# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

	A STATE OF THE STA		1 ACCOUNT #	2 Total pages filed:
The JC/OH Instruction	Guide explains how to com	plete this form.	(Ethics Commission Filers	23
3 CANDIDATE / OFFICEHOLDER NAME	Judge Brent A. Ca	arr St	MI 	OFFICE USE ONLY  Date Received L  ECTIONS  STEP
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / PO BOX; APT / SUITE		STATE; ZIP COL	Date Hand-delivered or Poetmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NO	JMBLIX		Date Processed
6 CAMPAIGN TREASURER NAME	Judge Brent A. Ca	RST AFF 	MI  SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO POBOX PLEAS		CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	UMBER	EXTENSION	
9 REPORT TYPE		h day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 13	THROUGH	Month 12 /3	Day Year 1 <b>/</b> 13
11 ELECTION	Month ELECTION DATE Day Year 03 / 04 / 14	ELECTION TYPE  Primary	Runoff	Géneral Special
12 OFFICE	OFFICE HELD (ifany) Judge, Tarrant Cou Court No. 9	inty Criminal	13 OFFICE SOUGHT (	(known)
		GO TO PAC	SE 2	

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

P.O. Box 12070

### FORM JC/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUN	T# (Ethics Commissi	on Filers)
Brent A. Carr					
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFF	ICEHOLDER'S KNOWLED	GE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	2Y.	20 III	A
	GENERAL	COMMITTEE ADDRESS	and the second of the second o		<del>Ž</del> n
	SPECIFIC			<u> </u>	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	<b>9</b> - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		90
		COMMITTEE CAMPAIGN TREASURER ADDRESS		<u> </u>	~<
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES.		1,399.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		9	\$ 8,379.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$	<sup>\$</sup> 1,984.05	
	4. TOTAL POLITICAL EXPENDITURES		\$	<sup>\$</sup> 7,442.80	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS' REPORTING PERIOD	T DAY	8,933.96	-
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O AY OF THE REPORTING PERIOD	FTHE	<b>5</b> 0	
18 AFFIDAVIT					
	LORI MCENE NOTARY PU STATE OF TI My Comm. Exp. 08-	BLIC EXAS	information re	equired to be reporte	•
AFFIX NOTARY STA	MP / SEAL ABOVE				
I C-H	scribed before of Jonus	me, by the said <u>Brent A. Carr</u> , 20 , to certify which, witness	my hand a	this th	
doù me E	ndree	Lori McEndree	Notar	y Public	
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of office	cer administering or	ath

#### SCHEDULE A (J)

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The state of the s			1 Total pages Sche	
The	Instruction Guide explains how to complete this	o tottii.	100	Q .
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
Brent A. C	Carr			
4 Date	5 Full name of contributor   Dut-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	_		contribution (\$)	description(if applicable)
7100110	J. Steven Bush		\$100	
7/29/13	6 Contributor address; City; State; Zip Code		i	30 = 2
	314 Main St. #200		l i	₹ <b>3</b> 3 3 7
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule 1).
	rincipal occupation	10 Contributor's job		
	orney	Attorne		
1	mployer/law firm	12 Law firm of contri NA	butor's spouse (if any	Marine Ma
	employed a child, law firm of parent(s) (if any)	1.4.1		= विक्
NA				
Date	Full name of contributor	)	Amount of	In-kind contribution
	Peter J. Graham		contribution (\$)	description(if applicable)
7/30/13	1		\$300	
1/30/13	Contributor address; City; State; Zip Code		1	
	623 W. Division #A			
	Arlington, TX 76011		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	Contributor's job	title	
Atto		Attorne	y ibutor's spouse (if any	A
l .	mployer/law firm	Law firm of contr	ibutors spouse (if any	()
	-employed s a child, law firm of parent(s) (if any)			
N/				
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Ronnie Long		contribution (\$)	description(if applicable)
8/02/13	Contributor address; City; State; Zip Code			
0.02.10	1		\$150	
	6004 Airport Frwy			· 
	Fort Worth, TX 76117		(If travel outside	of Texas, complete Schedule T)
	orincipal occupation ndsman	Contributor's job Bonds		
	employer/law firm	Law firm of contr	ibutor's spouse (if any	у)
	f-employed	NA	. , ,	
If contributor is	s a child, law firm of parent(s) (if any)			
l NA	au			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

explains how to complete this	form.	1 Total pages Sche	edule A(J):
			hics Commission Filers)
tributor		7 Amount of	8 In-kind contribution
		contribution (\$)	description(if applicable)
ess; City; State; Zip Code Ct.		\$100   	
TX 76109		(If travel outside	of Texas, complete Schedule T)
	Dentist		
		butor's spouse (if any	<i>'</i> )
rant(a) (if any)	INA		
ionia) (ii any)			
tributor   Chut of state PAC /ID#	1	Amount of	In-kind contribution
· <b>-</b>		contribution (\$)	description(if applicable)
		\$200	
		Ψ200	· 
IX 76012		1	of Texas, complete Schedule T)
0			Services
Tarrant County MHMMR Contributor's employer/law firm			
	NA		
rent(s) (if any)			
tributorout-of-state PAC (ID#:		Amount of	In-kind contribution description(if applicable)
. Beswick ess; City: State; Zip Code ioneer Dr.		\$100	uescription(ii applicable)
75061		(If travel outside	of Texas, complete Schedule T)
	Contributor's job Attorne	title By	
		ibutor's spouse (if an	y)
	NA NA		
rent(s) (if any)		*	a 12
			TARRANT COUNTY  SIEVE ADMITTED  1:38  1:38
	ributor   Dut-of-state PAC (ID#	Cox, Jr.  Pess; City; State; Zip Code Ct.  Ct.  CX 76109    10	axplains how to complete this form.    Coff   Coff   Coff

