JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Ms. Charity	MI TZ	OFFICE USE ONLY		
NAME	Ms. Charity	K	Date Réceive		
	DeVille	SUFFIA	ARRA 6 JAN FRAN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY; STATE; ZIP CODE	TARRANT COUNT		
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Hand-derivered or date Postmarked POSTMARK		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	WI	1441 1 2 0040		
NAME	Mrs. Leslie		Date Procedification 1 3 ZUID		
	Lincoln		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	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		
	July 15 Sth day before e	election Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THRO		Year 2016		
11 ELECTION	Month Day Year Primary General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	}		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME Charity K. DeV	/ille		15 Filer ID	(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					
	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>	TAR 2016 . ELECTI		
	SPECIFIC	COMMITTEE ADDRESS		FILE FRANT COME FRANK PHILE FRANK PHILE FRANK ADMIN		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		DOUNTY PM 2: 5		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		ži +		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 2,115.00					
	4. TOTAL POLITICAL EXPENDITURES \$ 2,115.00			\$ 2,115.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			\$ 0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			\$ 0		
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.						
NITA CHANCELLOR Notary Public, State of Texas Comm. Expires 01-09-2019 Notary ID 5162487						
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said <u>Charity K. DeVille</u> , this the <u>13th</u>						
day of <u>January</u> , 20 <u>16</u> , to certify which, witness my hand and seal of office.						
Mita Chancellor Nita Chancellor Notary						
Signature of officer a	dministering oath	Printed name of officer administering oath	Title	of officer administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME Charity K. DeVille 20 Filer ID (Ethics Co		nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	ions	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIB	UTIONS	\$
8.	$\overline{\mathrm{X}}$ schedule G: Political expenditures made from Personal Fund	s	\$ 2,115.00
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH	\$
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

BY:

FRANK PHILLIPS LECTIONS ADMINISTRATOR

2016 JAN 15 PM 2: 51

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Advertising Expense Transportation Equipment 8 Travel In District Travel Out of District Other (enter a category age Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 2 FILER NAME 3 Filer ID 1 Total pages Schedule G: Charity K. DeVille 5 Payee name Date Fort Worth Republican Women 10/9/2015 7 Payee address; 6 Amount (\$) City; State; Zip Code 25.00 PO Box 101613 Fort Worth, TX 76185-1613 Reimbursement from political contributions intended (b) Description Membership Fee (a) Category (See categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, complete Schedule T Fees EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/9/2015 GoDaddy.com Payee address; City; State; Zip Code Amount (\$) Corporate Headquarters 60.00 Reimbursement from political contributions 14455 N. Hayden Rd., Ste. 226, Scottsdale, AZ 85260 Category (See categories listed at the top of this schedule) (b) Description Website for Candidate PURPOSE Check if travel outside of Texas, complete Schedule T OF Fees EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/6/2015 Tarrant County Republican Clearing Account Amount (\$) Payee address; City: State: Zip Code 10.00 2405 Gravel Drive, Fort Worth, TX 76118 Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) (b) Description Monthly Donation **PURPOSE** Check if travel outside of Texas, complete Schedule T Contributions/Donations **EXPENDITURE** _ Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	ical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Official Control of the Canter acategory noticed above)		
	7		52 E 2		
1 Total pages Schedule G:	2 FILER NAME Charity K. DeVille		3 Filer ID (Eng Commission Plane)		
4 Date 12/7/2015	Tarrant County Republican C	learing Account	PM 2		
6 Amount (\$) 10.00 Reimbursement from political contributions intended	7 Payee address; City; State; 2405 Gravel Drive, Fort Wort	•	2: 54 2: 54		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations (b) Description Monthly Donation Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
12/19/2015	JTD Strategies L.L.C.				
Amount (\$)	Payee address; City; State;	Zip Code			
2,000.00 Reimbursement from political contributions intended	201 Main Street, Suite 600, Fort Worth, TX 76102				
	Category (See categories listed at the top of this	schedule) (b) Description New	Client Fee		
PURPOSE OF EXPENDITURE	Consulting Expense	Check if travel out	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Data	Payee name				
1/7/2016	Tarrant County Republican Clearing Account				
Amount (\$)	Payee address; City; State;	Zip Code			
10.00			•		
Reimbursement from political contributions intended	2405 Gravel Drive, Fort Worth, TX 76118				
DUDDOGE	Category (See categories listed at the top of this	schedule) (b) Description Mor	thly Donation		
PURPOSE OF EXPENDITURE	Contributions/Donations		side of Texes, complete Schedule T X, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					