# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

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	M	OFFICE USE ONLY
OFFICEHOLDER NAME	M/m Mall	5.	Date Received
	NICKNAME LAST	SUFFIX	•
	Jones		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOY- APT / SHITE #- CITY-	STATE: 7/D COME	84 EL
MAILING			Date Hand-delivered or Posimarked
ADDRESS			AAR S I S I S I S I S I S I S I S I S I S
change of address			Recent # Son Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE			20 p 017
6 CAMPAIGN	M\$/MB8/MR FIRST	MI	Date Imaged
TREASURER	Mrs Wiliam	. \.	
NAME	NICKNAME LAST	SUFFIX	3 2
	1)-0.45		
	1000015		
7 CAMPAIGN	STREET ANDRESS (NO PO BOY DI FASE). APT / SHITE #:	CITY: STATE:	7IP CODE
TREASURER ADDRESS			·
(residence or business)			
	ADEA CODE	EXTENDION	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
			(officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	THROUGH	12/31/	<b>/13</b>
		10/2/	
44 ELECTION	ELECTION DATE ELECTION TYPE		
11 ELECTION	Month Day Year Primary	Runoff	General Special
	B /11 / 111 &	Kulloli	General Special
-			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	2000		asheld
	Tarrant Country A	same (	25 1010
	Coininal Court 16		
GO TO PAGE 2			

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

## FORM JC/OH COVER SHEET PG 2

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 SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	ON 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		
EXPENDITURE TOTALS		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		AIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2868.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$5,837.5		\$ 2868.02 \$5,837.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT			of perjury, that the accompanying report is information required to be reported by me
1/≷/(1>°) My Con	LYN JOHNSON mmission Expires ity 08, 2015	Signature of Ca	indidate or Officeholder
Sworn to and sub			this the my hand and seal of office.
Signature of offiger administering oath  AROLYN JOHNSON  Print name of officer administering oath  Title of officer administering oath			

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

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILER NAME	11, 5. Jones		3 ACCOUNT # (Et	hics Commission Filers)
12/1/13	5 Full name of contributor Out-of-state PAC (ID#:	Ray a	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address: City: State: Zip Code 512 Main Street, Su Fort Worth, Texas	76100		of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job t	Horney	
Law Offi	ce of William H. Bil [Ray	12 Law firm of contri	putor'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 p	rincipal occupation	Contributor's job t		or lexas, complete schedule 1)
Contributor's e	mployer/law firm	Law firm of contrib	outor'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			
			(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job t	itle	1
Contributor's e	mployer/law firm	Law firm of contrib	outor's spouse (if any	()
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.

### **POLITICAL EXPENDITURES**

### SCHEDULE F

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense

P.O. Box 12070

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 d	complete this form.	·
1 Total pages Schedule F:	2 FILER WHOLK S. Jone	3 ACCOU	NT # (Ethics Commission Filers)
4 Date 1114113	Tarrant County	50P	
6 Amount (\$) 2 500.00	7 Payee address; City; State Zin Code 2405 Grave   Drive Fort Worth Tex	as 76118	
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	Y75	tiling to	<b>A</b>
9 Complete ONLY if direct expenditure to benefit C/OI	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 travel outside of	exas, complete Schedule T)
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	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	•		
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 travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District

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

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense Office Overhead/Ri	
:	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule G:	2 FILER NAME ON S. Jon	3 ACCOUNT # (Ethics Commission Filers)
12/18/13	5 Payee name  Reta Restauran	1
Amount (\$)  368.00  Reimbursement from	7 Payee address; City; State; Zip Code	+
political contributions intended	Fort Worth, te	xas 76102
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)  Court Staff Christmas  Acrty
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	•	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date:	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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 S	SCHEDULE AS NEEDED