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 / OFFICEHOLDER	MS/MRS/MR FIRST	PMI	OFFICE USE ONLY
NAME	NICKNAME JAST ()	SUFFIX	Date Received
	Bob MECOY	30111	2014 2014 ELECT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY:	STATE: ZIP CODE	ARR ANT STEVENSKOLD O
change of address	, ,		Receipt # 2 Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed 99
6 CAMPAIGN TREASURER NAME	MS/MRS/MRS (MR)	\mathcal{R}^{MI}	Date Imaged
	BOD MECOU	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIPCODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
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 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12/31/	/13
11 ELECTION	Month Day Year ELECTION TYPE	Runoff	General Special
	3/4/14		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	and Court of Appeal	Is County an	iminal Court #3
	GO TO PA	GE 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 COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAT SE AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	E'S OR OFFICEHOLDER'S KNOWNEDGE OR
00,0,0,0,0	COMMITTEE TYPE	COMMITTEE NAME	A R
•	00,,,,,,,,,		
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		AH 9
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	TY: 59
		COMMITTEE CAMPAIGN TREASURER ADDRESS	4
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 705
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9665
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$1020.28
	4. TOTAL	POLITICAL EXPENDITURES	\$1/126-66
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA REPORTING PERIOD	* \$38 //4.73
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	s <i>O</i>
18 AFFIDAVIT			

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

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me

under Title 15, Election Cod

Signature of Candidate or Office

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Robert We coy, this the

of January, 20 14 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

PARLIGS CHABRELL

Title of officer administering oath

COTHEY

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 BOBMECOU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
27/2 MUSCUM WULL FT WESTH TX	300 (If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job time
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 contributor Dout-of-state PAC (ID#:	Amount of contribution (\$) m description (if applicable)
Contributor's principal occupation	(If travel outside of Texas, complete Schedule T)
Business //WNPP	Principal 38 3 20
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	59 JOR
Date Full name of contributorbut-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description(if applicable) In-kind contribution description(if applicable) In-kind contributi
Contributor's principal occupation AHOMEUS	Contributor's job title
Contributor's emptoyer/law firm	Law firm of contributor's spouse (if any)
If contributor is 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 thi	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME BOD ME COV		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributorlout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
15 1400 Porto Bello Et Arlington TX 7	6012		Texas complete Schedule)
9 Contributor's principal occupation	10 Contributor sigh	nel/	RR
11 Contributor's employed law firm	12 Law firm of contri	butor's spouse (if an	
13 If contributor is a child, law firm of parent(s) (if any)			1 Sept. 1 Sept
Date Full name of contributorbut-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	in-kintraontrib@on description(if applicable)
Ft Worth Tx	76102		of Texas, complete Schedule T)
Contributor's principal occupation	Contribilitor's job	1211	
Contributor's employed by firm	Law firm of contri	butor's spouse (if an	у)
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)
Ft Worth TX 76	107	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation;	Contributor's job	title	
Contributor's employer/law firm NONE	Law firm of contril	outor's spouse (if an	y) .
If contributor is a child, law firm of parent(s) (if any)			