#### **POLITICAL CONTRIBUTIONS** HANDI EDGES OR LOANS (HIDICIAL)

xplains how to complete th	is form.	1 Total pages Scho	edule A(J):
		3 ACCOUNT # (E	thics Commission Filers)
ibutorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
ermott ss; City; State; Zip Code / Knoll Dr. 75230		\$100	of Texas, complete Schedule T)
	10 Contributor's job		
	Retired  12 Law firm of contri  NA		y)
ent(s) (if any)			
ributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
ss; City; State; Zip Code		\$100	
, TX 75081		(If travel outside	of Texas, complete Schedule T)
V	Contributor's job		
	Attorne		
	Law firm of contri	ibutor's spouse (if an	у)
ent(s) (if any)	1 17 (		
			-
ributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
nn Ernst ss; City; State; Zip Code van Dr. n, TX 76116	e	\$75	
	Contributor's job Attorne	title Əy	
		ibutor's spouse (if an	у)
ent(s) (if any)	NA NA		
		E AS NEEDED	ng requirements.
			ACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED tate PAC, please see instruction guide for additional reporti

P.O. Box 12070

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
				thics Commission Filers)
2 FILER NAME	20.00		3 70000111 # (2	and deministration (
Brent A. C			7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)
			\$150	
8/15/13	6 Contributor address; City; State; Zip Code 3020 Matlock Rd. #210		·	
	Arlington, TX 76015		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	10 Contributor's job		
11 Contributor's e	orney	Attorne 12 Law firm of contri		v)
	employed	NA NA	butor o opouco (ii uii	,,
13 If contributor is	s a child, law firm of parent(s) (if any)			
NA NA				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Trent Loftin		.,	, , , , , , ,
8/20/13	Contributor address; City; State; Zip Code		\$100	
	500 Throckmorton #1710			
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
		Attorne	ey	
	mployer/law firm	Law firm of contri	butor's spouse (if an	у)
	f-employed s a child, law firm of parent(s) (if any)			
N/				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Laura Loftin		Contribution (\$)	description(ii applicable)
8/20/13	Contributor address; City; State; Zip Code		m400	
	500 Throckmorton #1710		\$100	
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
Contributor's r	orincipal occupation	Contributor's job	<u> </u>	
Dent		Dentist		
	employer/law firm	Law firm of contri Trent L	ibutor's spouse (if an	
Se If contributor is	f-employed s a child, law firm of parent(s) (if any)	Hence	201111	
N/	4			9 / 5
		-		
				ng requirements:
	ATTACH ADDITIONAL COPIES (			na roaniroments'
If con	tributor is out-of-state PAC, please see instr	uction guide for a	authonal reporti	ng redghellielis. →
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P.O. Box 12070

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME				thics Commission Filers)
Brent A. (	Carr			
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8/20/13	Jerry Loftin 6 Contributor address; City; State; Zip Code 113 N. Houston St. Fort Worth, TX 76102		\$100	
9 Contributor's p	I principal occupation DTNEY	10 Contributor's job t Attorne	itle	,
11 Contributor's		12 Law firm of contrib NA		у)
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#  Kristen Loftin		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/20/13	Contributor address; City; State; Zip Code  113 N. Houston St.  Fort Worth, TX 76102		\$100	
		Contributor's job t		of Texas, complete Schedule T)
	orincipal occupation	Attorne		
Contributor's	employer/law firm	Law firm of contrib	outor's spouse (if an	y)
se	f-employed	self-em	played	
If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID# Tim Moore	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8/20/13	Contributor address; City; State; Zip Code  115 W. 2nd St. #202  Fort Worth, TX 76102		\$75	
		O a staile standa i ale t	· · · · · · · · · · · · · · · · · · ·	e of Texas, complete Schedule T)
	principal occupation Attorney	Contributor's job		9 F 2 .
Contributor's	employer/law firm	Law firm of contrib NA	outor's spouse (if an	794
	If-employed s a child, law firm of parent(s) (if any) A		A - 8 AM - 11	
lf coi	ATTACH ADDITIONAL COPIES O ntributor is out-of-state PAC, please see instru			ing requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Brent A. C	Carr			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Craig Dameron		contribution (\$)	description(if applicable)
8/20/13	6 Contributor address; City; State; Zip Code		\$75	
	701 W. Belknap			
	Fort Worth, TX 76102			of Texas, complete Schedule T)
	rincipal occupation	10 Contributor's job t		
	Drney mployer/law firm	Attorne  12 Law firm of contrib		у)
• •	employed	NA		
13 If contributor is	s a child, law firm of parent(s) (if any)	, , , , , , , , , , , , , , , , , , , ,		
NA				T
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Delaine Godwin		•	,
8/20/13	Contributor address; City; State; Zip Code		\$100	1
	6425 Cahoba Dr.			
·	Fort Worth, TX 76135		(If travel outside	of Texas, complete Schedule T)
Contributor's p	I principal occupation	Contributor's job		
Retin		Retired		
	employer/law firm	Law firm of contril	butor's spouse (if an	) ()
If contributor is	s a child, law firm of parent(s) (if any)	, ,		
NA	, , , , , ,			
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Daniel Chisholm		contribution (\$)	description(if applicable)
8/20/13	Contributor address; City; State; Zip Code		<b>*</b> 400	
	4324 Diaz Ave.		\$100	
	Fort Worth, TX 76107		/If travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	L	of Toxas, complete concern,
Retin		Retired		
	employer/law firm		butor's spouse (if an	
NA Mantributari	s a child, law firm of parent(s) (if any)	MA		
If contributor is	s a child, law firm of parent(s) (ii arry)			
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	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE	AS NEEDED	1970 - 1970 - 1970
If con	tributor is out-of-state PAC, please see instr	uction guide for a	dditional reporti	ing requirements:
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**POLITICAL CONTRIBUTIONS** 

