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(TDD 1-800-735-2989)

CANDIDA CAMPAIG	FORM C/OH Cover Sheet pg 1						
The C/OH Instruction Guide explains how to complete this form.			2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr. FIRST NICKNAME R. LAST	Gary	OFFICE USE ONLY Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SI IITE #: OTV	STATE: 710 CODE	BY::: TARR Date Hand-delike or Post				
change of address			Beerink # 25 Amount 5				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs. Shelly NICKNAME Ables		TRY IC X Date Imaged AT OG				
7 CAMPAIGN TREASURER ADDRESS (residence or business)		OTV. CTATE.	710 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 (officeholderonly)				
	July 15 Bth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 14				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special				
12 OFFICE	Justice of the Peace, Pct. 4	13 OFFICE SOUGHT (if known)					
GO TO PAGE 2							

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS C				FORM C/OH COVER SHEET PG 2			
14 C/OH NAME R	. Gary	Ritchie	15 ACC	COUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUI ANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOW CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REQUEE NOTICE OF SUCH EXPEN					
	COMMITTEE TYPE			ARRANT COUNT 5 JAN 14 AM 10: FRANK PHILLIPS CTIONS ADMINISTRA			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		ATOR			
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITER		\$ 0			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0-				
EXPENDITURE	3. TOTAL·F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$ 0-			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,00.00				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 122.00				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS (AY OF THE REPORTING PERIOD	\$ 7				
18 AFFIDAVIT	of Januar	is true and correct and includes me under Title 15, Election Coor JBLIC EXAS -27-2015 me, by the said <u>R. Cary Ritc</u>	s all information de. Little Candidate of S my ha	y, that the accompanying report ation required to be reported by This the nd and seal of office. Normy the of officer administering oath			

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Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7871	1-2070 (5	512) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES	6			SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	JRE CATEGORIES Salaries/Wages/Cd Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/F Guide explains how to	ontract Labor nising Expense trict Rental Expense	Loan Repayment/R Transportation Equi Contributions/Dona Candidate/Office OTHER (enter a ca	pment & Related Expense
1 Total pages Schedule F:	2 FILEB NAME R. Gary	Ritchie	,	3 ACCOUNT	# (Ethics Commission Filers)
10/22/14	5 Payee name Mike	Mayes	884×1000		
6 Arhount (\$) \$200,00 8 PURPOSE	7 Payee address; City; 9600 Havn (a) Category (See categories listed at 1	non Roo		+ Worth	
8 PURPOSE OF EXPENDITURE	other		TV Purch	Austin, TX, officeholder	Breakroom
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n	ame	Office sough	nt	Office held
Date	Payee name	// 94/4 - 1977 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 200	Americana - 1.		
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 Sche				s, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n H	ame	Office sough	Austin, TX, officeholder 	living expense Office held
Date	Payee name			BY:	TAF 2015
Amount (\$)	Payee address; City;	State; Zip Code		ONS ADM	FILE RANT IL
PURPOSE OF EXPENDITURE	Category (See categories listed at	the top of this schedule)		(If travel outside of Table CO Austin, TX, officeho	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n)H	ame	Office sough		
Date	Payee name				</td
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at	the top of this schedule)		(If travel outside of Texa Austin, TX, officeholder	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder n OH	ame	Office sough		Office held
	ATTACH ADDITION/	AL COPIES OF THIS	SCHEDULE AS	NEEDED	anna an Ardanan an Brand an Arlanda ann an a

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