1	CANDIDATE / OFFICEHOLDER N 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 MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST CONDICTION	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE	Date Hand-delivered of Postmickad ONS Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHO	Date Profession III PH
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI TELIPE NICKNAME LAST SUFFIX	Date Imaged RATOR
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 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 L2/31	Year / \ \ \
11 ELECTION	Month Day Year ELECTION TYPE North Day Year Primary Runoff Day Primary Primary Runoff Day Primary Primary Primary Runoff Day Primary Pr	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)
	Justice	of the Beace precinct 1
	GO TO PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME		.^ 	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	PATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	TARRA 2015 JAN ELECTIONS
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	ED COUNTY PM 4: 18 HILLIPS VIINISTRATE
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	s J.
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15000
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	zed \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,300.33
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST (REPORTING PERIOD	DAY \$ Ø
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
Notary Pu My Cor	NE BOSS ANDERSON ublic, State of Texas mmission Expires mber 01, 2015	true and correct and includes all in under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
		Signature of Can	didate or Officeholder
AFFIX NOTARY STA		me, by the said Pilar Condia	this the
/5/L day	of Jenus	, 20 <u>/5</u> , to certify which, witness m	ny hand and seal of office.
Olluphen 7.	nderon	Ollicyhine Anderson	Notary
Signature of officer admi	inistering oath	Print name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS

SCHEDULE A (J)

	3 (JUDICIAL	-)	
e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A(J):
Noria Candia		3 ACCOUNT # (E	thics Commission Filers)
	Pac	7 Amount of contribution (\$92)	8 EIn-kind contribution Rescript ARRANT FRANK PHONE AND THE COMPLETE SERVICE AND THE COMPLETE SE
principal occupation	10 Contributor's job	title	STEPS C
employer/law firm	12 Law firm of contril	butor's spouse (if any	E IS
is a child, law firm of parent(s) (if any)			
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)
principal occupation	Contributor's job	title	
employer/law firm	Law firm of contri	butor's spouse (if any	/)
is a child, law firm of parent(s) (if any)			
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)
principal occupation	Contributor's job	title	
employer/law firm	Law firm of contri	ibutor's spouse (if an	y)
is a child, law firm of parent(s) (if any)		-	
	e Instruction Guide explains how to complete this Adria Candia 5 Full name of contributor out-of-state PAC (ID#	Instruction Guide explains how to complete this form. Instruction Guide explains how to complete this form. Instruction Guide explains how to complete this form. Instruction Guide Instruction Guid	3 ACCOUNT # (E

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

f contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

If lepder is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor. Loan Repayment/Reimbursement Transportation Equipment & Related Expense Accounting/Banking Solicitation/Fundraising Expense Legal Services Consulting Expense Travel In District Contributions Donations Make By Candidate Office folder/Forfical Committee Food/Beverage Expense Event Expense Travel Out Of District Polling Expense Fees Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. OTHER (enter a category not listed above) 1 Total pages Schedule F 2 FILER NAME 4 Date 5 Payee name (a) Category (See categories listed at the top of this (If travel outside of Texas. PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name #1120 van City: State: Zip Code Fr WO/H 70 76164

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Transportation Equiment & Related Expense Legal Services Consulting Expense Travel In District Contributions/Donattons Mass By Candidate/Officerorier/Political OTHER (enter a capacy not sted above) Food/Beverage Expense Event Expense Travel Out Of District Polling Expense Fees Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: Etnics Ommission Filers) 4 Dat 2610 Goldenrock F4 WOAL TX 76/11 (a) Category (See categories listed at the top of this (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE schedule) OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Menlo Park PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name PURPOSE OF EXPENDITURE Misc. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete **QNLY** if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Legal Services Consulting Expense Travel In District Contributions Donalisms Mage By Candidate/Officeholder/Political Food/Beverage Expense Event Expense Travel Out Of District Polling Expense Fees Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. OTHER (enter a case) and ve) Total pages Schedule F: (a) Category (See categories listed at the top (If travel outside of Texas, complete Schedule T) PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code RD, Menlo far PURPOSE OF Candidate / Office office name **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH H Worth [PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct expenditure to benefit C/OH URPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