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A(J):
2 FILER NAME	Boh MECay		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor pot-of-state PAC (ID#: CODO COVERNMENT FUNC	1	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
פוןיא	6 Contributor address; City; State; Zip Code 201 Main # 2500		375	
	Ft Worth TX 761	07	<u> </u>	of Texas, complete Schedule T)
	rincipal occupation NONE	10 Contributor's job		-
11 Contributor's e	mployer/law firm NONE	12 Law firm of contri	butor's spouse (if any	
13 If contributor is	a child, law firm of parent(s) (if any)	8.79	-	
Date /	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
1/21/13	Contributor address; City State; Zip Code		100	T 201
,	Ft Worth TX	76107	(If travel outside	of Texas complete schedule)
Contributor's p	rincipal occopation	Contributor's job	itle NEV	S A A
Contributor's e	mple gentlem firm of Shellow Sharp	Law firm of contri	butor's spouse (if any	
If contributor is	a child, law firm of parent(s) (if any)			
11/17/12	Full name of contributor Dout-of-state PAC (ID#:	me	Amount of contribution (\$)	tn-kind contributions description(frapplicable)
פון יי	Contributor address: City, State; Zip Code 600 W 640 St # 300	0 02	100	
	1 0000		L	of Texas, complete Schedule T)
Contributor's p	rincipal of Clubation	Contributor's job	tille C	
Contributor's e	mproyer law fifth HUNGER	Law firm of contri	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J): / <i>U</i> /
2 FILER NAME	Boh MECOU		3 ACCOUNT# (E	thics Commission Filers)
4 Date 1/1912	5 Full name of contributor Dout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
12	FF WORTH TX 76.	107	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributors job	PEU	
11 Contributors e	proposer/lawfirm	12 Law firm of contri	butor's spouse (if any	y)
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's D	777 Main #3600 Ftwom Th	76/02 Contributor is 160b		of Texas tromplet Schedus Th
	mpjøyer/law firm	HOV	outor's spouse (if any	
i	SIAMOUN (MACE)	Law iim of contri	outor's spouse (ii any	
If contributor is	a child, law firm of parent(s) (if any)	Partition of the same of the s		9: 5; MTV
Date //	Full name of contributor Dout-of-state PAC (ID#:		Amount of contribution (\$)	'ff-kind contribution description(if applicable)
18/15	Contributor address; City; State; Zip Code 5900 El CAMPO F+1110 CH	Va 107	100	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
Contributor's employer/law firm			/)	
If contributor is	a child, law firm of parent(s) (if any)		-	
				A CONTRACT OF THE PARTY OF THE

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME	Bob ME Coll		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-6f-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
13	6 Contributor address; City; State; Zip Code	±100	100	
	Bedford Tx 7600	2	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal octupation	10 Confibutor's job	title XVI	
11 Contributor's e	mployerNaw firm	12 Law firm of contri	butor's spouse (if an	у)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date / /	Full name of contributor Dout-of-state PAC (ID#	10//	Amount of contribution (\$)	In-kind contribution description(if applicable)
15/3	Contributor address; City; State; Zip Code	(C.f.	100	
, -	309 W MIST #81		(if travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title-	
Contributor's e	mployer/any firm	Law firm of contri	butor's spouse (if an	TA 2014 ELEC
If contributor is	a child, law firm of parent(s) (if any)			JAN STE
Date	Full name of contributor	Cumplin	Amount of contribution (\$)	lia kind contribution description(if applicable)
11/2	Contributor address; City; State; Zip Code	W.1.1.41.Q	90	
/3	301 Commence St 7	73500 5107	(If travel outside	of Texas complete Schedule T)
Contributor's p	rincipal population	Contributor's job		1
Williams of the Contributor's	mployer/law fign)	Law firm of contri	butor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)			
				-

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SCHEDULE A (J)

