JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how to complete this f | form. | 1 ACCOUNT # (Ethics Commission Filers | 2 Total pages filed: | |
|---|--|----------|--|---|--|
| 3 CANDIDATE / | MS/MRS/MR FIRST | | MI | OFFICE USE ONLY | |
| OFFICEHOLDER NAME | Ms Lynda | | | | |
| IVANIE | NICKNAME LAST | | SUFFIX | Date Received | |
| · | Tarwater | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; | CITY; | STATE; ZIP COD | Date Hand-delivered or Postmarked | |
| change of address | | | | Receipt Anount 20 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | | | Date Processed | |
| 6 CAMPAIGN | MS/MRS/MR FIRST | | MI | Date Imaged | |
| TREASURER NAME | Mr. Howard | | F. | | |
| NAME | NICKNAME LAST Chandler | | SUFFIX | 201 < | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / S | /SUITE#; | CITY, STATE; | ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | | | | | |
| | | | | | |
| 9 REPORT TYPE | January 15 30th day before e | election | Runoff | 15th day after campaign treasurer appointment (officeholder only) | |
| | July 15 X 8th day before ele | lection | Exceeded \$500 limit | Final report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year 01 / 24 / 2014 THR | ROUGH | Month 6 | Day Year 2 / 2014 | |
| 11 ELECTION | ELECTION DATE Month Day Year 03 / 04 / 2014 ELECTION TY X Primary | | Runoff | General Special | |
| 12 OFFICE | OFFICE HELD (if any) | i | 13 OFFICE SOUGHT (if | nown) | |
| | | | | y Criminal Court No. 8 | |
| | | | | | |
| GO TO PAGE 2 | | | | | |

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

FORM JC/OH COVER SHEET PG 2

| 14 C/OH NAME Lyr | nda Tarwater | 1 | 5 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|---|--|--|
| 16 NOTICE FROM POLITICAL | CANDIDATE / OFFICEH | DE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE OLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH | DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 700.00 |
| EXPENDITURE TOTALS | 3. TOTAL P | OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI | ZED \$ 4 .00 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 1,092.54 |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D REPORTING PERIOD | \$19,795.70 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | THE \$ 27,600.00 |
| 18 AFFIDAVIT | ATHERINE ELIZABETH COP Notary Public | true and correct and includes all info under Title 15, Election Code. | perjury, that the accompanying report is formation required to be reported by me |
| | STATE OF TEXA: My Comm. Exp. 06-23 | | didate or Officeholder |
| AFFIX NOTARY STA | | ne, by the said binda Taw | VAHV , this the |
| 11 / 2 U / | | , to certify which, witness m | · · · · · · · · · · · · · · · · · · · |

