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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 NAME	MS/MRS/MP FIRST	5,	OFFICE USE ONLY Date Received
	NICKNAME LAST Hardy	SUFFIX	TZ 2018 BY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #, CITY;	STATE; ZIP CODE	FRANKER FIL
change of address			Receipting Aman Aman
5 CANDIDATE/ OFFICEHOLDER PHONE			
6 CAMPAIGN TREASURER NAME	NICKNAME LAST	SUFFIX	Date meged
	Karr		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	City; state;	ZIP CODE
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	July 15 30th 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 THROUGH $7/15/14$	Month Day	Year 1.5
11 ELECTION	Month ELECTION DATE ELECTION TYPE		General Special
12 OFFICE	OFFICE HELD (ifany)	13 OFFICE SOUGHT (if known	DGE
GO TO PAGE 2			

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Revised 07/28/2014

Texas Ethics Commission

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Austin, Texas 78711-2070

(512) 463-5800

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH SUPPORT & TOTALS COVER SHEET PG 2

14 C/OH NAME		15 /	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	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 TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 53.00
	4. TOTAL	POLITICAL EXPENDITURES	\$781.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$266.51		\$266.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
18 AFFIDAVIT			

I swear, or affirm, under penalty of perjury, that the accompanying report is True and correct and includee all information required to be reported by me LORI MCENDREE under/Title 15, Election Code. NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 08-21-2016 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ______ Cheril S. Hardy ____, this the CUNVARY, 20 _____, to certify which, witness my hand and seal of office. dav Lovi Mc Endree Notary Public Title of officer administering oath Print name of officer administering oath Signature of officer administering oath

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Revised 07/28/2014

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 7871	1-2070 (512) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITUR	ES			SCHEDULE F
	EXPEND	TURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/G Solicitation/Fund Travel In District Travel Out Of Dis Office Overhead/ n Guide explains how to a	Contract Labor raising Expense trict Rental Expense	Loan Repaymer Transportation E Expense Contributions/Do Candidate/O OTHER (enter a	nt/Reimbursement cquipment & Related nations Made By fficeholder/Political Committee category not listed above)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	NT # (Ethics Commission Filers)
4 Date 8-27-14	5 Payee name	Callagh	el	for Qu	ida Stevens
6 Amount (\$) [00	7 Payee address;) Cit Distnict(3	rant(Deinte	
8 PURPOSE	 (a) Category (See categories lister schedule) 	ed at the top of this	(b) Descriptio	n (If travel outside o	of Texas, complete Schedule T)
OF EXPENDITURE	Cift			0 5 G1 G1 Austin, TX, officehold	for Ketchmen erliving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder DH	r name	Office sou	ght	Office held
Date	Payee name	× ۲	^		3
10-2-14	Mexican Am	ienican B	an HB:	SOCIATIC	N
Amount (\$) 185.00	Payee address; Cit CIO ELO FORT	y: State: Zip Code Y SEPUL WORTH T	UEDA X 7611	603	F. Belknap
PURPOSE	Category (See categories liste schedule)	ed at the top of this		n (If travel outside o	of Texas, complete Schedule T)
EXPENDITURE	EVENT EX	PENSE	Check if	Austin, TX, officehold	er living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder	r name	Office sou	ght	Office held
Date	Payee name	L- col.		PARTICIPAL INTERNATION	
11-12-14	Chant	taruy			
Amount (\$)	Payee address; Cit				
175.00	Sel	5			
PURPOSE OF EXPENDITURE	Category (See categories liste schedule) Retwa LOO	1	_ 10	n (lf travel outside o Chin politic fAustin, TX, officehold	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder DH	r name	Office sou	ght	Office held
Date (Payee name	Â			
12-18-14	Ranc	H OAK	FARN	<u>ns</u>	
Amount (\$)	Payee address; Cit	y; State; Zip Code	CAO		
60.04	Fort	- Bled	7 X	7610	7
PURPOSE	Category (See categories list schedule)	ed at the top of this			of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/Be	1 Expence	· -	M FCL ST FAustin, TX, officehold	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholde	r name	Office sou		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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Austin, Texas 78711-2070

(512) 463-5800

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES I Gift/Awards/Memorials Expense Solicitation/Fundra Legal Services Travel In District Food/Beverage Expense Office Overhead/R Printing Expense The Instruction Guide explains how to compare the second secon	ontract Labor Loan Repayment/Reimbursement tising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME CHUNG HANGE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-18-14	5 Payee name ŚWA	(
6 Amount (\$) 163,32	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) WANT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) N / Q Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 12-20-14	Payee name Cherry Har de	1
Amount (\$)	Payee address; City; State; Zip Code	(
220,00	Self	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this star scheduler RCEM PSWM _ Drutt	Description (If travel outside of Texas, complete Schedule,T) Rental Expanses - Table Check if Austin, TX, officeholder living expense (NAW
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Texas	Ethics	Comm	issior
IC/as		COULIN	133101

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P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

OUTSTAN	NDING LOANS grom personal funds schedule L
The	Instruction Guide explains how to complete this form.
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender Chernin Hardy (Self) 5 Lender address; City; State; Zip Code
	5 Lender address; City; State; Zip Code CARPY OVER TOTAL #308,00
GUARANTOR INFORMATION	6 Name of guarantor
not applicable	7 Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor
not applicable	Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor
not applicable	Guarantor address; City; State; Zip Code
LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code
GUARANTOR INFORMATION	Name of guarantor
not applicable	Guarantor address; City; State; Zip Code
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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