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2 FILER NAME BOD MECOU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorbut-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
13 1400 W. ADMIN 76013	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal decupation 10 Contribut	tor's job title
11 Contributor's employer/law firm	of contributor's spouse (if any)
13 If contributor is a child, law firm of pare (t(s) (if any)	
Date Full name of contributor Dout-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description(if applicable)
13 800 W HIPOTT FNUYTH	(If travel outside of Texas, complete-Schedow T)
Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation	tors job title
Contributor's employer law firm POPENTES Law firm	of conditibutor's spouse (if any)
If contributor is a child, law of m of parent(s) (if any)	9: 5
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) n-kind Antribution (\$) description (if applicable)
1416 Westover Lane 1+Worth TX 76107	(If travel outside of Texas, complete Schedule T)
Contributor's principal of Curation Contribut	by's ich itte
Contributor's employer/law firm Vander Voort Law firm	of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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2 FILER NAME	Bob MECOU		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
13	6 Contributor address; City; State; Zip Code 7200 6000 4410	Ct	100	
	ACIDALON IV TO		(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation AHOME	10 Contributor's job t		,
11 Contributor's	THE OF EAR HARROW	12 Law firm of contrib	outor's spouse (if an	у) .
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
110	Contributor address; City; State; Zip Code		100	
13	6917 bal Late In	76/16	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation + ONCU	Contributor's job t	nel (20 ELE ELF
LAW O	toppyer/law firm	↑ Law firm of contrib	outor's spouse (if any	TARI III J
If contributor is	a child, law firm of parent(s) (if any)			N AT I
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	description() (sapplicable
"1113	Contributor address; City: State: Zip Code	7/07/	500	I 9: 59
Contributor's p	rincipal occupation	Contributor's job t		of Texas, complete Schedule T)
	HTWINE			
Contributor's entiployer/law firm (Law firm of contributor's spouse (if any)			,	
If contributor is	a child, law firm of parent(s) (if any)			
				-

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAME BOD MECOV	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor Doul-of-state PAC (ID#: DATE PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9 Contributor's principal occupation 10 Contributor's job	title FIM
11 Contributor's employer/Jav firm 12 Law firm of contributor is a child, law firm of parent(s) (if any)	butor's spouse (if any)
Date Full name of contributor Junes Notices Double of state PAC (ID#:) Junes Notices Double of state PAC (ID#:) Contributor address; City; State; Zip Code Double of State PAC (ID#:) Contributor address; City; State; Zip Code Double of State PAC (ID#:)	Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's principal occupation Contributor's principal occupation	
Contributor Semployer/lawfirm Law firm of contributor is a child, law firm of parent(s) (if any)	butor's spouse (If any)
Date Full name of contributor Out-of-state PAC (ID#: 11 7 Page Hardwicker Christian PAC (ID#: Contributor address; City; State; Zip Code SOO WITH FEACE FHURTH X 1602	Amount of contribution (\$) Tin-kind contribution (\$) Secretary (\$) Amount of contribution (\$) Secretary (\$) Secretar
Contributor's principal/of cupation Contributor's job	afte // M
	outor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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The Instruction Guide explains how to complete this	s form. 1 Total pages Schedule A(J):
2 FILER NAME BODINECOV	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#: Watson Way Might)	7 Amount of contribution (\$) description(if applicable)
6 Contributor address; City, State; Zip Code 19 1600 012 645 646 F + 110040 7 7 16102	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation/	10 Contributors ob title
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 contributor Dout-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's principal ogen pation	(If travel outside of Texas, complete Schedule T)
Contributor's employer/law/firm/ If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor	Amount of contribution (\$) description(Lapplicable)
Contributor's principal occupation	Contributor's job title
Contributors employed law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAME BODMECOLL	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(If applicable)
15 3601 Verde Vista Ct W Ajedo Tx 76008	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation	Tob title
Whitaker Chark Syingle	ontributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (If any)	
Date Full name of contributor _but-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State; Zip Code	100
Ft Worth (x Tolly	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation Contributors	iobattle
Control by Semploye Maw firm of co	ontribut6r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	T/ 2011 ELEC
Date Full name of contributor Dout-of-state PAC (ID#:	Amount of contribution (\$) Ch-king contribution (\$) Cascripte (f approach)
Contributor address, y City, State; Zip Code	SAN AND TO THE STATE OF THE STA
Contributor's principal or Upation Contributor's	(If travel outside of Texas, committee Schiedule T)
Contributor's employer/law firm Law firm of co	ontributor's spouse (if any)
If contributor is a child, law firm of patent(s) (if any)	

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SCHEDULE A (J)

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The Instruction Guide explains how to complete thi	s form. 1 Total pages Schedule A(J):
2 FILER NAME PAN ME COU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Cout-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9 Contributor's principal occupation	(If travel outside of Texas, complete Schedule T)
HOUTICALS	Lawrim
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 contributor Dout-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description(if applicable)
19 1901 Ballingsoff Tx	76///2 (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributors job title
Conviduos's employentaw time If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor Out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description(if applicable)
19 100 MAIN # 200	(If travel outside of Texas complete Schedules)
Contributor's principal occupation	Contributors job time
Contributor's Employer/Jew firm	Law firm of contributor's spoyse (if any)
If contributor is a child, law firm of parent(s) (if any)	
	STRATOR
•	OF THIS SCHEDULE AS NEEDED uction guide for additional reporting requirements.