Print name of officer administering oath

Signature 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 | s form. | 1 Total pages Sch | edule A(J): |
|---|---|----------------------------------|-----------------------------------|--|
| 2 FILER NAME | Lynda Tarwater | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date 01/27/2014 | 5 Full name of contributorout-of-state PAC (ID# Craig A. Woodcook | | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) |
| | 6 Contributor address; City; State; Zip Code P.O. Box 481 Keller, TX 76244 | | 50.00 | |
| 9 Contributor's p | I rincipal occupation | 10 Contributor's job to Attorney | | of Texas, complete Schedule T) |
| 11 Contributor's e Ben E. Ke | | 12 Law firm of contril | outor's spouse (if an | y) |
| 13 If contributor is | s a child, law firm of parent(s) (if any) | | | |
| Date 01/28/2014 | Full name of contributorout-of-state PAC (ID# | | Amount of contribution (\$) 50.00 | In-kind contribution description(if applicable) |
| | 3609 Clubgate Dr Ft. Worth, TX 761 | .37 | (If travel outside | of Texas, complete Schedule T) |
| Contributor's p | rincipal occupation | Contributor's job t Attorney | title | |
| Contributor's employer/law firm Law firm of contributor's employer/law firm | | | outor's spouse (if an | y) |
| If contributor is | s a child, law firm of parent(s) (if any) | | | |
| Date 01/31/2014 | Full name of contributorbut-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| | 9113 Cottonwood Village Dr Ft. Wo | rth, TX 76120 | (If travel outside | of Texas, complete Schedule T) |
| Contributor's p Attorney | principal occupation | Contributor's job Attorney | title | |
| Contributor's employer/law firm Dunham & Jones Law firm of contri | | | butor's spouse (if an | y) |
| If contributor is | s 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| | the state of the s | | | |
|------------------------------|--|---------------------------------|-------------------------------|---|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages School 2 | edule A(J): |
| 2 FILER NAME | Lynda Tarwater | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date 02/04/2014 | | | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) |
| | 6 Contributor address; City; State; Zip Code 15 Crosslands Rd Ft. Worth, TX 761 | 32 | 100.00 | |
| | | | (If travel outside | of Texas, complete Schedule T) |
| 9 Contributor's p Retired | principal occupation | 10 Contributor's job Retired | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11 Contributor's | employer/law firm | 12 Law firm of contril | outor'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 contribution (\$) | In-kind contribution description(if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | (If travel outside | of Texas, complete Schedule T) |
| Contributor's p | principal occupation | Contributor's job | title | |
| Contributor's | employer/law firm | Law firm of contril | outor's spouse (if any | 0 |
| If contributor i | s 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 | orincipal occupation | Contributor's job | title | |
| Contributor's | employer/law firm | Law firm of contri | butor's spouse (if any | () |
| If contributor i | s 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.

| Texas Ethics Com | nmission P.O. Box 12070 Austin, Tex | (as 78711-2070 | (512) 463-5800 | (TDD 1-800-735-2989) | |
|---|---|--------------------------------------|-------------------------|--|--|
| PLEDGI | ED CONTRIBUTIONS (JUD | ICIAL) | s | CHEDULE B (J) | |
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule B(J): | |
| 2 FILER NAME | Lynda Tarwater | | 3 ACCOUNT # (E | thics Commission Filers) | |
| 4 TOTAL | OF UNITEMIZED PLEDGES: | \$ \$ \$ | → → | \$ 0.00 | |
| 5 Date 01/28/2014 | 6 Full name of pledgor out-of-state PAC (ID#: Lori Kaspar |) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) | |
| | 7 Pledgoraddress; City; State; Zip Code 10205 Ravenswood Rd Granbury, TX | | 50.00 | | |
| | | | | of Texas, complete Schedule T) | |
| 10 Pledgor's princ County At | cipal occupation torney | 11 Pledgor's job title County Att | | | |
| 12 Pledgor's emp Hood Coun | | 13 Law firm of pledg | or's spouse (if any) | | |
| 14 If pledgor is a d | child, law firm of parent(s) (if any) | . | | | |
| Date 02/17/2014 | Full name of pledgor out-of-state PAC (ID# |) | Amount of pledge (\$) | In-kind description (if applicable) | |
| ,, | Pledgor address; City; State; Zip Code 5833 River Meadows Pl Ft. Worth, TX 76112 | | | | |
| | sipal occupation | Pledgor's job title | <u> </u> | of Texas, complete Schedule T) | |
| Attorney Pledgorsempl Law Office | loyer/law firm e of Lisa Haines | Attorney Law firm of pledg | or's spouse (if any) | | |
| If pledgor is a c | child, law firm of parent(s) (if any) | <u> </u> | | | |
| Date 02/14/2014 | Full name of pledgor out-of-state PAC (ID#: William Wallace | | Amount of pledge (\$) | In-kind description (if applicable) | |
| | Pledgoraddress; City; State; Zip Code 3464 Webb Garden Dallas, TX 75229 | | 100.00 | | |
| Pledgor's princ Attorney | cipal occupation | Pledgor's job title Attorney | | of Texas, complete Schedule T) | |
| Pledgor's employer/law firm Nationwide Insurance Company` Law firm of pledgor's spouse (if any) | | | | | |
| If pledgor is a child, law firm of parent(s) (if any) | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |
| It conf | tributor is out-of-state PAC, please see instr | uction guide for a | aditional reportii | ig requirements. | |

