CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

OFFICEHOLDER NAME Date Received			1 ACCOUNT #	2 Total pages filed:
NAME W.R. D.W. NICKIMME UST DUB BRANSOM ACCONDIDATE / OFFICEHOLDER MAILING ADDRESS CANDIDATE / OFFICEHOLDER MAILING ADDRESS CHANGO of Address S CANDIDATE / OFFICEHOLDER PHONE NUMBER EXTENSION Date Processed Date Processed Date Processed Date Processed Date Processed Date Imaged AREA CODE PHONE NUMBER EXTENSION Date Imaged AREA CODE PHONE NUMBER SUFFIX CAMPAIGN TREASURER ADDRESS (residence or business) S CAMPAIGN TREASURER PHONE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: OTY, SMTE: ZIP CODE S CAMPAIGN TREASURER PHONE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: OTY, SMTE: ZIP CODE S CAMPAIGN TREASURER PHONE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: OTY, SMTE: ZIP CODE TREASURER PHONE S CAMPAIGN TREASURER PHONE S CAMPAIGN TREASURER PHONE S TREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: OTY, SMTE: ZIP CODE TO SMTE: ZIP CODE TISM day after campalign treasurer appointment (offichation ruly) In period S TREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: OTY, SMTE: ZIP CODE TO SMTE: ZIP CODE TO SMTE: ZIP CODE TISM day after campalign treasurer appointment (offichation ruly) In period TREASURER PHONE THROUGH TO PERIOD TO SMTE ZIP CODE TO SMTE: ZIP CODE TO SMT	The C/OH Instruction	Guide explains how to complete this form.		201 201 ELE
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4 CANDIDATE / OFFICEHOLDER ADDRESS /POBOX: APT / SUITE #: CITY: STATE ZP CODE	_	MR. D.W.	SUFFIX	Date Received 30 2
MAILING ADDRESS change of address AREA CODE PHONE NUMBER EXTENSION Date Processed Receipt # Arrount Arrount Date Processed Date Pro		DUB BRANSOM	JR	25
S CANDIDATE/ OFFICEHOLDER PHONE NUMBER S CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI Date Imaged MS/MRS/MR FIRST MI Date Imaged MS/MRS/MR FIRST MI Date Imaged TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT/SUITE#: CITY. STATE, ZIP CODE 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 30th day before election	OFFICEHOLDER MAILING		STATE; ZIP CODE	Date Hand delivered appositmarked
OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE ODate Processed Date Processed Date Processed Date Processed Date Processed Date Processed Date Imaged Date Image	change of address			Receipt #! Amount
TREASURER NAME M. S. JOANN CORDON TREASURER ADDRESS (residence or business) STREET ADDRESS (NO POBOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (residence or business) AREA CODE PHONE NUMBER EXTENSION Runoff Istin day after campaign treasurer appointment (official/older only) July 15 Stin day before election Exceeded \$500 Final report (Attach CICH - FR) TO PERIOD COVERED TO JULY 15 Stin day before election Exceeded \$500 Final report (Attach CICH - FR) THROUGH TO PERIOD COVERED TO JULY 12 THROUGH THROUGH TO SPECIAL COUNTY TARE ANT COUNTY TO STABLE, PCT H TARE ANT COUNTY TO STABLE, PCT H TARE ANT COUNTY	OFFICEHOLDER		EXTENSION	Date Processed
TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE V January 15	TREASURER	MRS JOANN		Date Imaged
TREASURER PHONE 9 REPORT TYPE January 15	TREASURER ADDRESS		CITY; STATE;	ZIP CODE
July 15 Sth day before election Runoff treasurer appointment (officeholder only) July 15 Sth day before election Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED Month Day Year THROUGH 12 / 31 / 201 3	TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
10 PERIOD COVERED Month Day Year THROUGH 7 / 31 / 2013 THROUGH 12 / 31 / 2013 11 ELECTION Month Day Year THROUGH 12 / 31 / 2013 12 OFFICE OFFICE HELD (Ifany) CON STABLE, PCT H TARRANT COUNTY	9 REPORT TYPE	January 15 30th day before election	Runoff	treasurer appointment
THROUGH 12 / 31 / 2013 THROUGH 13 OFFICE SOUGHT (if known) TAREANT COUNTY TAREANT COUNTY		July 15 8th day before election		Final report (Attach C/OH - FR)
Month Day Year Primary Runoff General Special 12 OFFICE OFFICE HELD (If any) CON STABLE, PCT H TARRANT COUNTY			•	
CONSTABLE, PCT4 TARRANT COUNTY	11 ELECTION	Month Day Year	Runoff	General Special
	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2		TARRANT COUNTY		

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 AC	COUNT # (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.			