POLITICAL	EXPENDITURES	SCHEDULE F
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(512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayme Reimb ment Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Legal Services Expense Contributions/Docates M Consulting Expense Travel In District Food/Beverage Expense Event Expense Travel Out Of District Candidate/Office Rolder Hitical Committee OTHER (enter a category not listed appve) Polling Expense Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 4 Date IN FIWORL PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See categories listed at the top of this Description (If travel outside of Texas, complete Schedule T) **EXPENDITURE** Heact Labor Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Western Center Category (See categories listed at the top of this **PURPOSE** Naity EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this PURPOSE Dank Fel OF **EXPENDITURE** Check if Austin, TX, officeholder living expense ther Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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POLITICAL	EXPENDITURES		RECHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to compare the comparison of the	ontract Labor Loan Reparations Expense Transporta Expense Contribution Candid OTHER (etc.)	ns/Donations Made By Committee ter a category not listed bove)
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11/7/14	Taco Cabana		
6 Amount (\$) 23.71	7 Payee address: City: State: Zip Code SOIN Beach FHWOY.	H 70 7	6111
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD / BPUT (CLSO PACO)		utside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date/10/14	Payee name £XX&N		
Amount (\$)	Payee address; City: State: Zip Code	rape vine Th	0 76051
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel or	utside of Texas, complete Schedule T)
EXPENDITURE	Travel in District		iceholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sought	Office held
Date (1)/10/14	Monica Maldonado	#1042	
40 <u>w</u>	Payee address; City; State; Zip Code	Voith Do	76117
PURPOSE OF	Category (See categories listed at the top of this schedule)		utside of Texas, complete Schedule T)
EXPENDITURE	Contract Labor	Check if Austin, TX, of	ficeholder living expense
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Date, 11/10/14	Payee name Marisela Ortesa	#1051	
Amount (\$)	Payee address. City: State: Zip Code		1
160	1010 Wayrow ALC 1	- WOISH IX	76109
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTIACT LAGOR		outside of Texas, complete Schedule T) ficeholder living expense
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POLITICAL	EXPENDITURES		SCHEDULE F
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11/10/14	5 Payee name Dans L M 535 7 Payee address; City; State; Zip Code	#1052	4: 16
220	3509 Primilose Ave,	Fr Worth TX	76111
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside Check if Austin, TX, officeho	,
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		of Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		e of Texas, complete Schedule T)
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PAYMENT FROM POLITICAL

SCHEDULE H

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EXPENDITURE		Check if Austin, TX, office	ceholder living expense
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Date	business name		
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) NON-POLITICAL EXPENDITURES SCHEDULE ! MADE FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule 1: 2 FILER NAME 3 ACCOUNT # Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 **М**ра јуре **PURPOSE** (b) De (a) Category (See instructions for examples of acceptable scription (See instruction OF categories) quired.) EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code **PURPOSE** (b) Description (See instructions regarding type of information (a) Category (See instructions for examp s of acceptable OF categories) required.) EXPENDITURE Date Payee name City; State; Zip Code Amount (\$) Payee address; PURPOSE (a) Category (See instructions for examples of acceptable (b) Description (See instructions regarding type of information OF EXPENDITURE yee name Date Amount (\$) Payee address; City; State; Zip Code PURPO\$ (a) Category (See instructions for examples of acceptable (b) Description (See instructions regarding type of information OF required.) categories) EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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GUARANTOR INFORMATION	6 Name of guarantor		ANK PH	TARRANT (
not applicable	7 Guarantor address; City; State; Zip Code		RANK PHILLIPS IONS ADMINISTRAI	FILED TARRANT COUNTY
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

Ido not expect any further political contributions or political expenditures in connection with my candidacy. Lunderstand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Filler WHO IS NOT AN OFFICEHOLDER			The •• Complete	e Instruction Guide explains only if "Report Type" on	s how to complete this	form.
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