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

| | EXPENDITURE | CATEGORIES | FOR BOX 8(a |) | |
|--|--|---------------------------------------|------------------|---------------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Co | ontract Labor | Loan Repayment/R | eimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundra | aising Expense | Transportation Equi | ipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | | Contributions/Dona | |
| Event Expense | Polling Expense | Travel Out Of Dist | trict | Candidate/Office | eholder/Political Committee |
| Fees | Printing Expense | Office Overhead/F | Rental Expense | OTHER (enter a ca | tegory not listed above) |
| | The Instruction Guide | explains how to | complete this fo | | |
| Total pages Schedule F: | 2 FILER NAME | | | 3 ACCOUNT | # (Ethics Commission Filer |
| 1 | Lynda Tarwater | • | | | |
| Date | 5 Payee name | | | | |
| 01/31/2014 | Office Depot | | | | |
| Amount (\$) | 7 Payee address; City; Sta | te; Zip Code | | | |
| 16.19 | | | | | |
| | | | | | |
| PURPOSE | (a) Category (See categories listed at the top | of this schedule) | (b) Description | (If travel outside of Texa | s complete Schedule T) |
| OF | Advertising | , | | sing Poster | o, complete denedate 1) |
| EXPENDITURE | inavererbring | | Adverci | sing roscer | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | | Office soug | ht | Office held |
| | | | | <u> </u> | |
| Date | Payee name | | | | |
| 02/04/2014 | Allmark Imppressions | | | | |
| Amount (\$) | Payee address; City; Sta | te; Zip Code | | | |
| 233.00 | PO Box 7575 Ft. Worth, | TX 76111 | | | |
| | | | | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) | Description | (If travel outside of Texa | s, complete Schedule T) |
| OF | Advertising | | Advert | ising Signs | |
| EXPENDITURE | Advertising | • | Adverd | ising signs | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | | Office soug | ht | Office held |
| Date | Payee name | | | | A STATE OF THE STA |
| 02/06/2014 | Ace Hardware | | | | |
| Amount (\$) | Payee address; City; Stat | te; Zip Code | | · · · · · · · · · · · · · · · · · · · | |
| 00.10 | 4551 0 0-11 7 | ·. | | | |
| 88.12 | 4551 Sycamore School R | d ft. worth, | , TX /6133 | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) | Description | (If travel outside of Texa | s, complete Schedule T) |
| OF | | z. s.iio osiiodule) | 1 | | |
| EXPENDITURE | Advertising | | Adver | tising Signs | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | | Office soug | ht | Office held |
| Date | Payee name | | | | |
| 02/07/2014 | Lowe's | | | | |
| Amount (\$) | Payee address; City; Stat | te; Zip Code | | | |
| 125.09 | 600 SH 183 Ft. Worth, | TX 76116 | | | |
| | | | | | |
| | Category (See categories listed at the top | of this schedule) | Description | (If travel outside of Texa | s, complete Schedule T) |
| PURPOSE | | • | Sign Po | | |
| PURPOSE OF EXPENDITURE | Advertising | | 223 | | |
| | Candidate / Officeholder name | · · · · · · · · · · · · · · · · · · · | Office sough | | Office held |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

