### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Gu	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 21			
3 CANDIDATE /	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY			
OFFICEHOLDER NAME	Mr. CHARLES		Date Received			
	NICKNAME LAST CHUCK VANOVER	SUFFIX	TAR 2014, ELECTI			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked			
Change of Address						
F. CAMBAICN	MC (MPC (MP		3 6			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Date Processed			
NAME	STACIE		Date Imaged			
	NICKNAME LAST VANOVER	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE#; CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
8 REPORT TYPE	X January 15 30th day before ele		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)			
		· · · · · · · · · · · · · · · · · · ·				
9 PERIOD COVERED	Month Day Year THR 07/01/2013	Month Day OUGH 12/31/20	Year 13			
10 ELECTION	ELECTION DATE ELECTION T  Month Day Year X Prima  03/04/2014		General Special			
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) TARRANT COUNTY				
GO TO PAGE 2						

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

13 C/OH NAME VANO	OVER, CHARLES (I	Mr.)	14 ACCOUNT # (Eth 00000001	lics Commission filers)		
15 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the cout the candidate's or officeholder's knowledge or consent. Candidate y receive notice of such expenditures	andidate / officeholder. The tes and officeholders are re	se expenditures may quired to report this		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS	BY:	28 7		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		S RAT		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	( Single	= 25		
COMMINITIES ON MICHAGONEN ADDITESS				Mary de distriction de la constantina del constantina		
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 19,69					
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4, TOTAL F	TOTAL POLITICAL EXPENDITURES \$ 13,032.7				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	42,248.75		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	24,000.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalti is true and correct and includes me under Title 15, Election Coo	all information required			
		Charles L.				
		Signature of 0	Candidate or Officeholde	r		
AFFIX NOTARY S	TAMP / SEAL ABOV	E				
Sworn to and subscrib	ed before me, by th	ne said Churley Varover	, this the	15 +4 day		
of Tung . 2	0 <u>/ 4</u> , to cer	tify which, witness my hand and seal of office	The part of the pa			
/1U	the	John For Eck	OHN TERRENCE EC Notary Public STATE OF TEXAS			
Signature of officer admi	nistering oath	Print name of officer administering	My Caral Stips Mandich 2014	ering oath		

	The I NSTRUCTION	on Guide explains how to complete this form.			1 PAGE# Schedule: 1/11	Report: 3	/21	
2	FILER NAME	VANOVER, CHARLES (Mr.)			3 ACCOUNT # (Et			ers)
- T.		()			00000001	E	<u>3</u>	
_	D-4-	E Full name of contributes   Floridate RAO (ID)				8 -In-kind	2.0000	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# ALLEN, RANDY		)	7 Amount of contribution (\$)	description	on ∰ap	pli <b>cap</b> le)
		ALLEN, NANOT				ď)	4	ू ग
	08/21/2013				\$400.00	20	OT	
	55.2 2010	6 Contributor address; City; State; Zip Code 22210 GUADALUPE			1 .55.55	2.7	***************************************	$\bigcirc$ [ $\Pi$ ]
		GALVESTON, TX 77554				63		
					(If travel outside of Te	exas, comple	te Sched	lule T)
9	Contributor's r	principal occupation	10	Contributor's job	L	4,000	<u> </u>	<del>- &lt; ''</del>
9	Continuator 5 L	iniopal occupation		Continuator a job		\$	(,,)	
					4			
11	Contributor's e	employer / law firm	12	Law firm of contr	ributor's spouse (if any	)		
10	If contributor is	s a child, law firm of parent(s) (if any)						
'3	a contributor s	s a Gillo, law little of paretities) (if ally)						
F	Date	Full name of contributor out-of-state PAC (ID#		)	Amount of		contrib	
		ANSLEY, DAVID			contribution (\$)	descripti	on (if ap	plicable)
	10/24/2013	Contributor address; City; State; Zip Code			\$50.00			
		8308 CEDARCREST LN						
		FT WORTH, TX 76123			'			
					(If travel outside of Te	exas, comple	te Sched	dule T)
	Contributor's p	principal occupation		Contributor's job	title			
-	Contributor's	employer / law firm		Law firm of cont	tributor's spouse (if any)			
	Continuator S 6	Simpleyer / iam initi			nitributor's spouse (ii arry)			
	If contributor is	s a child, law firm of parent(s) (if any)						
=	<u> </u>				1		d · ·	. No.
	Date	Full name of contributor  out-of-state PAC (ID:	<b>#</b>	)	Amount of contribution (\$)		d contrit on (if ap	oution plicable)
		BILL, HEATHER						,
	12/29/2013				\$50.00			
	. 2.20,2010	Contributor address; City; State; Zip Code 12524 INDIAN CREEK DR			,			
		FT WORTH, TX 76179			]			
					(If travel outside of T	exas, comple	ete Sche	dule T)
-	Contributor's	J principal occupation		Contributor's job	<u> </u>	,		
	Continuator 8	onnoipa occupation		Continuator 3 Jou	,			
L								
	Contributor's	employer / law firm		Law firm of cont	ributor's spouse (if any	/)		
H	If nontributes:	o a shild low firm of parent(s) (if any)	L					
	II CONTRIDUTOR I	s a child, law firm of parent(s) (if any)						