P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):			
FILER NAME BODINISCOLL		3 ACCOUNT # (E	thics Commission Filers)		
Date 5 Full name of contributor Dout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)		
6 Contributor address; Sty; State; Zip Code 12 2525 Sulgitud #150		900			
FYWORTH TX 761	16	(If travel outside	of Texas, complete Schedule T)		
Contributor's principal octubation	10 Contributor stjole	title-MM			
Contributors employer law (M)	12 Law firm of contri	butor's spouse (if an	y)		
If contributor is a child, law firm of parent(s) (if any)		-			
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)		
Contributor address; City; State; Zip Code		101)			
13 3408 Harwen Tel-	76100	//CC	of Texas, complete Schedule T)		
Contributor's principal occupation	Contributor siob	L	or rexas, complete scriedule 1)		
Contributor's employer/Aw firm 21/16/1	Law firm of contri	butor's spouse (if an) E 2		
If contributor is a child, law firm of parent(s) (if any)			ECTION		
Date Full name of contributor Out-of-ejate PAC (ID#:	VIIII	Amount of contribution (\$)	In-kind contribution description(if applieable)		
Contributor address; City; State; Zip Code 10 Summi # 1022		250	AH 10		
FYWORM TH TOU	25		of Texas, complete Schedule T)		
Contributor's principal of cupation	Contributor's job	TM	3 0		
Contributor of entiployer/law fight Right Poule!	Law firm of contri	outor's spouse (if any	y)		
If contributor is a child, law firm of parent(s) (if any)					

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SCHEDULE A (J)

The instruction Guide explains how to complete this form.		1 Total pages Sch	edule A(J):
2 FILER NAME BODMECOU		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Faffiname of contributor/ Dout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 4717 Spring Will Will	Kd WII	(If travel outside	of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Combutors jeb		
11 Contributors employer/law firm	12 Law firm of contri	butør's spouse (if any	7)
13 If contributor is a child, law firm of parent(s) (f any)			
Date Full name of contributor Doubpf-state PAC (ID#) Contributor address; City; State; Zip Code	16/11	Amount of contribution (\$)	In-kind contribution description(if applicable)
Fragory Ty To	102		of Texas complete Schedule T)
Contributor's principal ocadoation	Contributor's job		OF A
Contributors & Employer lay firm	Law firm of contril	butor's spouse (if any	
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-Rind contribution description(if applicable)
F+WORM TX 7610	72		of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
Taylor Oston High Salla Elami	Law firm of contril	outor's spouse (if any	/)
/If contributor is a child, law firm of parent(s) (if any)			

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
FILER NAME	Boh MECOU		3 ACCOUNT # (E	thics Commission Filers)
Date 12	5 Full name of contributor, Dut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	principal occupation	10 Confributor's jeb	title	
3 If contributor is	s a child, law firm of parent(s) (if any)			
Date ////////////////////////////////////	Eult-name of contributor. Dout-of-state PAC (ID#:	D 2	Amount of contribution (\$)	In-kind contribution description(if applicable)
	principal of cupation The principal of cupation Amployer/law firms and M. Ed. M. (Contributor's jeb		TAR 2014 J
VUSION	s a child, law firm of parent(s) (if any)			RANTO ONS ADDITIONS ADDITI
Date 1/4/3	Full name of contributor Dout-of-state PAC (ID#:	MZ	Amount of contribution (\$)	description (if applicable)
	principal occupatory	Contributors job		Δ
DE HUIQU	finployer/law fight	Law firm of contril	outof's spouse (if any	<i>y</i>)