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 for

| Total names Schodule C: | | | |
|---|--|--|------------|
| Total pages Schedule G: 1 | 2 FILER NAME Lynda Tarwater | 3 ACCOUNT # (Ethics Commission | on Filer |
| Date | 5 Payee name | | |
| 01/24/2014 | Allmark Impressions | | |
| Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code | | |
| Reimbursement from political contributions intended | PO Box 7575 Ft. Worth, TX 76111 | | |
| PURPOSE OF | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule | Γ) |
| EXPENDITURE | Advertising | Advertising Signs | |
| Date | Payee name | | |
| 02/04/2014 | Allmark Impressions | | |
| Amount (\$) 254.64 | Payee address; City; State; Zip Code | | |
| X Reimbursement from political contributions intended | PO Box 7575 Ft. Worth, TX 76111 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule 1 | 7) |
| OF EXPENDITURE | Advertising | Advertising Signs | |
| Date | Payee name | | |
| 02/11/2014 | USPS | | |
| Amount (\$) 9.80 | Payee address; City; State; Zip Code | | |
| X Reimbursement from political contributions intended | Downtown Station Ft. Worth, TX 76 | 102 | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule 1 | () |
| OF EXPENDITURE | Other | Postage | |
| Date | Payee name | | |
| 02/11/2014 | USPS | | |
| Amount (\$) 161.70 | Payee address; City; State; Zip Code | | |
| Reimbursement from political contributions intended | Downtown Station Ft. Worth, TX 76102 | | |
| DUDDA05 | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T |) |
| PURPOSE | | | |

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

| The | Instruction Guide explains how to complete this form. | 1 Total pages Sche | dule K: |
|---------------------------------------|---|--------------------|-------------------------|
| 2 FILER NAME | Lynda Tarwater | 3 ACCOUNT # (Et | hics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | | 8 Amount (\$) |
| 01/24/2014 | Frost Bank | | 0.18 |
| | 6 Address of person from whom amount is received; City; State; Zip Code | | |
| | PO Box 470830 Ft. Worth, TX 76147 | | |
| | | | |
| | | | |
| | 7 Purpose for which amount is received Monthly Interest on Deposits | | |
| Date | Name of person from whom amount is received | | Amount (\$) |
| | | | |
| | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | |
| | | | |
| | | | |
| | | | |
| | Purpose for which amount is received | | |
| | | | |
| | | | |
| Date | Name of person from whom amount is received | | Amount |
| | | | (\$) |
| | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | |
| | Address of person from whom amount is received, Oity, Otato, Ep code | | |
| | | | |
| | | | |
| | | | |
| | Purpose for which amount is received | | |
| | | | |
| Date | Name of person from whom amount is received | | Amount (\$) |
| and the second second | | | |
| | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | |
| | | | |
| 4° | | | |
| | | | |
| | Purpose for which amount is received | | 1 |
| | , dipose for willou amount is received | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED | |

(512) 463-5800

P.O. Box 12070

| OUTSTAN | DING LOANS | SCHEDULE L |
|--------------------------|--|--|
| The In | struction Guide explains how to complete this form. | 1 Total pages Schedule L: |
| 2 FILER NAME Lyr | nda Tarwater | 3 ACCOUNT # (Ethics Commission Filers) |
| LENDER INFORMATION | 4 Name of lender Lynda Tarwater | |
| | 5 Lender address; City; State; Zip Code 1065 Roaring Springs Rd Ft. Worth, TX 76114 | |
| GUARANTOR INFORMATION | 6 Name of guarantor | |
| not applicable | 7 Guarantor address; City; State; Zip Code | |
| LENDER INFORMATION | Name of lender Lynda Tarwater | |
| | Lenderaddress; City; State; Zip Code 1065 Roaring Springs Rd Ft. Worth, TX 76114 | |
| GUARANTOR INFORMATION | Name of guarantor | |
| not applicable | Guarantor address; City; State; Zip Code | |
| LENDER INFORMATION | Name of lender Lynda Tarwater | |
| | Lender address: City: State: Zip Code 1065 Roaring Springs Rd Ft. Worth, TX 76114 | |
| GUARANTOR INFORMATION | Name of guarantor | |
| not applicable | Guarantor address; City; State; Zip Code | |
| LENDER INFORMATION | Name of lender Lynda Tarwater | |
| | Lenderaddress; City; State; Zip Code 1065 Roaring Springs Rd Ft. Worth, TX 76114 | |
| GUARANTOR INFORMATION | Name of guarantor | |
| not applicable | Guarantor address; City; State; Zip Code | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS | NEEDED |