# SCHEDULE A (J)

(TDD 1-800-735-2989)

OTHER	THAN PLEDGES OR LOANS	(JUDICIAL)	)	
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Sche	
2 FILER NAME			hics Commission Filers)	
Brent A. (	Carr			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8/20/13	Barry Marsh 6 Contributor address; City; State; Zip Code 1733 Cynthia Ln		\$100   	
	Hurst, TX 76054		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	Contributor's job t	itle	
		12 Law firm of contrib NA	outor's spouse (if any	/)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/20/13	Contributor address; City; State; Zip Code		\$100	
	6501 D Hickock Dr.			' 
	Fort Worth, TX 76116			of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	arge	
	employer/law firm	Law firm of contril	outor's spouse (if any	у)
If contributor i	s a child, law firm of parent(s) (if any)		L DAVID	
Date	Full name of contributorout-of-state PAC (ID#: Michael Deegan	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8/20/13	Contributor address; City; State; Zip Code 101 Summit Ave. #104		\$100	 
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
	principal occupation	Contributor's job Attorn		
Contributor's e	employer/law firm f-employed	Law firm of contri	butor's spouse (if an	у)
	s a child, law firm of parent(s) (if any)			- m 1
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED dditional reporti	# : T
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Texas Ethics Commission

#### **POLITICAL CONTRIBUTIONS** THER THAN DI EDGES OR LOANS (JUDICIAL)

OTHER	THAN PLEDGES ON LOANS	(OODIOIAL)	,	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Brent A. C	Carr			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8/20/13	Jerry L. Wood 6 Contributor address; City; State; Zip Code 912 W. Belknap Fort Worth, TX 76102		\$100	
	· ·	10 Contributor's job t		of Texas, complete Schedule T)
9 Contributor's p Attor	rincipal occupation	Attorne		
11 Contributor's e	mployer/law firm	12 Law firm of contrib		y)
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC (ID#: Patrick Gallagher	)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8/20/13	Contributor address; City; State; Zip Code		\$200	
	197 Forest Bend Ln			
	Weatherford, TX 76087		(If travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job		
Attori		Attorne	y butor's spouse (if an	
	employer/law firm employed	NA NA	butor s spouse (ii aii	y)
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution description(if applicable)
8/20/13	David L. Richards  Contributor address; City; State; Zip Code  1011 Switchyard St. #334		\$200	
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)
<u>.</u>	orincipal occupation ttorney	Contributor's job Attorn		
	employer/law firm	Law firm of contri	butor's spouse (if an	у)
self	f-employed	NA_		
	s a child, law firm of parent(s) (if any)			
	ATTACH ADDITIONAL COPIES ( tributor is out-of-state PAC, please see instr			NARRANT COUNTY  STEVENSON 1: 39  ng requirements: 1: 39

J				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Brent A. C	Carr			
4 Date	5 Full name of contributorbut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	Lance Evans		\$200	
8/20/13	6 Contributor address; City; State; Zip Code 115 W. 2nd St. #202			
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
l T	rincipal occupation	10 Contributor's job		
Attor	ney mployer/law firm	Attorne  12 Law firm of contri	<del></del>	v)
• •	mployed	NA	oute, o openio (a	,,
13 If contributor is NA	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Ed Canas		, ,	
8/20/13	Contributor address; City; State; Zip Code		\$200	1
	1441 N. Main St.			<u> </u>
	Fort Worth, TX 76164		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
Attorney Attorne		<b>y</b> butor's spouse (if an	W)	
	mployer/lawfirm employed	NA NA	butor a spouse (ii aii	9)
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution description(if applicable)
	Warren St. John		contribution (\$)	description(ii applicable)
8/20/13	Contributor address; City; State; Zip Code		4050	ļ
	801 Cherry St. #5		\$250	1
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	1	,,
	ttorney	Attorn		
B	employer/law firm	Law firm of contri	butor's spouse (if ar	y)
Self If contributor is	-employed s a child, law firm of parent(s) (if any)	I INA		
	IA			
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				TARI 2014 JI ELECTION
				TARRA 2011 JAN ELECTIONS
••	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE	: AS NEEDED	20 12
If con	ATTACH ADDITIONAL COPIES ( tributor is out-of-state PAC, please see instr	OF THIS SCHEDULE uction guide for a	: AS NEEDED dditional reporti	20 12
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If con	ATTACH ADDITIONAL COPIES Of tributor is out-of-state PAC, please see instr	OF THIS SCHEDULE uction guide for a	: AS NEEDED dditional reporti	ng requirements.