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P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX	(8(a)	
Advertising Evnence			• • • • •	1 - 1
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	, ,	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expens		ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Done	
Event Expense	Poliing Expense	Travel Out Of District		eholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expen	se OTHER (enter a ca	ategory not listed above)
	The Instruction Guide	e explains how to complete the	nis form.	
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EXPENDITURE	PUNTUL EX	THILLE KEVE	1 TISII/(A 1/1/11)	// <i>/////////</i> /////////////////////////
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PURPOSE	Category (Seé categories listed at the to	pp of this scriedule) Hesc	ription (If travel outside of Tex	as, complete schedule 1)
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expenditure to benefit C/O	H			
-				
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDUL	E AS NEEDED	
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P.O. Box 12070

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont	ract Labor Loa	n Repayment/Reimburs	sement
Accounting/Banking	Legal Services	Solicitation/Fundraisi	•	nsportation Equipment &	,
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel in District Travel Out Of District		itributions/Donations Ma Candidate/Officeholder/	
Fees	Printing Expense	Office Overhead/Rer		HER (enter a category r	· ·
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1 Total pages Schedule F:	2 FILER NAME	2.1		3 ACCOUNT # (Ethic	cs Commission Filers)
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4 Date	5 Payername	7	William P. A.M. Harris		
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6 Amount (\$)	7 Payee address; City; S	tate, Zip Code		, , , , , ,	
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8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description (it tra	avel outside of Texas, compli	ete Schedule T)
OF EXPENDITURE	Printing EV N	nn	Much	tions .	
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9 Complete ONLY if direct expenditure to benefit C/C	7	·	Office sought		JIROS FISIG
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Amount (\$)	Payee address; City; S	State; Zip Code /	1-1311	noth To	76172
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EXPENDITURE	DELVER JUJIJ	W.	NEWS//	P	25
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	e •	Office sought	æ rr	Office held
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EXPENDITURE	11111111111111111111111111111111111111	1/1/(MINTE		BILL SECTI
Complete ONLY if direct expenditure to benefit C/C	Candidate Officeholder nam OH	e	Office sought		Office held
Date /	Payee name /	7 /			
12/5/13	MOMV H	T			
Amount (\$)	Payee address; City, S	tate; Zip Code	11/mm	MI	1/2/10/1
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SOU	31 / 16/11/91 000	,,,-, , ,			
			- 1	evel outside of Texas, comple	-1- O-11 1- T)
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OF	Category (See categories listed at the to	op of this schedule)	Description (If the	OUT TO THE REAL COMPANY	ete Schedule 1)
OF EXPENDITURE	BOVERTUNG ?	Fees	Minor	WH	
OF	Candidate / Officehorder name	Fees	Office sought	WH	Office held

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR B	OX 8(a)	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract La Solicitation/Fundraising Expe		ent/Reimbursement n Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District		Donations Made By
Event Expense	Polling Expense	Travel Out Of District		Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Exp	pense OTHER (enter	r a category not listed above)
		e explains how to complete		, ,
1 Total pages Schedule F:	2 FILER NAME		3 ACC	OUNT # (Ethics Commission Filers)
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4 Date /5/13	5 Payee frame In of Co	yrt		
6 Amount/(\$)	7 Payee address; City; S	tape; Zip Code	Vexander	- Va 22314
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule) (b) De	escription (If travel outside	of Texas, complete Schedule T)
EXPENDITURE	rees		1/VES	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e Offi	ice sought	Office held
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Amount (\$)	Payee address; City; S	tate, Zip Code	11-	(107
	1215/1/6010	1 FILLINAL	11 TX 76	5//)/
15	1919 WITHOUT	PTWIT	(11 70,	700
PURPOSE	Category (See categories listed at the to	op of this schedule) De	escription (If travel outside	of Texas, complete Schedule T)
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10 13	Payee name	(1) B/// H		NS A NE
Amount (\$)	Payee address; City; S	tate; Zip Code	11 -1	35 OM
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PURPOSE	Category (See categories listed at the to	op of this schedule) De	escription (If travel outside	of Texes, complete Schedule (1)
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Amount (\$)	Payee address; City; S	tate; Zip Code	. 11 -	
120	1315 Ca/pol	n Ffllo	MAN /X	76102
PURPOSE	Category (See categories listed at the to	op of this schedule) De	escription (If travel outside	of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage	O CLE	Lunches	8/1,9/5/108,11/17
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e Offi	ice sought	Office held
	ATTACH ADDITIONAL (COPIES OF THIS SCHED	ULE AS NEEDED	

