## FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 ACCOUNT # 2 Total pages filed: (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. ß MS / MRS / MR 3 CANDIDATE / **OFFICE USE ONLY** OFFICEHOLDER Date Received NAME SUFFIX ാ ≺ 4 CANDIDATE / APT / SUITE STATE: ZIP CODE SS / PO BOX CITY OFFICEHOLDER MAILING Date Hand-delivered or Poetma ADDRESS \_ change of address Amoun <u>`> 15</u> w EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Processed 22 OFFICEHOLDER PHONE MS/MRS/MR Date Imaged FIRST MI 6 CAMPAIGN and a state $\bigcirc$ M TREASURER S *ll*lrs 9 NAME NICKNAME SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); 7 APT/SUITE # CITY: STATE: ZIP CODE TREASURER ADDRESS (residence or business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) limit 10 PERIOD Month Month Day Year 02/\$\vert \$\vert 3/14 Day COVERED THROUGH ELECTION TYPE **11 ELECTION** ELECTION DATE Month Day **Primary** Runoff Special Genera 04/14 0,7 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the Peace Pr.+#3 **GO TO PAGE 2**

## (TDD 1-800-735-2989)

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	15 A	CCOUNT # (Ethics Commission Filers)	
ICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE ITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IMITTEE(S) IMITTEE(S)			
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL		ay m	
SPECIFIC	COMMITTEE ADDRESS	FI TARRAN 014 FEB - ECTIONS A	
	COMMITTEE CAMPAIGN TREASURER NAME	RARE COL	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	L CS	
		\$\$25 **	
		\$2175°°	
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 66			
4. TOTAL POLITICAL EXPENDITURES \$ 10291,94			
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4770.96			
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 9000	
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.			
ELINDA MCLEOD OMMISSION EXPIRES July 6, 2018	Signature of Candidat	e or officeholder	
IP / SEAL ABOVE	Part		
- (		nand and seal of office.	
	BEANDA MELEDD Printed name of officer administering oath	NOTARY Title of officer administering oath	
	CANDIDATE / OFFICE CONSENT. CANDIDAT COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL I PLEDGE 2. TOTAL OTHER 3. TOTAL F 4. TOTAL 5. TOTAL P OF REPU 6. TOTAL P OF REPU 6. TOTAL P PLEDGE 2. TOTAL P OF REPU 6. TOTAL P PLEDGE 2. TOTAL P OF REPU 6. TOTAL P SCRIPTION OF REPU	THS BOX IS FOR NOTICE OF POLITICAL CONTINBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY CONDUCT () OFFICIENCIDER: THESE EXPENDITURES MADE MADE WITHOUT THE CANDIDATE COMEMITTEE TYPE     COMMITTEE TYPE   COMMITTEE NAME     GENERAL   COMMITTEE ADDRESS     COMMITTEE TYPE   COMMITTEE ADDRESS     COMMITTEE TYPE   COMMITTEE ADDRESS     COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER NAME     COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS     1.   TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED     2.   TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)     3.   TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED     4.   TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED     5.   TOTAL POLITICAL EXPENDITURES     5.   TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD     6.   TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD     1.   Iswear, or affirm, under Dengly of perij is true and correct affi includes all infor me under THE 15, Elector Che.     Signature of Candidation Signature of Candidation OMMISSION EXPIRES     MMISSION EXPIRES     Singnature of Candidation Signature of Candidati	