- N	COMMITTEE TYPE	COMMITTEE NAME	TARE 2011 J	
	GENERAL	COMMITTEE ADDRESS	VRAN S EVE	
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	H IZ: I	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	β ω	
17 CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$		\$	
			\$ 0	
EXPENDITURE TOTALS			\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 580 00	
CONTRIBUTION BALANCE	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			
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.				
BRANDI M. BREWTON NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 04-08-2017 BRANDI M. BREWTON Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said				
day of January, 20 14 , to certify which, witness my hand and seal of office.				
Signature of officer admi	lkywb	Brance M. Brewton Frinted name of officer administering oath	-dmin. Secre-tary	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wag	es/Contract Labor Loan Repayme	ent/Reimbursement			
Accounting/Banking			Equipment & Related Expense			
Consulting Expense Event Expense	Food/Beverage Expense Travel In Dis Polling Expense Travel Out O	0011111001101101	Oonations Made By Officeholder/Political Committee			
Fees			a category not listed above)			
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F:	2 FILER NAME	3 ACCO	UNT# (Ethics Commission Filers)			
	D.W. "DUB" BRANS	som, IR	31 - 31 - 31 - 31 - 31 - 31 - 31 - 31 -			
4 Date	5 Payee name					
8/16/13	Castleberry Athlet	ic Booster				
6 Amount (\$)	7 Payee address; City; State; Zip Code		82 3-			
OD	PD Boy 10063		PO P			
65.	0.4					
<i>Q 3</i> .	KIVER DAKS, TX 76114	<i>t</i>				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule I)			
OF EXPENDITURE	Advertising					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/C	pH		1			
5.						
Date 0 1 1 1 2	Payee name	1 m				
8/16/13	AZLE WOMAN'S BUSH					
Amount (\$)	Payee address; City; State; Zip Cod	e				
00	P.O. BOX 613					
100	AZLE, TX 76020		•			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)			
OF EXPENDITURE	CONTRIBUTION	Shoes for Ki	1.			
	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office field			
Date	Payee name	1	•			
9/17/13	White Settlement Cha	ember				
Amount (\$)	Payee address; City; State; Zip Code	nt Rd. Ste 100				
00	8224 White sections	w Ra. Sie 100				
15	White Settlement, Ty		,			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)			
OF		, , , , , , , , , , , , , , , , , , , ,	,			
EXPENDITURE	Dues					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit erent						
Date	Payee name					
9/5/13	Chute 2 Prod	•				
Amount (\$)	Payee address; City; State; Zip Code LAKE WORTH LIONS	IIIA				
2 = 00	LAKE WORTH LIONS C	······································				
330 -	SPRINGTOND, TX					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)			
OF	Aldadama					
EXPENDITURE	Havertising					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co				
Accounting/Banking	Legal Services Solicitation/Fundra	• • • • • • • • • • • • • • • • • • • •			
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By rict Candidate/Officeholder/Political Committee			
Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R				
1 663	The Instruction Guide explains how to				
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
	D.W. "DUB" BRANSON	1, JR			
4 Date	5 Payee name				
10/29/13	Lake Worth Historical	Assin			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
00		3 m			
50 -	Lake Worth, TX	; E 20			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule 1)			
OF EXPENDITURE	Donation	In memoria ST & B			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/C					
Date	Payee name				
Date	Tayou name				
Amount (\$)	Payee address; City; State; Zip Code	102			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF					
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF					
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
	Candidate / Officeholder name	Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office field			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					