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			1 Total pages Sche	edule A(J):
The	Instruction Guide explains how to complete this	form.	10 of 1	
2 FILER NAME	All the second s		3 ACCOUNT # (Et	hics Commission Filers)
Brent A. C	Carr			
4 Date	5 Full name of contributorout-of-state PAC (ID#			8 In-kind contribution
	Cody Cofor		contribution (\$)	description(if applicable)
0/00/42	Cody Cofer		\$300	
8/20/13	6 Contributor address; City; State; Zip Code 111 N. Houston #222			
	Fort Worth, TX 76102			
				of Texas, complete Schedule T)
-	rincipal occupation	10 Contributor's job t Attorne		
Attor	Mey mployer/law firm	12 Law firm of contril	<u> </u>	/)
	mployed	NA		
	a child, law firm of parent(s) (if any)			
NA				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	William Hinds, Jr.		, ,	
8/12/13	Contributor address; City; State; Zip Code		\$100	
	2409 Park Run Dr.			
	Arlington, TX 76016		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	Contributor's job		
Retin	ed	Rotfred		
Contributor's e	mployer/law firm	Law firm of contril  NA	butor's spouse (if any	′)
	s a child, law firm of parent(s) (if any)	10//		
NA				
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Reagan Horton		Communication (4)	
8/20/13	Contributor address; City; State; Zip Code		<b>#200</b>	
	1501 Alta Dr.		\$200	
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)
Contributor's p	l principal occupation	Contributor's job	L	
	icial Management	Financial		
	employer/law firm	Law firm of contri	butor's spouse (if any	y)
KA If contributor is	s a child, law firm of parent(s) (if any)	ion		
NA	sa cilia, iaw iiiii oi parcin(s) (ii ciliy)			ZOIN TAI
				ARR.
				JAN STEEL
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If con	tributor is out-of-state PAC, please see instr	uction guide for a	dditional reporti	ng requirements.
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#### Texas Ethics Commission

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho		
				hics Commission Filers)	
2 FILER NAME Brent A. (	Corr		<b>.</b>	· ·	
4 Date	5 Full name of contributorput-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
4 Date			contribution (\$)	description(if applicable)	
0/00/40	Mimi Coffey		\$300		
8/20/13	6 Contributor address; City; State; Zip Code 4700 Airport Frwy				
*	Fort Worth, TX 76117		i		
·			<u>`</u>	of Texas, complete Schedule T)	
	rincipal occupation	10 Contributor's job Attorne			
Attor	mployer/law firm	12 Law firm of contri		<i>(</i> )	
self-e	employed	NA			
13 If contributor is NA	s a child, law firm of parent(s) (if any)				
		,	Amount of	In-kind contribution	
Date	Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)	
0.00140	Mike Heiskell		<b>0150</b>		
8/22/13	Contributor address; City; State; Zip Code		\$150	<b>!</b> <b>!</b>	
	5601 Bridge St. #220			<b>'</b> 	
	Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)		
I	principal occupation	Contributor's job title			
Attorn		Attorney  Law firm of contributor's spouse (if any)			
l ·	Contributor's employer/law firm  Self-employed  NA  Law firm of contributor's spouse (if any)  NA			,,	
1 3511"5	mbloveu	11/7			
If contributor is	mpioyeu s a child, law firm of parent(s) (if any)	I IVA			
If contributor is NA	s a child, law firm of parent(s) (if any)		Amount of	In-kind contribution	
If contributor is	s a child, law firm of parent(s) (if any)  Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)	
If contributor is NA	s a child, law firm of parent(s) (if any)  Full name of contributor				
If contributor is NA	s a child, law firm of parent(s) (if any)  Full name of contributorout-of-state PAC (ID#:  Mark Daniel  Contributor address; City; State; Zip Code				
If contributor is NA	Full name of contributor		contribution (\$)		
If contributor is NA	s a child, law firm of parent(s) (if any)  Full name of contributorout-of-state PAC (ID#:  Mark Daniel  Contributor address; City; State; Zip Code		\$75		
If contributor is NA  Date  8/25/13	Full name of contributorout-of-state PAC (ID#:	Contributor's job	\$75 (If travel outside	description(if applicable)	
If contributor is NA  Date  8/25/13  Contributor's p	Full name of contributorout-of-state PAC (ID#	Contributor's job	\$75 (If travel outside	description(if applicable)      of Texas, complete Schedule T)	
If contributor is NA  Date  8/25/13  Contributor's a Attor	Full name of contributorout-of-state PAC (ID#:	Contributor's job	\$75 (If travel outside	description(if applicable)      of Texas, complete Schedule T)	
If contributor is NA  Date  8/25/13  Contributor's p Attor Contributor's e Self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri	\$75 (If travel outside	description(if applicable)      of Texas, complete Schedule T)	
If contributor is NA  Date  8/25/13  Contributor's p Attor  Contributor's e Self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri	\$75 (If travel outside	description(if applicable)      of Texas, complete Schedule T)	
If contributor is NA  Date  8/25/13  Contributor's p Attor Contributor's e Self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri	\$75 (If travel outside	description(if applicable)      of Texas, complete Schedule T)	
If contributor is NA  Date  8/25/13  Contributor's p Attor Contributor's e Self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri	\$75 (If travel outside	description(if applicable)  of Texas, complete Schedule T)	
If contributor is NA  Date  8/25/13  Contributor's p Attor Contributor's e Self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri	\$75  (If travel outside title by ibutor's spouse (if an	description(if applicable)  of Texas, complete Schedule T)  y)	
If contributor is NA  Date  8/25/13  Contributor's a Attor Contributor's e self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri NA	\$75 (If travel outside title by ibutor's spouse (if an	description(if applicable)  of Texas, complete Schedule T)  The second s	
If contributor is NA  Date  8/25/13  Contributor's a Attor Contributor's e self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri NA	\$75 (If travel outside title by ibutor's spouse (if an	description(if applicable)	
If contributor is NA  Date  8/25/13  Contributor's a Attor Contributor's e self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri NA	\$75 (If travel outside title by ibutor's spouse (if an	description(if applicable)	
If contributor is NA  Date  8/25/13  Contributor's a Attor Contributor's e self-e	Full name of contributorout-of-state PAC (ID#	Contributor's job Attorne Law firm of contri NA	\$75 (If travel outside title by ibutor's spouse (if an	description(if applicable)	