	CAL CONTRIBUTIONS	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Russ Gasey		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#_ Israel Syster	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/2/13	6 Contributor address; City; State; Zip Code /3/6 Village Creek Dr	542500	2500	
	Plano ,1x 7509	3	(If travel outside	of Texas, complète Schedule T)
9 Principal occu	pation/Job title (Bee Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	Heiscription (if applicable)
1/20/14	Contributor address; Oity; State; Zip Code f. O. Box 1662		100 =	D OUNTY Phi 4: 1
· ·	Euless, Tx 76039	/	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See )	nstructions)	
Date	Full name of contributor _ out-of-state PAC (1D#_ Bill End Mona Bailer	ر ب	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/6/14	Contributor address; City; State; Zip Code 6200 Lake Way		5000	
Deleviant	N. Richland Hills, TX			of Texas, complete Schedule T)
Principal occu	pation 1708 title (See Instructions)	Employer (See I	nstructions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor Dout-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/1	Contributor address; City; State; Zip Code		10100	
/19/14	209 West 2nd Street	76102	100	
	District Clerk	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Yra/14	Some but of address, City; State; Zip Code $90.5$ VENICE $S^{4}$ ,		2500	
(	Aurot ,Tx 76053		(If travel outside o	of Texas, complete Schedule T)
Principal occu		Employer (See I		
lf c	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr			requirements.