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The Instruction	N Guide explains how to complete this form.			1 PAGE # Schedule: 2/1	1 Report: 4/9	21	
2 FILER NAME	VANOVER, CHARLES (Mr.)			3 ACCOUNT# (Ethics Commission filers)			
Z FILER WANGE	VAINOVEH, OHAPIEES (WIL.)			00000001	LITTO CONTINUO		
4	LE ENGLANDA DA CADA PAGAR				l O In kind	contribution	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# BOWERS, RANDY	-		contribution (\$)	<b>l₀8 le</b> kind t< de <b>sc</b> ription	pplicable	<b>e</b> )
	BOWLING, TIMES				<u> </u>	= >	
07/25/2013	6 Contributor address; City; State; Zip Code			\$50.00		E S	i
	3505 AIRPORT FRWY				0) 2	management of helps	Π
	FT WORTH, TX 76111				100 mg	C7	
				(If travel outside of	Texas, complete	Schredule D	9
9 Contributor's p	principal occupation	10	Contributor's job	title	to a second		
							•
11 Contributor's e	amployer / law firm	12	Law firm of cont	ributor's spouse (if a	nv)	<del></del>	
Tr Commission of	in player / law in in	, , _	2411 11111 01 0011		1		
13 If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor  out-of-state PAC (ID#	#	)	Amount of	In-kind	contribution	
	CARRIKER, MICHAEL		,	contribution (\$)	description	n (if applicable	e)
08/28/2013	Contributor address; City; State; Zip Code			\$50.00	I		
	1224 STILLWATER CARROLLTON, TX 75007				1		
	CARROLL FOR, 12 75007					0-1-1-5	
		r	010-1-1-1-1	(If travel outside of	Texas, complete	Schedule I)	<u> </u>
Contributor's	orincipal occupation		Contributor's job	une			
Contributor's	employer / law firm		Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)	L					
Date	Full name of contributor  ut-of-state PAC (ID-	¥	)	Amount of contribution (\$)		contribution  (if applicable	۵۱
	CLAYTON, GARY			Contribution (4)	description	i (ii applicabl	<i>c</i> )
11/20/2013				\$200.00	1		
11/20/2010	Contributor address; City; State; Zip Code 784 WINDEMERE WAY			Ψ200.00	1		
	KELLER, TX 76248				ł		
	·			(If travel outside of	Texas, complete	Schedule T)	
Contributor's p	principal occupation	Г	Contributor's job	title			
Contributor's	employer / law firm	-	Law firm of cont	ributor's apouss (if a	nv)		
Continuotor's	anployer / law IIIII		Law IIIII OI CON	ributor's spouse (if a	y)		
If contributor is	s a child, law firm of parent(s) (if any)						

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The I NSTRUCTIO	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/1	1 Report: 5/21
2 FILER NAME	VANOVER, CHARLES (Mr.)		3 ACCOUNT # (	Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# DELACRUZ, CLEMENTE	)		8 rm-kind centribution description (trapplicable)
12/13/2013	6 Contributor address; City; State; Zip Code 601 UNIVERSITY DR STE 109 FT WORTH, TX 76107		\$200.00	Texas, complete Schedule 1
9 Contributor's p	rincipal occupation	10 Contributor's job	title	2 5
11 Contributor's e	employer / law firm	12 Law firm of contr	ributor's spouse (if ar	ny)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/2013	Contributor address; City; State; Zip Code PO BOX 173 COLLEYVILLE, TX 76034		\$100.00	 
			(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	title	
Contributor's e	employer / law firm	Law firm of conti	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/2013	Contributor address; City; State; Zip Code 115 W 2ND ST STE 102		\$100.00	1 1 1
	FT WORTH, TX 76102		(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	title .	
Contributor's e	employer / law firm	Law firm of cont	ributor's spouse (if a	ny)
If contributor is	s a child, law firm of parent(s) (if any)			

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE#			
<u></u>				Schedule: 4/11 Report: 6/21			
2	FILER NAME	VANOVER, CHARLES (Mr.)		3 ACCOUNT # (Ethics Commission filers)			
				00000001			
4	Date	5 Full name of contributor  ut-of-state PAC (ID:	#)	7 Amount of	8 In-kind contribution		
		FARHAT, MIKE		contribution (\$)	description (if applicable)		
1	10/15/2013	6 Contributor address; City; State; Zip Code		\$500.00	P F 22		
1		3500 GRAPEVINE MILLS PKWY		:			
1		GRAPEVINE, TX 76051			8° 4 8 _		
L				(If travel outside of	Texas, complete Schedule 1		
9	Contributor's p	orincipal occupation	10 Contributor's job	title			
1	L Contributorio	unabora / law fire	12 Law firm of cont	ributaria anguas (if a			
'	Contributors	mployer / law firm	12 Law itm of cont	ributor's spouse (ii ai	ny)		
13	If contributor is	s a child, law firm of parent(s) (if any)	·		<b>10</b>		
	Date	Full name of contributor	#)	Amount of	In-kind contribution		
		GORDON, NANCY		contribution (\$)	description (if applicable)		
	1111010010			005.00	1		
l	11/16/2013	Contributor address; City; State; Zip Code		\$25.00	1		
		1628 OAK CREEK DR HURST, TX 76054			1		
		710N31, 1X 70034			_		
	<u> </u>			(If travel outside of	Texas, complete Schedule T)		
	Contributor's p	principal occupation	Contributor's job	title			
$\vdash$	Contributor's	employer / law firm	Law firm of contributor's spouse (if any)				
	Communication	in poyer have min	Law little of contributor's spouse (if any)				
L							
	If contributor i	s a child, law firm of parent(s) (if any)					
$\vdash$							
	Date	Full name of contributor  ut-of-state PAC (ID-	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		HEISH, DALE		Contribution (\$)	description (ii applicable)		
	07/19/2012			6150.00	1		
	07/18/2013	Contributor address; City; State; Zip Code		\$150.00			
		402FRANKLIN RD EULESS, TX 76040			1		
		202203, 17,70010					
<b> </b>				<del></del>	Texas, complete Schedule T)		
	Contributor's	principal occupation	Contributor's job	title			
-	Contributor's	employer / law firm	Law firm of cont	ributor's spouse (if a	nv)		
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	If contributor i	s a child, law firm of parent(s) (if any)					

