	CANDIDATE / N FINANCE RE		IOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guide explains how to com	plete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LA	RST HN MSCOV		Date Rootived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE	E#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarken
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU	UMBER	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	Ton	rst IN SE COI/		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA	ISE): APT/SUITE#:	CITY: STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	ARFA CODE PHONE NU	UMBER	EXTENSION	
9 REPORT TYPE		th day before election	Exceeded \$500	 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 1 / 14	THROUGH	Month Day	3/14
11 ELECTION	Month Day Year 3 4 14	ELECTION TYPE	Runoff	General Special
12 OFFICE	OFFICE HELD (IF any) JUSTICE, ZNC OF Appeals	t Court	13 OFFICE SOUGHT (IF KING COUNTY (1 #3	riminal Court
		GO TO PAC	GE 2	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH COVER SHEET PG 2 SUPPORT & TOTALS 15 ACCOUNT # (Ethics Commission Filers) 14 C/OH NAME 16 NOTICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE FROM CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR

POLITICAL	CONSENT. CANDIDATE	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
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18 AFFIDAVIT

true and correct and includes all information required to be reported by me under Title 15, Election Cod

I swear, or affirm, under penalty of perjury, that the accompanying report is

MELISSA SANDLIN COMMISSION EXPIRES March 1, 2016 Signature of Cano eholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Roch McCov this the 20 to certify which, hand and seal of office. witness my dav and Print name of officer administering oath Signature of officer administering Title of officer administering oath oath

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(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR	
The Instruction Guide explains how to c	complete this form. 1 Total pages Schedule A(J):
2 FILER NAME BOHMECOLI	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor	tate PAC (ID#:) 7 Amount of contribution (\$) 8 In-kind contribution description(If applicable)
6 Contributor address; City; State 14 509 Pecan #20	e: zip code + Worth 100 D TX 70102 (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 contributors spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Cout-of-st	tate PAC (ID#) Amount of In-kind contribution contribution (\$) description(if applicable)
Contributor address; City; State	e; Zip Code
	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
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If contributor is a child, law firm of parent(s) (if any)	
	AL COPIES OF THIS SCHEDULE AS NEEDED se see instruction guide for additional reporting requirements.

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Texas Ethics Commission

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICI)	AL) SCHEDULE A (J)
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2 FILER NAME BOB MECOU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor [out-of-state PAC (ID#] 118 Nell Van Zandt	7 Amount of contribution (\$) 8 In-kind contribution description(If applicable)
14 Contributor address; City; State; Zip Code 1200 SOMMIT #516 Et 1100 Address; City; State; Zip Code	
9 Contributor's principal occupation 10 Contributor's	(If travel outside of Texas, complete Schedule T) s ign title
11 Contributor's employer/law irm ///////////////////////////////////	contributor's'spouse (if any)
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Date Full name of contributor Dou-of-state PAC (1D# 19 Paul Hendry Contributor address; City; State; Zip Code 14 217 HENEREHA HUNT 7 26052	Amount of In-kind contribution contribution (\$) description(If applicable)
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ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see instruction guide for	
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Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 78711-	2070 (51	2) 463-5800	(TDD 1-800-735-2989)
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Accounting/Banking	Legal Services	Solicitation/Fundrais	ing Expense 7	ransportation Equ	ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	
Event Expense	Polling Expense	Travel Out Of Distri			eholder/Political Committee
Fees	Printing Expense	Office Overhead/Re			ategory not listed above)
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1 Total pages Schedule F:	2 FILER NAMED /	20 0-11		3 ACCOUN	T # (Ethics Commission Filere)
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6 Amount (\$)	7 Payee address; City;	State; Zip Code	111-11-	7	
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	EXPENDITURES	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense T Food/Beverage Expense Travel In District C Polling Expense Travel Out Of District C	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee ITHER (enter a category not listed above)
1 Total pages Schedule G:	² FILER NAME MECOU 500 MECOU 5 Payee name	3 ACCOUNT # (Ethics Commission Filers)
6 Amount (\$) 229 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1921 Stonchill Dr. Ft Word	HA TX 76247
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (EVENT EXPANSE	If travel outside of Texas, complete Schedule T)
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