1/27//4   Niermanny and Olivo   5000     1/27//4   6 Contributor address: City: State; Zp Code   5000     10 Employer (See Instructions)   10 Employer (See Instructions)   10 Employer (See Instructions)     8 Principal occupation / Job tilly (See Instructions)   10 Employer (See Instructions)   10 Employer (See Instructions)     Date   Full name of contributor   and ontributor   and ontributor     Principal occupation / Job tilly (See Instructions)   Employer (See Instructions)   In-kind contribution     Principal occupation / Job tilly (See Instructions)   Employer (See Instructions)   In-kind contribution     Principal occupation / Job tilly (See Instructions)   Employer (See Instructions)   In-kind contribution     Principal occupation / Job tilly (See Instructions)   Employer (See Instructions)   In-kind contribution     Date   Full name of contributor   oxid-taus MC(De   Amount of contribution (f) description (ff applicable     1/1/1/4   Contributor address; City: State; Zip Code   25000   In-kind contribution     1/1/1/4   Contributor address; City: State; Zip Code   Contribution (f) description (ff applicable     1/1/1/4   Contributor address; City: State; Zip Code   Contribution (f)   In-kind contribution <t< th=""><th></th><th>L CONTRIBUTIONS HAN PLEDGES OR LOAN</th><th>NS</th><th></th><th>SCHEDULE A</th></t<>		L CONTRIBUTIONS HAN PLEDGES OR LOAN	NS		SCHEDULE A
4 Date   5 Full name of contributor   Date   6 In-kind contributor     1/27//4   6 Contributor   Date   5 Full name of contributor     1/27//4   6 Contributor   Carroll ton, TX   75006     9 Principal occupation / Job title (See Instructions)   10 Employer (See Instructions)   10 Employer (See Instructions)     0 W   Full name of contributor   0 add state WC(DK   Amount of Contribution (B)   State Sta	The Inst	ruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
1/27/14   Niermann   And Olivo   contribution (6)   description (ff applicable     1/27/14   6   Contributor address:   City: State: 20 code   ff applicable     9   Principal occupation / Job tilly/See Instructions)   10   Employer (See Instructions)   ff applicable     Date   Full name of contributor   Interface   Amount of contribution (5)   interface   interface     M//14   Granty   Williky   contributor address:   City: State: 2p Code   Amount of contribution (5)   interface   interface     M//14   Granty   Williky   contributor address:   City: State: 2p Code   and contribution (5)   interface   inte	2 FILER NAME	Kuss Case		3 ACCOUNT # (E	thics Commission Filers)
Carrg    + bN , TX 75006   (If travel outside of Taxas, complete Schedule T)     9 Principal occupation / Job Win(See Instructions)   10 Employer (See Instructions)   In-kind contribution     Date   Full neme of contributor   out-of-state PMC/DP   Amount of Contribution (If applicable T)     Principal occupation / Job Win(See Instructions)   Employer (See Instructions)   In-kind contribution (If applicable T)     Principal occupation / Job Win(See Instructions)   Employer (See Instructions)   In-kind contribution (If applicable T)     Principal occupation / Job Win(See Instructions)   Employer (See Instructions)   In-kind contribution (If applicable T)     Date   Full name of contributor   out-of-state PMC (DP   Amount of Contribution (If applicable T)     I/N//4   Full name of contributor   out-of-state PMC (DP   Amount of Contribution (If applicable T)     Principal occupation / Job Win (See Instructions)   Employer (See Instructions)   In-kind contribution (If applicable T)     Principal occupation / Job Win (See Instructions)   Employer (See Instructions)   In-kind contribution (If applicable C)     Principal occupation / Job Win (See Instructions)   Employer (See Instructions)   In-kind contribution (If applicable C)     Principal occupation / Job Win (See Instructions)   Employer (See Instructions)   In-kind contributio			)		8 In-kind contribution description (if applicable)
9   Principal occuration / Job tills (See Instructions)   10   Employer (See Instructions)   In-kind contribution     Date   Full name of contributor   out-of-state PAC (DR   Amount of contribution (s)   In-kind contribution     /////4   Contributor address;   City: State; Zip Code   250.90   In-kind contribution     /////4   Contributor address;   City: State; Zip Code   250.90   In-kind contribution     Principal occupation   Job title (See Instructions)   Employer (See Instructions)   In-kind contribution (s)     Date   Full name of contributor   out-of-state PAC (DR   Amount of contribution (s)   In-kind contribution (s)     0   Full name of contributor   out-of-state PAC (DR   Amount of contribution (s)   In-kind contribution (s)     1/R//4   Contributor address;   City: State; Zip Code   Amount of contribution (s)   In-kind contribution (s)     1/R//4   Contributor address;   City: State; Zip Code   Amount of contribution (f applicable   In-kind contribution (f applicable     1/R//4   Contributor address;   City: State; Zip Code   In-kind contribution (f applicable     1/R//4   Contributor address;   City: State; Zip Code   In-kind contribution (f applicable	1/27/14 6			5000 PY	0 -