The Instruction	ON GUIDE explains how to complete this form.			1 PAGE#			
THE INSTRUCTION	on doine explains flow to complete this form.			Schedule: 5/11 Report: 7/21			
2 FILER NAME	VANOVER, CHARLES (Mr.)			3 ACCOUNT # (Ethics Commission filers)			
				00000001			
4 Date	5 Full name of contributor  out-of-state PAC (ID:	<i>#</i>	)	7 Amount of contribution (\$)	₹ 8 ∏n-kind descriptio	contrib	oution.
	HIGHT, LANCE		-	Contribution (a)	I describite	معيين الر	Dicaple)
07/16/2013				\$200.00		2.2	> <b>7</b> 2
0771072010	6 Contributor address; City; State; Zip Code 1709 N CARROLL AVE				<del>o</del> n		
	SOUTHLAKE, TX 76092						
				(If travel outside of	Texas, comple	te Sched	dule 📆 🗖
9 Contributor's	principal occupation	10	Contributor's job	title	25		# ···
					AT OR	0	~
11 Contributor's	omolovor / low firm	12	Law firm of cont	ributor's spouse (if a			
TT Continuous s	employer / law inth	12	Law IIIII Of Conti	noutor's spouse (ii a	i(iA)		
13 If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor  ut-of-state PAC (ID-	#	)	Amount of		d contrib	
	HYE, PIETER		-	contribution (\$)	description	on (if ap	plicable)
					1		
12/21/2013	Contributor address; City; State; Zip Code			\$1,000.00	1		
	2525 E SOUTHLAKE BLVD SOUTHLAKE, TX 76092				1		
				(If travel outside of	Texas, comple	te Sched	dule T)
Contributor's	I principal occupation	Γ	Contributor's job	<u> Li.</u>			
OWNER			OWNER				
1	employer / law firm DRIES JEWELERS	Law firm of contributor's spouse (if any)					
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If contributor i	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor  ut-of-state PAC (ID-	#	1	Amount of	l In-kin/	d contrib	oution
Build	ICOPY	<i>'</i>	/	contribution (\$)	description	on (if ap	
					' PRINTING I		
07/16/2013	Contributor address; City; State; Zip Code			\$722.24	i		
	PO BOX 80056 DECATUR, TX 76234				1		
	BEOATON, 1X 70234						
Contributorio	nuinaina I again ating	·	Contile to do inh	(If travel outside of	r rexas, comple	te Scried	dule I)
Contributors	principal occupation		Contributor's job	uue			
Contributor's	employer / law firm		Law firm of contr	ributor's spouse (if a	ıny)		
If contributor i	s a child, law firm of parent(s) (if any)	·					

The Instruction	ON GUIDE explains how to complete this form.			1 PAGE # Schedule: 6/1	1 Report: 8/	21	
2 FILER NAME	VANOVER, CHARLES (Mr.)			3 ACCOUNT # (Ethics Commission filers)			
				00000001			
4 Date	5 Full name of contributor  out-of-state PAC (ID:	#	)	7 Amount of	8 In-kind	contribu	ition
Date	KENNEDY, JEFF		/	contribution (\$)	description		
					1		
07/03/2013	6 Contributor address; City; State; Zip Code			\$1,000.00	1		
	934 TEALWOOD DR				p to		
	KELLER, TX 76248			-	ELE		=
				(If travel outside of	Texas, complete		IIED 🗆
	orincipal occupation	10	Contributor's job	title	85	<u> </u>	≥ <b>1</b> 1
ATTORNEY			ATTORNEY		a fin	OT	
11 Contributor's e	employer / law firm	12	Law firm of conti	ributor's spouse (if a	nv)		<u> </u>
	ES OF JEFF C KENNEDY	-		,	(7) E.		霊믹
					1900) 1904 1900) 1904	44	ercuna ercuna
13 If contributor is	s a child, law firm of parent(s) (if any)				776	ō	~
					20	-	
Date	Full name of contributor  out-of-state PAC (ID:	#	)	Amount of		d contribu	
	LEWIS, GIB			contribution (\$)	description	on (if app	licable)
					1		
11/19/2013	Contributor address; City; State; Zip Code			\$500.00	1.		
	2300 RACE ST				1		
	FT WORTH, TX 76111						
				(If travel outside of	Texas, comple	te Schedu	ule T)
Contributor's p	principal occupation		Contributor's job	title			
Contributor's	employer / law firm	Law firm of contributor's spouse (if any)					
If contributor is	s a child, law firm of parent(s) (if any)						
ii oomiibatoi ii	3 a silio, tan ilin 3 paroni(o, (ii aliy)						
Date	Full name of contributor	#	)	Amount of contribution (\$)	In-kind	d contribu	
	LINK, BONNY			Contribution (4)	Cescription	π (π αρρ	ilicable)
07/23/2013				\$50.00			
0772072013	Contributor address; City; State; Zip Code			ψ30.00	1		
	4717 FLETCHER AVE SUITE 101				1		
	FT WORTH, TX 76107			(If travel outside of	Texas, comple	te Schedu	ule T)
Contributor's	L principal occupation	<u> </u>	Contributor's job	1			
2011		i	22				
		_					
Contributor's	employer / law firm		Law firm of cont	ributor's spouse (if a	ıny)		
If contributor is	s a child, law firm of parent(s) (if any)	•					
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The Instruct	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/1	1 Report: 9/21
2 FILER NAME	VANOVER, CHARLES (Mr.)	· · · · · · · · · · · · · · · · · · ·		Ethics Commission filers)
			00000001	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: MEAGHER, NICK	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)   FILMING
12/31/2013	6 Contributor address; City; State; Zip Code 11 SEDGWICK DR ENGLEWOOD, CO 80113		\$250.00	Texas, complete Schedule
9 Contributor's principal occupation 10 Contributor's job				
11 Contributor's employer / law firm 12 Law firm of contrib			ributor's spouse (if a	
13 If contributor	is a child, law firm of parent(s) (if any)			T02
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/06/2013	Contributor address; City; State; Zip Code 7416 SPRING LEA WAY NORTH RICHLAND HILLS, TX 76182		\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
Contributor's	principal occupation	Contributor's job	title	
Contributor's	employer / law firm	Law firm of conti	ributor's spouse (if a	ny)
If contributor	is a child, law firm of parent(s) (if any)		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/2013	Contributor address; City; State; Zip Code 2445 SWEEPING MEADOWS LN CEDAR HILL, TX 75104		\$500.00	Texas, complete Schedule T)
Contributor's	L principal occupation	Contributor's job	L	reade, complete contentie 17
ATTORNE		ATTORNEY	THE STATE OF THE S	
Contributor's PARVIN LA	employer / law firm W	Law firm of contr	ributor's spouse (if a	ny)
If contributor	is a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule. 8/11 Report: 10/21  2 FILER NAME VANOVER, CHARLES (Mr.) 3 ACCOUNT # (Ethics Commission filers) 000000001  4 Date PAYNE, EDITH				-	-				
### PILER NAME VANOVER, CHARLES (Mr)  ### A Date	The Instruction	ON GUIDE explains how to complete this form.			1 PAGE#				
4 Date   5 Full name of contributor   out-of-state PAC (ID#	0 50 50 000	VANOVED OURD ES AL							
Date	Z FILER NAME VANOVER, CHARLES (Mr.)			3 ACCOUNT # (	Ethics Comm	ission fi	lers)		
PAYNE, EDITH  10/25/2013 6 Contributor address: City: State: Zip Code 214 LA FONT AINE LN KELLER, TX 76248  9 Contributor's principal occupation  10 Contributor's job title  11 Contributor's principal occupation  12 Law firm of contributor's spouse (if any)  13 If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor PAYNE, RICHARD  10/24/2013 Contributor address; City: State: Zip Code 1100 DRIFTWOOD CT KELLER, TX 76248  Contributor's principal occupation  REAL ESTATE INVESTOR  Contributor's employer / law firm  If contributor is a child, law firm of parent(s) (if any)  Contributor's employer / law firm  Contributor's policitie  REAL ESTATE INVESTOR  Law firm of contributor's spouse (if any)  Contributor's employer / law firm SELF  If contributor is a child, law firm of parent(s) (if any)  Contributor's employer / law firm SELF  Contributor's employer / law firm  Contributor's principal occupation  Contributor's spouse (if any)									
10/25/2013 6 Contributor address: City: State: Zip Code 214 LA FONTAINE LN KELLER, TX 76248 10 10 Contributors job title 214 LA FONTAINE LN KELLER, TX 76248 11 10 Contributors principal occupation 10 Contributors job title 215 Law firm of contributor's spouse (if any) 11 Contributor is a child, law firm of parent(s) (if any)  216 Full name of contributor oddress: City: State: Zip Code 1100 DRIFTWOOD CT KELLER, TX 76248 1100 DRIFTWOO	4 Date		#	)	7 Amount of contribution (\$)				
214 LA FONTAINSE LOW KELLER, TX 76248  214 LA FONTAINSE LOW KELLER, TX 76248  215 LA FONTAINSE LOW KELLER, TX 76248  216 LA FONTAINSE LOW KELLER, TX 76248  217 Contributor's principal occupation  218 Contributor's principal occupation  219 Contributor's principal occupation  210 Contributor's spouse (if any)  211 Contributor is a child, law firm of parent(s) (if any)  213 It contributor is a child, law firm of parent(s) (if any)  219 Date		PATNE, EDITA			(¢)		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
214 LA FONTAINE LN KELLER, TX 76248  214 LA FONTAINE LN KELLER, TX 76248  216 Contributor's principal occupation  10 Contributor's job tittle  11 Contributor's employer / law firm  12 Law firm of contributor's spouse (if any)  3 If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor PAYNE, RICHARD  10/24/2013 Contributor address: City: State: Zip Code 110/24/2013 Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm SELF  If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor Onlier TWOOD CT KELLER, TX 76248  Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm SELF  If contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor's principal occupation Contributor's spouse (if any)  Law firm of contributor's spouse (if any)	10/25/2013	6 Contributor address: City: State: 7in Code			\$500.00			$\geq$	
9 Contributor's principal occupation 10 Contributor's pob title 11 Contributor's employer / law firm 12 Law firm of contributor's spouse (if any)  Date Full name of contributor out-of-state PAC (ID#		214 LA FONTAINE LN				50	<u></u>	$\frac{23}{25}$	
10 Contributor's principal occupation   10 Contributor's job title   11 Contributor's employer / law firm   12 Law firm of contributor's spouse (if any)   13 If contributor is a child, law firm of parent(s) (if any)   13 If contributor is a child, law firm of parent(s) (if any)   14 Law firm of contributor is a child, law firm of parent(s) (if any)   10 / 24/2013   10 / 24/201		KELLER, TX 76248			;		470	<u> </u>	
11 Contributor's employer / law firm  12 Law firm of contributor's spouse (if any)  13 If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (s)   In-kind contribution (f applicable)  10/24/2013  Contributor address: City; State; Zip Code 1100 DRIFTWOOD CT KELLER, TX 76248  Contributor's principal occupation  REAL ESTATE INVESTOR  Contributor's employer / law firm  SELF  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (s)   In-kind contribution (s)   out-of-state PAC (ID#   Amount of contributor's spouse (if any)  Contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor   out-of-state PAC (ID#   Amount of contribution (s)   description (if applicable)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)  Contributor is a child, law firm of parent(s) (if any)					(If travel outside of	Texas, comple	te Sched	dule T)	
11 Contributor's employer / law firm  12 Law firm of contributor's spouse (if any)  Date	9 Contributor's p	principal occupation	10	Contributor's job	title	(1)	5	í.	
13   If contributor is a child, law firm of parent(s) (if any)		•					enter Man	Services Services Services	
13   If contributor is a child, law firm of parent(s) (if any)	11 Contributor's	employer / law firm	12	Law firm of contr	ributor's spouse (if ar	ıv)	1.5		
Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   In-kind contribution (Mescription (if applicable)							9		
Date   Full name of contributor   out-of-state PAC (ID#   Amount of contribution (S)   In-kind contribution (Mescription (if applicable)									
PAYNE, RICHARD  Contributor address: City: State: Zip Code 1100 DRIFTWOOD CT KELLER, TX 76248  Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm  SELF  Date  Full name of contributor oddress: City: State: Zip Code SMITH, KENT  Contributor oddress: City: State: Zip Code SMITH, KENT  Contributor's principal occupation Read: Size PAC (ID# SMITH, KENT)  Contributor's principal occupation Contributor SMITH, XFNT  Contributor oddress: City: State: Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's employer / law firm  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer / law firm  Law firm of contributor's spouse (if any)	13 If contributor is	s a child, law firm of parent(s) (if any)							
PAYNE, RICHARD  Contributor address: City: State: Zip Code 1100 DRIFTWOOD CT KELLER, TX 76248  Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm  SELF  Date  Full name of contributor oddress: City: State: Zip Code SMITH, KENT  Contributor oddress: City: State: Zip Code SMITH, KENT  Contributor's principal occupation Read: Size PAC (ID# SMITH, KENT)  Contributor's principal occupation Contributor SMITH, XFNT  Contributor oddress: City: State: Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's employer / law firm  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer / law firm  Law firm of contributor's spouse (if any)									
10/24/2013   Contributor address; City; State; Zip Code   \$5,000.00	Date	Full name of contributor	#	)					
Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm  Date Full name of contributor out-of-state PAC (ID#) SMITH, KENT  Contributor's out-of-state PAC (ID#) Contributor's principal occupation  Contributor's principal occupation  Contributor's spouse (if any)  Amount of contribution of escription (if applicable)  Contributor address; City: State: Zip Code S304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's principal occupation  Contributor's spouse (if any)  Law firm of contributor of contributor  (If travel outside of Texas, complete Schedule 1)  Contributor's employer / law firm  Law firm of contributor's spouse (if any)		PAYNE, RICHARD			contribution (\$)	descripti	on (if ap	plicable)	
Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm  Date Full name of contributor out-of-state PAC (ID#) SMITH, KENT  Contributor's out-of-state PAC (ID#) Contributor's principal occupation  Contributor's principal occupation  Contributor's spouse (if any)  Amount of contribution of escription (if applicable)  Contributor address; City: State: Zip Code S304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's principal occupation  Contributor's spouse (if any)  Law firm of contributor of contributor  (If travel outside of Texas, complete Schedule 1)  Contributor's employer / law firm  Law firm of contributor's spouse (if any)	10/04/0012				¢5 000 00	l			
Contributor's principal occupation REAL ESTATE INVESTOR   Contributor's principal occupation REAL ESTATE INVESTOR   Contributor's employer / law firm   Law firm of contributor's spouse (if any)      If contributor is a child, law firm of parent(s) (if any)      Date	10/24/2013	1			\$5,000.00	1			
Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm SELF  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor SMITH, KENT  Contributor address; City; State; Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's spouse (if any)  Amount of contribution (s)   In-kind contribution description (if applicable)    Section   S									
Contributor's principal occupation REAL ESTATE INVESTOR  Contributor's employer / law firm SELF  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor SMITH, KENT  Contributor address; City; State; Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's principal occupation  Contributor's spouse (if any)  Amount of contribution (s)   In-kind contribution description (if applicable)    Section   S		·			(If travel outside of	Texas, comple	ete Sched	dule T)	
REAL ESTATE INVESTOR  Contributor's employer / law firm SELF  If contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor out-of-state PAC (ID#	Contributor's	I principal occupation		Contributor's iob				,	
SELF  If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor out-of-state PAC (ID#				REAL ESTATE INVESTOR					
SELF   If contributor is a child, law firm of parent(s) (if any)			-	Low firm of contributoric appuse (if any)					
If contributor is a child, law firm of parent(s) (if any)  Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (s) In-kind contribution (if applicable)  O7/27/2013 Contributor address; City; State; Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735 (If travel outside of Texas, complete Schedule T)  Contributor's principal occupation Contributor's job title  Contributor's employer / law firm  Law firm of contributor's spouse (if any)	1	employer / law firm		Law firm of conti	ributor's spouse (if ar	iy)			
Date SMITH, KENT  Contributor address; City; State; Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's employer / law firm  Contributor's spouse (if any)  Amount of contribution contribution (\$)   In-kind contribution description (if applicable)    \$200.00     \$200.00	<u> </u>								
SMITH, KENT  Contribution (\$)   description (if applicable)  Contributor address; City; State; Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer / law firm  Law firm of contributor's spouse (if any)	If contributor is	s a child, law firm of parent(s) (if any)							
SMITH, KENT  Contribution (\$)   description (if applicable)  SMITH, KENT  Contributor address; City; State; Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer / law firm  Law firm of contributor's spouse (if any)	,								
SMITH, KENT  Contribution (\$)   description (if applicable)  SMITH, KENT  Contributor address; City; State; Zip Code 5304 MAGDELENA DR AUSTIN, TX 78735  Contributor's principal occupation  Contributor's principal occupation  Contributor's employer / law firm  Law firm of contributor's spouse (if any)	Date	Full name of contributor	#	)	Amount of	l In-kin	d contrib	oution	
Contributor's principal occupation  Contributor's employer / law firm  Contributor's employer / law firm  Contributor's state, Zip Code  (If travel outside of Texas, complete Schedule T)  Contributor's job title  Law firm of contributor's spouse (if any)	2 4.0	· ·		,					
Contributor's principal occupation  Contributor's employer / law firm  Contributor's employer / law firm  Contributor's state, Zip Code  (If travel outside of Texas, complete Schedule T)  Contributor's job title  Law firm of contributor's spouse (if any)									
AUSTIN, TX 78735  (If travel outside of Texas, complete Schedule T)  Contributor's principal occupation  Contributor's job title  Contributor's employer / law firm  Law firm of contributor's spouse (if any)	07/27/2013	Contributor address; City; State; Zip Code			\$200.00				
Contributor's principal occupation  Contributor's principal occupation  Contributor's ight title  Contributor's employer / law firm  Law firm of contributor's spouse (if any)		5304 MAGDELENA DR				1			
Contributor's principal occupation  Contributor's job title  Contributor's employer / law firm  Law firm of contributor's spouse (if any)		A0011N, 17,70733							
Contributor's employer / law firm  Law firm of contributor's spouse (if any)	0 17 11		r		L	Texas, comple	ete Sched	dule I)	
	Contributor's	principal occupation		Contributor's job	entie				
If contributor is a child, law firm of parent(s) (if any)	Contributor's	employer / law firm		Law firm of cont	ributor's spouse (if ar	ny)			
If contributor is a child, law firm of parent(s) (if any)									
	If contributor i	s a child, law firm of parent(s) (if any)							

The Instruction	ON GUIDE explains how to complete this form.			1 PAGE#			
				Schedule: 9/1	1 Report: 1	1/21	
2 FILER NAME	VANOVER, CHARLES (Mr.)			3 ACCOUNT # (Ethics Commission filers)			
				00000001			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID∉ STICKELS, JOHN	#	)	7 Amount of contribution (\$)		contribution on (if applicable	e) ·
07/25/2013	6 Contributor address; City; State; Zip Code 1011 WAYLAND DR ARLINGTON, TX 76012			\$200.00	Texas, coraple	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
9 Contributor's p	principal occupation	<b>10</b> Co	ntributor's job	title	35 N	5 =	FILE
11 Contributor's e	employer / law firm	<b>12</b> La	w firm of contr	ibutor's spouse (if ar	(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	P 0	Ö
13 If contributor is a child, law firm of parent(s) (if any)							
Date	Full name of contributor	#	)	Amount of contribution (\$)		contribution on (if applicable	e)
08/11/2013	Contributor address; City; State; Zip Code 15 SPRINGWOOD TUTTLE, OK 73089			\$1,000.00	 		
				(If travel outside of	Texas, complet	e Schedule T)	
	orincipal occupation OF NATIONAL ACCOUNTS	1	Contributor's job title DIRECTOR OF NATIONAL ACCOUNTS				
Contributor's e NB03	employer / law firm	Law firm of contributor's spouse (if any)					
If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor	#	)	Amount of contribution (\$)		contribution on (if applicable	e)
12/23/2013	Contributor address; City; State; Zip Code 1013 SW MELVIN ST MINCO, OK 73059			\$500.00	 		
·				(If travel outside of	Texas, comple	te Schedule T)	П
Contributor's p	I principal occupation	Co	ontributor's job	title			
Contributor's e	employer / law firm	La	w firm of contr	ributor's spouse (if ar	ny)		
If contributor i	s a child, law firm of parent(s) (if any)	•					

P.O. Box 12070

The I NSTRUCTION	אי Guide explains how to complete this form.		1 PAGE # Schedule: 10/1	1 Report: 12/21	
2 FILER NAME	VANOVER, CHARLES (Mr.)	the dead of the second of the		hics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: TILLMAN, PATTY	#)	7 Amount of   contribution (\$)	8 In-kind contribution description (if applicable)	
07/19/2013	6 Contributor address; City; State; Zip Code CLUBGATE DR FT WORTH, TX 76137		\$50.00	ZO TA	
9 Contributor's p	principal occupation	10 Contributor's job	title	AN 15	
11 Contributor's 6	employer / law firm	12 Law firm of cont	ributor's spouse (if any	) HE COUNTY	
13 If contributor is	s a child, law firm of parent(s) (if any)			TOR Y	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/04/2013	Contributor address; City; State; Zip Code 306 W 7TH ST STE 400 FT WORTH, TX 76102		\$100.00   		
	11 (16)		(If travel outside of Te	exas, complete Schedule T)	
Contributor's p	principal occupation	Contributor's job	title		
Contributor's e	employer / law firm	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
12/20/2013	Contributor address; City; State; Zip Code 1801 AVONDALE DR COLLEYVILLE, TX 76034		\$5,000.00		
			(If travel outside of Te	exas, complete Schedule T)	
Contributor's p	principal occupation	Contributor's job RETIRED	title		
Contributor's e	employer / law firm	Law firm of cont	ributor's spouse (if any	)	
If contributor i	s a child, law firm of parent(s) (if any)	-			

# **POLITICAL CONTRIBUTIONS**

	OTHER THAN PLEDGES OR LOANS (JUDICIAL)									
	The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 11/11 Report: 13/21					
2	FILER NAME VANOVER, CHARLES (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001					
4	Date 12/13/2013	5 Full name of contributor	)	7 Amount of contribution (\$) \$1,000.00	8	In-kind descriptio	d contribution (if app			
		700 CUTTERS TRL WEATHERFORD, TX 76087			(If travel outside o	f Texa	as, complet	te Sched	ule T) ∏	
9	Contributor's p	principal occupation	10	Contributor's job OWNER						
11	Contributor's e	employer / law firm SPICE	12	Law firm of contr	ibutor's spouse (if	any)				
13	If contributor is	s a child, law firm of parent(s) (if any)								
		•								
						BY:	STEVE RANGER ELECTIONS ADMINISTRATOR	2014 JAN 15 PH 1: 19	TARRANT COUNTY	

LOANS (J	UDICIAL)		\$	SCHE	DULE	Ε(	J)
	IDE explains how to complete this form.  NOVER, CHARLES (Mr.)		1 PAGE # Schedule: 1/1 3 ACCOUNT # (E			ilers)	
	:		00000001				
4 TOTA	L OF UNITEMIZED LOANS: ⇔⇔	****	77-114	\$		8,00	0.00
5 Date of loan 11/06/2013	7 Name of lender	out-of-state PAC(ID#	)	9 Lo	oan Amoui	nt (\$) \$8,00	0.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip 1144 BANCROFT RD KELLER, TX 76248	Code		0	terest rate		
12 Lender's Principal O	ecupation	13 Lender's Job Title	)	1	1/06/201	16	
12 Lender's Principal O ATTORNEY		13 Lender's Job Title ATTORNEY 15 Law Firm of lender				<u> </u>	
14 Lender's Employer/L TARRANT COUNTY	firm of parent(s) (if any)	10 200 100					
17 Description of Collat  ☑ none  19 GUARANTOR INFORMATION  ☑ not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip	18 Check if personal	funds were deposite		mount Gua		:d (\$)
23 Guarantor's Principa	al Occupation	24 Guarantor's Job	Title	- <b>I</b>			
25 Guarantor's Employ	er/Law Firm	26 Law Firm of guar	antor's spouse (if an	y) <del></del>	ELEC	2011	
27 If guarantor is child,	law firm of parent(s) (if any)				STE		TARRA
				The state of the s	ADEINISTRATOR	5 PM   : 9	

