JUDICIAL CAMPAIG					HOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction	Guid	le explains how	to comple	ete this form.	1 ACCOUNT # (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE /	1	MRS	FIRST	•	MI	OFFICE USE ONLY
OFFICEHOLDER NAME		201				Date Received
	R	KNAME	LAST		Jr.	TARRA 2014 JAN STE ELECTION RY: A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADI	RESS /PO BOX:	APT/SUITE#:	CITY:	STATE; ZIP COL	Date Hand-delivered of Postmarked
change of address						Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	1	A CODE	PHONE NUMB	FR	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	L	MRS (ME)	FIRST		MI 	Date Imaged
	7	uel			JC	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STR	EET ADDRESS (NO PO	BOX PLEASE);	APT/SUITE#;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	ARE	A CODE	PHONE NUMB	ER	extension	
9 REPORT TYPE		January 15	30th da	ay before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15	8th day	before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day /	Year	THROUGH	Month 12 / 3	Day Year 51 / 13
11 ELECTION	Month	ELECTION DATE Day	Year [LECTION TYPE Primary	Runoff	General Special
	<u> </u>				7-490	
12 OFFICE	OFFI	CE HELD (if any)			Judge, Co	unt Criminal
					Court Tu	<i>3</i> 0
GO TO PAGE 2						

additional pages

47 CONTRIBUTION

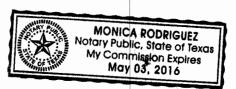
JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH SUPPORT & TOTALS COVER SHEET PG 2 15 ACCOUNT # (Ethics Commission Filers) 14 C/OH NAME 16 NOTICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE FROM CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

TOTALS	1.	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	*\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 22.42
	4.	TOTAL POLITICAL EXPENDITURES	\$2522.4
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / \$EAL ABOVE

Sworn to and subscribed before me, by the said day of Mulling, 20 14	this the, this the, to certify which, witness my hand and seal of office.
Signature of officer administering oath Print name	of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FO Gift/Awards/Memorials Expense Salaries/Wages/Contra Legal Services Solicitation/Fundraising Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Renta	Loan Repayment/Reimbursement Transportation Equipment A Related Expense Contributions/Donations Made By Candidate/Officeholde//Political Committee at Expense OTHER (enter a category not Jisted above)			
ì	The Instruction Guide explains how to com	iplete this form.			
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
Total pages scriedule s.	2 FILER NAME	TO ACCOUNT WILLIAM STORY HELD IN			
4 Date	5 Payee name	59 =			
12/9/13	Sict of State	STA 3: 41			
6 Amount (\$)	7 Payee address; City; State; Zip Code	NO.			
2500,00					
Reimbursement from political contributions intended		\$ ·			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
EXPENDITORE	Fee5 F	filingfecs			
Date	Payee name	<u> </u>			
A (0)					
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
EXPENDITORE		wante and the second of the se			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category. (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					