Jow Firm   Amount of Car Y Willight Contributor   Guid-state PAC (DR   Amount of Contribution (s) Contribution (f) Contribu	9 Principal occupatio				CLI II 2
////4   Grany W://iky   contribution (s)   description (f applicable     ////4   Contributor address;   City: State; Zip Code   \$2,50,90   City: State; Zip Code     Principal occupation / Job title (See Instructions)   Employer (See Instructions);   Employer (See Instructions);     Date   Full name of contributor   out-of-state PAC (De   Amount of contribution (f) applicable     1/R//4   Contributor address;   City: State; Zip Code   25,50%     2736   C ry Stall   Oxfor An Cir   25,50%     Hards T, TX   760,55%   (ff travel outside of Texas, complete Schedule T)     Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contribution (g) description (ff applicable     1/17//4   Contributor address; City: State; Zip Code   Amount of contribution (g) description (ff applicable   In-kind contribution (g) description (ff applicable     1/17//4   Contributor address; City: State; Zip Code   (ff travel outside of Texas, complete Schedule T)     Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contribution (g) description (ff applicable     1/17//4   Contributor address; City: State; Zip Code   (ff travel outside of Texas, complete Schedule T)     Principal occu					
Principal occupation./ Job title, (See Instructions)   Employer (See Instructions)     Date   Full name of contributor   out-of-state PAC(DR   Amount of contribution (\$)   In-kind contribution (\$)     1//R//4   Contributor address;   City:   State:   Z5CP   (If travel outside of Texas, complete Schedule T)     Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Employer (See Instructions)     Date   Full name of contributor   out-of-state PAC(DR   Amount of contribution (\$)   In-kind contribution (\$)     Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contribution (\$)   In-kind contribution (\$)     Date   Full name of contributor   out-of-state PAC(DR   Amount of contribution (\$)   In-kind contribution (\$)     I/17//4   Contributor address:   City:   State:   Zip Code   ////////////////////////////////////		Grary Williky Contributor address; City; State; Zip Code P.U. Box 1765		contribution (\$) \$2509	Classcription (if applicable)
Date   Full name of contributor   out-of-state PAC (IDE   Amount of contribution (\$)   In-kind contribution (\$)     1/R/4   Contributor address;   City: State; Zip Code   2500   2500     2736   Crystel   G/LAWN C:r   2500   2500     Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contribution (\$)   In-kind contribution (\$)     Date   Full name of contributor   out-of-state PAC (IDE   Amount of contribution (\$)   In-kind contribution (\$)     1/17/44   Contributor address;   City; State; Zip Code   Amount of contribution (\$)   In-kind contribution (\$)     060   The state PAC (IDE   Amount of contribution address;   In-kind contribution (\$)   In-kind contribution (\$)     1/17/44   Contributor address;   City; State; Zip Code   ///00 90   ////////////////////////////////////	Principal occupatio		Employer (See I		
Principal occupation / Job title (See Instructions)   Employer (See Instructions)     Date   Full name of contributor   out-of-state PAC (D#		Contributor address; City; State; Zip Code 2736 Crystal GriENN Cir	,  	contribution (\$)	description (if applicable)
I/17/4   Bownie   Vantil   contribution (\$)   description (if applicable     1/17/4   Contributor address;   City;   State;   Zip Code   10000     1/17/4   Contributor address;   City;   State;   Zip Code   10000     Principal occupation / Job title (See Instructions)   Employer (See Instructions)   If ravel outside of Texas, complete Schedule T)     Principal occupation / Job title (See Instructions)   Employer (See Instructions)   In-kind contribution     Date   Full pame of contributor   out-of-state PAC (ID#	Principal occupatio	n / Job title (See Instructions)	Employer (See		· · · · · · · · · · · · · · · · · · ·
Principal occupation / Job title (See Instructions)   Employer (See Instructions)     Veral   Estate     Date   Full name of contributor     I/17/14   Full name of contributor     Contributor address;   City; State; Zip Code     I/17/14   Contributor address;     Contributor address;   City; State; Zip Code     I/17/14   Contributor address;     Contributor address;   City; State; Zip Code     I/17/14   Contributor address;     Contributor address;   City; State; Zip Code     I/17/14   Contributor address;     Contributor address;   City; State; Zip Code     I/17/14   Contributor address;     Contributor address;   City; State; Zip Code     I/17/14   Contributor address;     Contributor address;   City; State; Zip Code     I/17/14   Contributor address;     Bur / e Sow, Tx   76028     If travel outside of Texas, complete Schedule T)     Principal occupation   See Instructions)     Employer (See Instructions)   Employer (See Instructions)     ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED     If contributor is out-of-state PAC, plea	Date	BONNIE Vantil Contributor address: City; State; Zip Code 1060 Thousand Oaks Ct.	) 		In-kind contribution description (if applicable)
Real estate   Jelt     Date   Full name of contributor   out-of-state PAC (ID#)   Amount of contribution (\$)   In-kind contribution description (if applicable     1/17/14   Kolly   MillionNS   In-kind contribution (\$)   In-kind contribution description (if applicable     1/17/14   Contributor address;   City; State; Zip Code   100 av   In-kind contribution (\$)     1/17/14   Contributor address;   City; State; Zip Code   100 av   In-kind contribution (\$)     VIII   Contributor address;   City; State; Zip Code   100 av   In-kind contribution (\$)     VIII   VIII   Contributor address;   City; State; Zip Code   100 av   In-kind contribution (\$)     VIII   VIII   Contributor address;   City; State; Zip Code   100 av   In-kind contribution (\$)     Burleson, Tx   76028   If travel outside of Texas, complete Schedule T)   Employer (See Instructions)     Principal occupation   Burleson, Tx   76028   If travel outside of Texas, complete Schedule T)     ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					I of Texas, complete Schedule T)
Burleson, Tx   76028   (If travel outside of Texas, complete Schedule T)     Principal occupation   Bet rect   Employer (See Instructions)     ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.	Ke	Full name of contributor out-of-state PAC (ID#_ Kolly Millions Contributor address; City; State; Zip Code		Self Amount of	In-kind contribution description (if applicable)
If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.	Principal occupatio	Burleson, Tx 76028			of Texas, complete Schedule T)
	lf cont			ditional reporting	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
FILER NAME 455 GSey	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of 8 In-kind contribution
John Halder Holcomb	contribution (\$) description (if applicable
1/23/14 6 Contributor address; City; State; Zip Code 2405 AberdeeN Dr.	100 <sup>99</sup> YELECTION FEE
Bedford ITX 7602	(If travel outside of Texas, complete Schedule T)
	See Instructions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of  Amount of  Contribution Contribution (\$)  description (if applicable
22/14 Bruce Mansfield Contributor address; City; State; Zip Code	contribution (\$) description (if applicable
1550 N. Norwood Hurst, tx,	
	(If travel outside of Texas, complete Schedule T) See Instructions)
Law yer	Sel F
Date Full name of contributor out-of-state PAC (ID#	) Amount of In-kind contribution contribution (\$) description (if applicable
1/1, Sye Eubanks	
23/19 Contributor address; City; State; Zip Code 90/ Wood haven Ct	502
Euless ,Tx 76039	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (	See Instructions)
Date Full name of contributor out-of-state PAC (ID# Peter Downelly Contributor address; City; State: Zip Code	) Amount of In-kind contribution contribution (\$) description (if applicable
124119 XOU Shady KN	15000
Keller ,Tx 76248	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (	see Instructions) Con Ay
Date Full name of contributor out-of-state PAC (ID#	) Amount of In-kind contribution contribution (\$) description (if applicable
28/14 Contributor address; City; State; Zip Code 2404 Har Wood Rd. Apt. 352	3 250°
Bedford TX 76021	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (	See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHED	
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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Kyss Casy			
4 Date	5 Full name of contributorout-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
V19/14	De Leising 6 Contributor address; City; State; Zip Code 1500 Michael Dr.		50 <sup>ee</sup>	
	Bedford, 7x 76022		· · · · · · · · · · · · · · · · · · ·	 of Texas, complete Schedule T)
9 Principal occu	bation / Tob title (See Instructions) Kca ( C3 kch	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28/14	Contributor address; City; State; Zip Code P.O., Bax 934/9 South luce, TX 76		300 00	
	Southlake, 1× 16	072	(If travel outside	f of Texas, complete Schedule T)
Principal occu		Employer (See	Instructions)	- /
<u> </u>	Dation / Job title (See Instructions)		arrad	Country
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind(contribution description (if applicable)
Principal occuj	pation / Job title (See Instructions)	Employer (See		   of Texas, complete Schedule T)
Data	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
Date	Contributor address; City; State; Zip Code	· · · · · · · · · · · · ·	(If travel outside	CTIONS AC
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor 🗌 out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		Ę	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.			
www.ethics.state.t	x.us			Revised 04/19/2013

