ATCR
	401 West Belknap, Sixth Floor, Fort Worth, TX 76196	
GUARANTOR INFORMATION	Name of guarantor	
x not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Walker, Carey	
	Lender address; City; State; Zip Code	
	401 West Belknap, Sixth Floor, Fort Worth, TX 76196	
GUARANTOR INFORMATION	Name of guarantor	
x not applicable	Guarantor address; City; State; Zip Code	
LENDER	Name of lender	
INFORMATION	Walker, Carey	
	Lender address; City; State; Zip Code	
	401 West Belknap, Sixth Floor, Fort Worth, TX 76196	
GUARANTOR INFORMATION	Name of guarantor	
x not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED

OUTSTAI	NDING LOANS	SCHEDULE L
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Walker, Care	ev	
LENDER INFORMATION	4 Name of lender	
	Walker, Carey	
	401 West Belknap, Sixth Floor, Fort Worth, TX 76196	
GUARANTOR INFORMATION	6 Name of guarantor	
x not applicable	7 Guarantor address; City; State; Zip Code	TARRA 2016 JUL BY:
LENDER INFORMATION	Name of lender	
	Lender address; City: State; Zip Code	LED PM :
GUARANTOR INFORMATION	Name of guarantor	3: 1-1
x not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
x not applicable	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
x not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED