# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	Mr. Kussell NICKNAME LAST  RUSS  Cascy	SUFFIX	OFFICE USE ONLY  Date Received  BY  CERTIFIE  AR  DATE  DATE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE; ZIP CODE	TARRANT COUN  16 JUL -8 AM 9  FRANK PHILLIPS  ECTIONS ADMINISTR		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EATENSION	Date Hand-delivered or Date Sostmarked		
6 CAMPAIGN TREASURER NAME	Mrs. Heather  NICKNAME LAST  Casey	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT /	/ SUITE #: CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	ADEA CODE DUONE NI IMBED	EXTENSION			
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	O 1 / O 1 / 16	THROUGH 07	Day Year 0 1 / 16		
11 ELECTION	ELECTION DATE  Month Day Year Primar  General	Description			
12 OFFICE	Justice of the Peace	13 OFFICE SOUGHT (if known)			
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME $\mathcal{D}$	sell Ca	SCV	5 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				
	GENERAL		8 ELLI			
	SPECIFIC	COMMITTEE ADDRESS	TARRAM  OI6 JUL -  FRANK  ECTIONS A			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	B AM OFFINIST			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	9: 22 RATOR			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 6			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 82.61			
	4. TOTAL POLITICAL EXPENDITURES		\$ 82.61			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 9000					
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, Efection Code.  ELAINE M. SILVA Notary Public STATE OF TEXAS My Comm. Exp. Mar. 21, 2017  Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said $R_{\mu\nu}$ sell (asey , this the						
day of July .20 6, to certify which, witness my hand and seal of office.						
Quenemisia Elainem. Silva Notary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

## **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

		COVERS	SHEET PG 3
19	FILEBRAME 20 Kussell Casey	Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Ø
4.	SCHEDULE E: LOANS		\$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIL	BUTIONS	\$Ø
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	TRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$82.61
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH	\$ 6
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS	\$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ Ø
		ВҮ:	TARRANT  2016 JUL -8  FRANK PH  ELECTIONS ADD

AM 9: 22
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 1-22-16 60 Daddy.com 6 Amount (\$) Scottsdale, AZ 85260 political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. uselosite **EXPENDITURE** Light 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 City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City; State; Zip Code

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Amount (\$)

**PURPOSE** 

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Reimbursement from political contributions intended Payee address;

(b) Description

Office sought

Check if travel outside of Texas. Compl

Check if Austin, TX, officeholder living expecte

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Office held

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