Austin, Texas 78711-2070

POLITICAL	EXPENDITURES	SCHED	DULE 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 Travel Out Of Di Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor     Loan Repayment/Reimbursement       aising Expense     Transportation Equipment & Relation       strict     Contributions/Domations       Rental Expense     OTHER (enter a Category motility)	ated Expense y cal-Committee	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT #{Ethics Cor	mmission Filers)	
<sup>4 Date</sup> //3//14	5 Payee name Home Deput		<u>á</u> d	
6 Amount (\$)	7 Payee address; City; State; Zip Code	ATOR D		
322.03	Southlake TX 760	72 <sup>9</sup> C		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Sch	edule T)	
	State 1-Post	1-1081		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office	held	
Date 1 23/14	Payee name Fast Signs			
Amount (\$)	Payee address; City; State; Zip Code			
2300.31	Southlake TX 76	8972		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sch	edule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office	held	
Date/-2/-14	Payee name Depst			
Amount (\$) 109.58				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) $\overline{1 - \rho_{US}}$	Description (If travel outside of Texas, complete Sch	edule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office	held	
Date 1-13-14	Payee name			
Amount (\$) 3/9.22	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) T - Post	Description (If travel outside of Texas, complete Sch	edule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office	held	
-	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

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Austin, Texas 78711-2070

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POLITICAL	EXPENDITURES		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 Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor Load aising Expense Tran Con strict C Rental Expense OTH	n Repayment/Reimbursement hsportation Equipment & Belated Expense tributions/Donations Made By Candidate/Officeholder/Political Committee IER (enter a category political gove)
1 Total pages Schedule F:	2 FILER NAME Lyssel Cascy 5 Payee name		3 ACCOUNT # (Ethios Commission Filers)
<sup>4</sup> Date /-/0-/4	The Freedman Inc.		
6 Amount (\$) 442.98	7 Payee address; City; State; Zip Code Wanda Way, Ag	J, W 76	053
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Aventising Expense	· · · · ·	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
<sup>Date</sup> -13-14	The Freedman Enc.		
Amount (\$) 777,08	Payee address; City; State; Zip Code	Hurst,	Tx 76053
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Auentising Expense	Description (If trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office inder name	Office sought	Office held
Date Althe	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 1-28-14	Payee name		
Amount (\$) 00	Payee address; City; State; Zip Code Hurst, Tx	76 054	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		rel outside of <u>Tex</u> as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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Austin, Texas 78711-2070

POLITICAL	EXPENDITURES			SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	tract Labor Lo ing Expense Tr Co ct ntal Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committe DTHER (enter a category not listed above) 1.
1 Total pages Schedule F:	2 FILER-MAME Kyssell Case	27		3 ACCOUNT # (Ethics Commission File
4 Date 1-3-14	5 Payee name Bobs Printi	~5		
6 Amount $($)$ 400; 89	7 Payee address; 751 Buena Hurst TX	rte; Zip Gode VIJTA PI 7605	3	
8 PURPOSE OF EXPENDITURE	(a) Category See categories listed at the top	of this schedule)	ا سيقي ا	travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		travel outside of Texes, complete Schedule T
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	· .	Office sought	
Date	Payee name			D BOUN BOUN BOUN BUSH
Amount (\$)	Payee address; City; Sta	te; Zip Code		TY 10
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If t	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If t	travel outside of Texes, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	·······	Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NE	EEDED

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	EXPENDITURES	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F       Gift/Awards/Memorials Expense     Salaries/Wages/Con       Legal Services     Solicitation/Fundrais       Food/Beverage Expense     Travel In District       Polling Expense     Travel Out Of Distri       Printing Expense     Office Overhead/Re       The Instruction Guide explains how to com	tract Labor   Loan Repayment/Reimbursement     ing Expense   Transportation Equipment & Related Expense     Contributions/Donations Made By   Candidate/Officeholder/Political Committee     ntal Expense   OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Kussell Casey	3 ACCOUNT # (Ethics Commission Filers)
4 Date 	5 Payee name Bobs Printing	
6 Amount (\$) 4663.94 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 751 Buena Vista Dr. Hurst IX 7605	3
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T)
Date  -   -   4	Payee name 1 exas Conservative	, Mara Varite Pric
Amount (\$) G99.99 Reimbursement from political contributions intended	Payee address; StCity; State; Zip Code 1921 Stoneh.11 Or Fort Worth, Tx 762	247
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	2 E N
Amount (\$)	Payee address; City; State; Zip Code	TARRAN 14 FEB - 2014 FEB - STEVE STEVE
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Taxas, complete Schedule T)
Date	Payee name	\$ 0 ×
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

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