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Ine	Instruction Guide explains now to complete this	TOTIII.	12 0 € 16		
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)	
Brent A. C	Carr				
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
	A		contribution (\$)	description(if applicable)	
8/22/13	Andrew Platt 6 Contributor address; City; State; Zip Code 912 W. Belknap #912 Fort Worth, TX 76102		\$100	of Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation	10 Contributor's job t		<u> </u>	
Attorne	<del>)</del> y	Attorney			
_	mployer/law firm	12 Law firm of contrib	outor's spouse (if any	)	
	nployed	NA			
13 If contributor is NA	s a child, law firm of parent(s) (if any)				
		,	Amount of	In-kind contribution	
Date	Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)	
8/29/13	Tim Lindsey  Contributor address; City; State; Zip Code  12930 Rustic River Pass		\$80		
	Justin, TX 76247			ATT - Committee Cabadula T)	
		Contributor's job		of Texas, complete Schedule T)	
Retir	orincipal occupation	Retired			
	employer/law firm		butor's spouse (if any	′)	
NA		NA			
If contributor is NA	s a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution	
8/27/13	Richard Henderson  Contributor address; City; State; Zip Code  100 Throckmorton #540  Fort Worth, TX 76102	,	\$300	description(if applicable)  of Texas, complete Schedule T)	
Contributorio n	principal occupation	Contributor's job	· · · · · · · · · · · · · · · · · · ·	or rexas, complete ochedule 1)	
Attor		Attorney			
	employer/law firm	Law firm of contri	butor's spouse (if any	·	
	-employed	NA NA	<u></u> .	22 1	
If contributor is NA	s a child, law firm of parent(s) (if any)		į		
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		(JODIOIAL		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Brent A.	Carr			
4 Date	5 Full name of contributorbut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8/30/13	Carol Nati, M.D.  6 Contributor address; City; State; Zip Code 2600 W. 7th St #2518		\$100	 
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	principal occupation	10 Contributor's job doctor		·
11 Contributor's e	employer/law firm	12 Law firm of contri NA	butor's spouse (if an	у)
13 If contributor i NA	s a child, law firm of parent(s) (if any)	44.44		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/31/13	Melinda Teitelbaum Contributor address; City; State; Zip Code		\$100	
	4723 Lafayette Ave. Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)
Contributor's	principal occupation	Contributor's job	<u> </u>	- 10.10.10.10.10.10.10.10.10.10.10.10.10.1
House	wife	Housewi		
Contributor's	employer/law firm	Law firm of contri	ibutor's spouse (if an	у)
If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
9/01/13	Contributor address; City; State; Zip Code 3700 Wyndale Ct.		\$100	   
	Fort Worth, TX 76109		(If travel outside	of Texas, complete Schedule T)
Torrant	principal occupation County MHMR	Contributor's job	re Director	
Contributor's	employer/law firm	Law firm of contr	ibutor's spouse (if an	
If contributor	is a child, law firm of parent(s) (if any)			Y: EC
NA If con	ATTACH ADDITIONAL COPIES C ntributor is out-of-state PAC, please see instr	OF THIS SCHEDULE uction guide for a	EAS NEEDED dditional reporti	AN -8 PM

