CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages filed:					
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MP. FIRST D.	^{мі} ₩.	OFFICE USE ONLY					
NAME	DUB BRANSON	SUFFIX TR.	Date Received TARRAL 2016 JUL					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; C	CITY: STATE: ZIP CODE	ALED AL COURT 14 PM 2:					
5 CANDIDATE/ OFFICEHOLDER PHONE		-	Date Hand-detered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MES. JOANN	мі У У).	Receipt # Amount \$ Date Processed					
NAIVIE	NICKNAME LAST GOE DON	SUFFIX	Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SL		ZIP CODE r					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION						
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical String and Strin		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 15 / 16							
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Olher Description Special						
12 OFFICE	OFFICE HELD (If any) CONSTABLE, PRECN TARRANT CO., JEXAS	NOT 4						
	TARRANT CO., JEXAS							
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE	COMMITTEE NAME	7016 2016 ELEC					
	GENERAL							
	SPECIFIC	COMMITTEE ADDRESS	RANT CO					
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	PH 2: 0					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	Z.					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM						
	2. TOTAL (OTHER	\$ O						
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 400=					
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ -					
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	*						
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. CATHERINE RAMIREZ Notory ID 1227163-1 My Commission Expires December 28, 2019 Signature of Candidate or Officeholder								
AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subscribed before me, by the said <u>Oub</u> Bransum Tr, this the day of Tuy, 2014, to certify which, witness my hand and seal of office.								
Catherine Ramirez Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME DRANSOM Je. Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contributions City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a))	FO -			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor			Reimbursemen	i		
Accounting/Banking	Legal Services	Solicitation/Fundrais	ing Expense		quipment & Related E	xpense		
Consulting Expense	Food/Beverage Expense	Travel In District	-		nations Made By			
Event Expense	Polling Expense	Travel Out Of Distri			iceholder/PoliticaLCo			
Fees	Printing Expense	Office Overhead/Re		1	category not listed at			
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F:	2 FILER NAME			3 ACCOU	T # (Ethics Commissi	on F(lers)		
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3-31-16					ATC O			
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code) 8 7			
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