SCHEDULE F

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

Gift/Awards/Memoriais 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 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-NAME ME COU	3	ACCOUNT # (Ethics Commission Filers)
4 Date //0/13	5 Payer name: ME COU		
6 Amount (\$)/	7 Payee address; City/ State: Zip Code	Worth	X 76196
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)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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, consulete Schedull T
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Affice half AT
Date	Payee name		A COUNTY
Amount (\$)	Payee address; City; State; Zip Code		D: 00
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/C	Candidate / Officeholder name DH	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/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

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P.O. Box 12070

	EVDENDITUDI	ECATECODIES	-OB BOV 9/a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Trans Travel In District Cont Travel Out Of District C		oan Repayment/Reimbu ransportation Equipment contributions/Donations N Candidate/Officeholde DTHER (enter a category	& Related Expense Made By r/Political Committee
	,				
1 Total pages Schedule F:	2 FILED NAME ME	01/		3 ACCOUNT # (Eth	ics Commission Filers)
4 Date 13	5 Payee name / C// /	notina			
6 Amount (\$)	7 Payee address: City; 8	State; Zip Code			
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t	top of this schedule)	(b) Description (If	f travel outside of Texas, comp	elete Schedule T)
EXPENDITURE	MIVELINIA L	NUCIO	11/4//		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam PH	ie /	Office sought		Office held
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Amount (\$)	Payee address; City; S	State; Zip Code /	~1 111	14 /	7 / / / 63
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EXPENDITURE	TPP		F1111	nrpp	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	ie ·	Office sought	7 / 0 = -	Office held
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Amount (\$)	Payee address; City; S	State; Zip Code	16 7	7 75 18	7 F B
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PURPOSE	Category (See categories listed at the t	top of this schedule)	Description (If	travel outside of Texas, come	tete Schedule T)
OF EXPENDITURE	Other		Mailix	VI EXAL	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	le ·	Office sought	TRA	Office Tigld
		**************************************			Ğ
Date /2 /3	Payee name	SOUD			
Amount (\$) 93 4393	PANE address: City: S 4055 Internal	State: Zil Code	MIA H	t600	
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description (If	travel outside of Texas, comp	lete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate Officeholder name	e	Office sought	7/	Office held
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling 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)

rees	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
	(U) 1/12 CU)
4 Date 9 5 13	5 Payee name Mana Mid
6 Amount (\$) 46	7 Payee address; City: State: Zip Code
political contributions intended	FF WORTH TX TOU
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	Food expense Intern job initiation
Date 10/1/13	1CCC CAFETONA
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	400 W Belknap Ft Worth /X To Holling
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas complete Schedule T)
OF EXPENDITURE	Food expense Staff meeting & Fundament
Date / 9/13	Payeename Star Cafe
Amount (\$)	Payee address; City; State; Zip Code
Definibursement from political contributions	11) W EXCAMPLE
intended	Cotogony (See appropriate listed at the transfel bis arbeit les) Description (Manuel outside of Tourne compiles School les T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) And Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
72/10/13	Payed name (AZOOS
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from solitical contributions intended	318 Main FIWORATX 7610Z
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Frod expense start mening funch
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