#### **POLITICAL CONTRIBUTIONS** CES OF LOANS (HIDICIAL)

OTHER	THAN PLEDGES OR LOANS	(JODIOIAL	<i>,</i>		
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A(J):	
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)	
Brent A. C	Carr				
4 Date	5 Full name of contributorout-of-state PAC (ID#	e of contributor		8 In-kind contribution description(if applicable)	
9/02/13	Dr. Gregory Scheideman 6 Contributor address; City; State; Zip Code 1313 Washington Terr. Fort Worth, TX 76107		\$250	of Texas, complete Schedule T)	
	rincipal occupation	10 Contributor's job	title		
dentist		dentist 12 Law firm of contri	hutor's angues (if any	.,	
11 Contributor's e NA	mployer/law firm	NA NA	butor's spouse (if any		
13 If contributor is NA	s a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
9/08/13	Contributor address; City; State; Zip Code 4303 N. Central Exprwy		\$100	 	
	Dallas, TX 75205		(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job		· · · · · · · · · · · · · · · · · · ·	
attorr	nev	attorney			
	employer/law firm	Law firm of contri	tributor's spouse (if any)		
	employed	I INA			
NA	s a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution	
9/19/13	Lateph Adeniji Contributor address; City; State; Zip Code 619 W. Main St. Ste G		\$100	description(if applicable)	
	Arlington, TX 76010		(If travel outside	of Texas, complete Schedule T)	
Contributor's p	orincipal occupation  Ney	Contributor's job attorne			
	employer/law firm employed	Law firm of contr NA	ibutor's spouse (if an	у)	
	s a child, law firm of parent(s) (if any)				
	ATTACH ADDITIONAL COPIES ( atributor is out-of-state PAC, please see instr	OF THIS SCHEDULE ruction guide for a	AS NEEDED dditional reporti	TARRANT COURS SILVE RAABOSH AREVISED 04/18/2013	
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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Brent A.	Carr				
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution	
7 50.0			contribution (\$)	description(if applicable)	
	Dale Heisch				
9/26/13	6 Contributor address; City; State; Zip Code		\$150.00	\ 	
	402 Franklin Dr.		<b>*</b>	<u>'</u>	
	Euless, TX 76040		(If travel outside	of Texas, complete Schedule T)	
9 Contributor's pr	incipal occupation	10 Contributor's job t			
Attorne	ev	Attorney	and the state of t		
11 Contributor's er	nployer/law firm	12 Law firm of contrib	outor's spouse (if an	у)	
self-er	nployed a child, law firm of parent(s) (if any)	NA			
	a child, law firm of parent(s) (if any)				
NA			Amount of	In-kind contribution	
Date	Full name of contributorout-of-state PAC (ID#:		contribution (\$)	description(if applicable)	
	Christopher Rodgers				
11/06/13	Contributor address; City; State; Zip Code		\$500.00	1	
11/00/10	PO Box 11757		\$300.00		
	Fort Worth, TX 76110		(If travel outside of Texas, complete Schedule T)		
Contributor's pr	incipal occupation  Lutheran Church	Contributor's job			
		Business	Manager		
Contributor's er	nployer/law firm	Law firm of contril	butor's spouse (if an	) 	
If contributor is	a child, law firm of parent(s) (if any)			114	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
			Contribution (\$)	description(ii applicable)	
·	. Edward G. Jones		6400.00		
11/14/13			\$100.00	·	
	1319 Ballinger				
	Fort Worth, TX 76102	· · · · · · · · · · · · · · · · · · ·	·	e of Texas, complete Schedule T)	
	rincipal occupation	Contributor's job			
Attorr Contributor's er	1 <b>C y</b> mployer/law firm	Law firm of contri	Attorney  Law firm of contributor's spouse (if any)		
self-e	mploved	NA			
If contributor is	a child, law firm of parent(s) (if any)				
NA_					
			32	? E 2	
				TEC ZILL	
				TARRA 2014 JAN STE	
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lf cont	ATTACH ADDITIONAL COPIES C ributor is out-of-state PAC, please see instr	uction guide for a	dditional reporti	ing requirements.	
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Texas Ethics Commission

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):		
2	FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
	Brent A.	Carr				
4	Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
	12/13/13	Clemente De La Cruz  6 Contributor address; City; State; Zip Code  601 University Dr. #109		\$100.00		
ŀ		•			(T samulata Cabantula TV	
9	Contributors p	Ft Worth, TX 76107	10 Contributor's job		of Texas, complete Schedule T)	
"	Attorne	1	Attorney			
11	Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	у)	
L	self-em	ployed	NA			
13	If contributor is	a child, law firm of parent(s) (if any)				
	Date	Full name of contributorbut-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
		Contributor address; City; State; Zip Code				
				(If travel outside	of Texas, complete Schedule T)	
	Contributor's p	rincipal occupation	Contributor's job	title	· · · · · · · · · · · · · · · · · · ·	
	Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y) 	
	If contributor is	a child, law firm of parent(s) (if any)				
	Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)	
		Contributor address; City; State; Zip Code				
ļ	0 12 11		0	<del>l</del>	of Texas, complete Schedule T)	
		rincipal occupation	Contributor's job			
	Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y)	
	If contributor is	a child, law firm of parent(s) (if any)				
					·	
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				e de la companya de l	C	
		ATTACH ADDITIONAL COPIES Of tributor is out-of-state PAC, please see instru	F THIS SCHEDULE	AS NEEDED	FCTIONERS.	
	If con	tributor is out-of-state PAC, please see instru	uction guide for a	dditional reporti	ng requirements.	
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#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	•	Contract Labor raising Expense t istrict /Rental Expense	Loan Repayment/Reimb Transportation Equipmer Contributions/Donations Candidate/Officehold OTHER (enter a categor	nt & Related Expense Made By er/Political Committee
	The Instruction Guide explains how t	o complete this lo		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
1 of 5	Brent A. Carr			
4 Date	5 Payee name			
7/13/13	Brent Carr			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
#000 F0	401 W. Belknap			
\$262.52	Ft Worth, TX 76196-7678			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, cor	mplete Schedule T)
OF EXPENDITURE	Travel out of district	Reimburse	ment: NADCP conf eage); \$180 (Per D	in Washington DC
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office soug		Office held
Date	Payee name		1.000	
7/14/13	Gaylord Hotels			
Amount (\$)	Payee address; City; State; Zip Code	and the state of t		
<b>0</b> 500 10	201 Waterfront St.			
\$588.12	National Harbor, MD 20745			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, cor	mplete Schedule T)
OF EXPENDITURE	Travel out of district	Hotel stay	/ for NADCP cor	nference
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht	Office held
Date	Payee name			
7/23/13	Office Depot			
Amount (\$)	Payee address; City; State; Zip Code			
<b>.</b>	9131 Blvd. 26			
\$141.11	North Richland Hills, TX 76180			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Event Expense	mail out	olies for Campaign F	-una Kaiser
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht	Office held
Date	Payee name			
7/29/13	Tarrant County Bar Association		<b>3</b> 5	T
Amount (\$)	Payee address; City; State; Zip Code			
	1315 Calhoun St.			せん こ ち
\$200.00	Ft Worth, TX 76102		Č	E Bu
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, 🕅 t of membership d	melete Schedule T)
OF EXPENDITURE	Other	1	n: Eldon B. Mahon	a promise in the second of the
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug		Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS	S NEEDED S	8

### SCHEDULE ${f F}$

ayment/Reimbursement ation Equipment & Related Expense ons/Donations Made By date/Officeholder/Political Committee enter a category not listed above)	ontract Labor Loai ising Expense Trar Con rict ( lental Expense OTH	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/F  The Instruction Guide explains how to	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
CCOUNT # (Ethics Commission Filers)		2 FILER NAME	1 Total pages Schedule F:
		Brent A. Carr  5 Payee name	2 of 5
		United States Post Office	7/26/13
4.		7 Payee address; City; State; Zip Code	6 Amount (\$)
		3101 W. 6th St. Ft Worth, TX 76107	\$147.20
side of Texas, complete Schedule T)	1 ' '	(a) Category (See categories listed at the top of this schedule)	8 PURPOSE
draiser mailer	Postage for I	Event Expense	OF EXPENDITURE
Office held	Office sought	Candidate / Officeholder name OH	Complete ONLY if direct expenditure to benefit C/C
		Payee name	Date
		Bluehost	7/23/13
		Payee address; City; State; Zip Code	Amount (\$)
		1958 South 950 East	\$142.20
		Provo, UT 84606	<b>V</b>
side of Texas, complete Schedule T)	Description (If tra	Category (See categories listed at the top of this schedule)	PURPOSE
campaign website	Web hosting	Other	OF EXPENDITURE
Office held	Office sought	Candidate / Officeholder name H	Complete <u>ONLY</u> if direct expenditure to benefit C/C
		Рауее пате	Date
	I	Entertainment Brokers Internationa	7/29/13
		Payee address; City; State; Zip Code	Amount (\$)
		1100 Glendon Ave. #900	\$134.00
		Los Angeles, CA 90024	φ104.00
tside of Texas, complete Schedule T) blicy for Campaign		Category (See categories listed at the top of this schedule)	PURPOSE
	Fundraiser	Event Expense	OF EXPENDITURE
Coffice had	Office sought	Candidate / Officeholder name DH	Complete ONLY if direct expenditure to benefit C/C
0, 1		Payee name	Date
8 0 A	trict)	TCCD (Tarrant County College Dis	8/05/13
		Payee address; City; State; Zip Code	Amount (\$)
		300 Radio Shack Circle	\$250.00
3 .		Ft Worth, TX 76102	Ψ230.00
tside of Texas, complete ScheduleT)		Category (See categories listed at the top of this schedule)	PURPOSE
Campaign Fundraiser	Room rental	Event Expense	OF EXPENDITURE
Office held	Office sought	Candidate / Officeholder name	Complete <u>ONLY</u> if direct expenditure to benefit C/C
D	SCHEDULE AS NE	ATTACH ADDITIONAL COPIES OF THIS	
D	SCHEDULE AS NE	ATTACH ADDITIONAL COPIES OF THIS	expenditure to benefit C/C

P.O. Box 12070

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Office Overhead/	contract Labor aising Expense strict Rental Expense	Loan Repayi Transportation Contributions Candidate OTHER (ente	ment/Reimbursement on Equipment & Related Expense s/Donations Made By e/Officeholder/Political Committee er a category not listed above)
	The Instruction Guide explains how to	complete this f		
Total pages Schedule F:	2 FILER NAME		<b>3</b> ACC	COUNT # (Ethics Commission Filers)
3 of 5	Brent A. Carr			
Date	5 Payee name			
8/05/13	ECI			
Amount (\$)	7 Payee address; City; State; Zip Code			
<b>04 004 0</b> E	300 Radio Shack Circle			
\$1,261.35	Ft Worth, TX 76102			
PURPOSE	(a) Category (See categories listed at the top of this schedule)			e of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Catering	for Camp	paign Fundraising Even
	Candidate / Officeholder name	Office sou	aht	Office held
<ul> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/0</li> </ul>		Office 300	g.ii.	
Date	Payee name			
8/13/13	King's Liquor			
Amount (\$)	Payee address; City; State; Zip Code			
	2810 W. Berry St.			
\$522.41	·			
	Ft Worth, TX 76109			
PURPOSE	Category (See categories listed at the top of this schedule)	1		e of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Alcohol f	or Fundra	ising Event
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sou	ght	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·		
8/16/13	King's Liquor			
Amount (\$)	Payee address; City; State; Zip Code 2810 W. Berry St.			
\$150.00	Ft Worth, TX 76109			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	n (If travel outsid	e of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Deposit	on Ice Ch	ests for Fundraiser Eve
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sou	ght	Office field
Data	Payee name			2000 co -1
Date				Sc
8/20/13	King's Liquor			The second secon
	King's Liquor Payee address; City; State; Zip Code			32 = =
8/20/13 Amount (\$)				69 - C
8/20/13	Payee address; City; State; Zip Code 2810 W. Berry St.			
8/20/13 Amount (\$) \$173.07	Payee address; City; State; Zip Code	Descriptio	on (If travel outsid	
8/20/13 Amount (\$)	Payee address; City; State; Zip Code 2810 W. Berry St. Ft Worth, TX 76109			M 1: 39

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salar Legal Services Solic Food/Beverage Expense Trave Polling Expense Office	EGORIES FOR BOX 8(a ies/Wages/Contract Labor itation/Fundraising Expense al In District al Out Of District a Overhead/Rental Expense	Loan Repayment/Re Transportation Equip Contributions/Donate Candidate/Office OTHER (enter a cat	oment & Related Expense
	The Instruction Guide expla	ins how to complete this f		后 皇 >
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT	# (Ethics Commission Ellers)
4 of 5	Brent A. Carr		<u> </u>	5 <b>3</b> 5 T
4 Date	5 Payee name			35 6 FI
8/20/13	Hire Bob Production Service			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		PA :
\$250.00	3517 Willing Ave.		1	=======================================
φ250.00 	Ft Worth, TX 76110		1	3 = <
8 PURPOSE	(a) Category (See categories listed at the top of this		on (If travel outside of Texa	
OF EXPENDITURE	Event Expense		ystem for Func	·
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ght	Office held
Date	Payee name			
9/20/13	Admiral Nimitz Foundation			
Amount (\$)	Payee address; City; State;	Zip Code		
¢400.00	311 E. Main St.			
\$100.00	Fredericksburg, TX 78624			
PURPOSE	Category (See categories listed at the top of this		on (If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	Other	Donation	1	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght	Office held
Date	Payee name			
11/12/13	Tarrant County Bar Associ	ation		
Amount (\$)	Payee address; City; State;			
, .	1315 Calhoun St.	·		
\$250.00	Ft Worth, TX 76102			
PURPOSE	Category (See categories listed at the top of this		on (If travel outside of Texa	s, complete Schedule T) ional organization:
OF EXPENDITURE	Other			_
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	Mahon Inn of Cou ght	Office held
Date	Payee name			
12/10/13	Byblos Restaurant			
Amount (\$)	Payee address; City; State;	Zip Code		
	1406 N. Main St.			
\$613.77	Ft Worth, TX 76164			
PURPOSE	Category (See categories listed at the top of this		on (If travel outside of Texa	s, complete Schedule T)  O yr. anniversary of
OF EXPENDITURE	Food/Beverage Expense	Mental He	alth Diversion Pro	ogram
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ight	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE A	S NEEDED	
			<del></del>	

P.O. Box 12070

### SCHEDULE F

	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense		es/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking		ation/Fundraising Expense	Transportation Equipment & Related Exp	ense
Consulting Expense	, bourbotterage Enperior	In District Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Com	mittee
Event Expense Fees	,g	Overhead/Rental Expense	OTHER (enter a category not listed about	
	The Instruction Guide explain	ns how to complete this fo	rm.	≫
1 Total pages Schedule F	2 FILER NAME		3 ACCOUNT # TEMPICS Commission	∄Bilers)
5 of 5	Brent A. Carr		3.2	三四
4 Date	5 Payee name	<u> </u>	735	
12/19/13	Tarrant County Credit Union	n		
6 Amount (\$)	7 Payee address; City; State; Zi			<del></del>
	200 Taylor St.			
\$273.00	*		TRA10	~
*	Ft Worth, TX 76102			
8 PURPOSE	(a) Category (See categories listed at the top of this so		(If travel outside of Texas, complete Schedule T)	- EE\
OF EXPENDITURE	Other	movie tick	kets (Christmas gifts for sta	ап)
	Candidate / Officeholder name	Office soug	ht Office held	
9 Complete ONLY if dire expenditure to benefit	-			
	- Boyes name			
Date	Payee name			
	City State 7	Vin Codo		
Amount (\$)	Payee address; City; State; Z	.ip Code		
PURPOSE	Category (See categories listed at the top of this so	chedule) Description	(If travel outside of Texas, complete Schedule T)	
OF				
EXPENDITURE			Office held	
Complete ONLY if dire		Office soug	ht Office held	
expenditure to benefit	Cion			
Date	Payee name			
Amount (\$)	Payee address; City; State; Z	ip Code		
		<del></del>		
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE				
Complete ONLY if dire	ct Candidate / Officeholder name	Office soug	pht Office held	
expenditure to benefit	Gi	_		
Date	Payee name			
Amount (\$)	Payee address; City; State; Z	.ip Code		
PURPOSE	Category (See categories listed at the top of this s	chedule) Description	n (If travel outside of Texas, complete Schedule T)	
OF				
EXPENDITURE				
Complete ONLY if dire		Office soug	ght Office held	
expenditure to benefit				
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS	SNEEDED	