**EXPENDITURE CATEGORIES** 

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Travel Out Of District
Office Overhead/Rental Expense Event Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME VANOVER, CHARLES (Mr.) 00000001 Schedule: 1/6 Report: 15/21 4 Date 5 Payee name ARLINGTON REPUBLICAN CLUB 08/26/2013 Payee address City; State; Zip Code Amount (\$) \$100.00 PO BOX 14095 ARLINGTON, TX 76094 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) **PURPOSE ADVERTISING** Advertising Expense OF EXPENDITURE Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Pavee name C ARLINGTON REPUBLICAN CLUB 08/26/2013 Amount (\$) Payee address City; State; Zip Code PO BOX 14095 \$150.00 ARLINGTON, TX 76094 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule **PURPOSE ADVERTISING** Advertising Expense OF **EXPENDITURE** O Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name MOSLAH SHRINE 08/28/2013 Amount (\$) Payee address City; State; Zip Code 1100 HENDERSON \$95.00 FT WORTH, TX 76102 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE ADVERTISING** Advertising Expense OF **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date NORTHEAST TARRANT REPUBLICAN CLUB 10/21/2013 Payee address City; State; Zip Code Amount (\$) PO BOX 582 \$35.00 BEDFORD, TX 76095 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE REGISTRATION FEE Event Expense OF EXPENDITURE Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling E Printing		nead/Rental Expense OTHER (ente	Officeholder/Political Committee r a category not listed above)
1 PAGE# 2 FILER NAME				3 ACCOUNT # (TEC filers)
Schedule: 2/6 Report: 16/21 VANOVER, CHARLES (Mr.)				0000001
4 Date 5 Payee name				
07/03/2013	PIRYX, INC			
6 Amount (\$)	7 Payee addres			
\$57.50	144 2ND ST SAN FRANS	1ST FLOOR SISCO, CA 94105		
8 PURPOSE		e Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Fees		PAYMENT PROCESSIN	G FEE
EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Tiffice holds
direct expenditure to benefit C/OH	Candidate / C	mocroider frame	Office sought.	POFfice heads
Date	Payee name			Z Z > T
07/16/2013	PIRYX, INC			35 J TF
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •		Es om
\$11.50		SISCO, CA 94105		7 R P
				30%
PURPOSE		e Categories listed at the top of this schedule)		e of Texas, complete Schedule-TK
OF	Fees		PAYMENT PROCESSIN	G FEE 🙃
EXPENDITURE				ð 1
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
07/31/2013	PIRYX, INC	•		
Amount (\$)	Payee addres	s City; State; Zip Code		:
\$11.50		1ST FLOOR SISCO, CA 94105		
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Fees		PAYMENT PROCESSIN	G FEE
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
08/21/2013 Amount (\$)	PIRYX, INC	City Ctate: 7:- C-1-		
( )	Payee address	s City; State; Zip Code		
\$23.00		SISCO, CA 94105		
		The second secon		
PURPOSE	_	e Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	OF FATWENT PROCESSING FEE			
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Candidate / O		Onice sought.	Office field:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/6 Re	- MANOVED CHARLES (Mr.)	00000001
4 Date	5 Payee name	
08/28/2013	PIRYX, INC	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$2.88	144 2ND ST 1ST FLOOR	
Ψ2.00	SAN FRANSISCO, CA 94105	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Fees	PAYMENT PROCESSING FEE
EXPENDITURE		TAR!
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office help
direct expenditure	Candidate / Officeriolder frame	Office sought.
to benefit C/OH		
Date	Payee name	- 23 - 25
09/06/2013	PIRYX, INC	
Amount (\$)	Payee address City; State; Zip Code	57 - F
\$2.88	144 2ND ST 1ST FLOOR	- TY
	SAN FRANSISCO, CA 94105	T08
ļ	Category (See Categories listed at the top of this schedule)	· · · · · · · · · · · · · · · · · · ·
PURPOSE	Fees	Description (If travel outside of Texas, complete Schedule T) PAYMENT PROCESSING FEE
OF		, Alliell Hooleding LE
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
	L Pavas same	
Date 09/13/2013	Payee name PIRYX, INC	
Amount (\$)	Payee address City; State; Zip Code	
1	144 2ND ST 1ST FLOOR	
\$28.75	SAN FRANSISCO, CA 94105	
	·	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Fees	PAYMENT PROCESSING FEE
EXPENDITURE		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
10/24/2013	PIRYX, INC	
Amount (\$)	Payee address City; State; Zip Code	
\$2.88	144 2ND ST 1ST FLOOR	
	SAN FRANSISCO, CA 94105	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Fees	PAYMENT PROCESSING FEE
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure		Sind Stagini
to benefit C/OH		

SCHEDULE F

Advertising Expense Accounting/Banking Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) VANOVER, CHARLES (Mr.) 00000001 Schedule: 4/6 Report: 18/21 4 Date 5 Payee name PIRYX, INC 12/29/2013 Amount (\$) Payee address City; State; Zip Code 144 2ND ST 1ST FLOOR \$2.88 SAN FRANSISCO, CA 94105 (If travel outside ) Texa complete hedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PAYMENT PROCESSING FEE **PURPOSE** Fees OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 7 Ť STAMPEDE CONSULTING, LLC 09/04/2013 Amount (\$) Payee address City; State; Zip Code 20 1400 LAVACA SUITE A AUSTIN, TX 78701 \$6,000.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Advertising Expense CAMPAIGN ADVERTISING AND CONSULTING OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name STAMPEDE CONSULTING, LLC 10/04/2013 Amount (\$) Payee address City; State; Zip Code 1400 LAVACA SUITE A \$1,000.00 AUSTIN, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense CAMPAIGN ADVERTISING AND CONSULTING OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name STAMPEDE CONSULTING, LLC 11/05/2013 Amount (\$) Payee address City; State; Zip Code 1400 LAVACA SUITE A \$1,000.00 AUSTIN, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense CAMPAIGN ADVERTISING AND CONSULTING OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense Fees	Se Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re The Instruction Guide explains how	ct Candidate/C ntal Expense OTHER (enter	Onations Made By Officeholder/Political Committee a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 5/6 Re	1 VANOVED CHARLES (Max.)		0000001
4 Date	5 Payee name		
12/03/2013	STAMPEDE CONSULTING, LLC		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$1 <u>,</u> 000.00	1400 LAVACA SUITE A AUSTIN, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE	Advertising Expense	CAMPAIGN ADVERTISIN	
EXPENDITURE			ARF ECTION
			= <u>= </u>
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			2
Date	Payee name		
11/25/2013	TARRANT COUNTY REPUBLICAN PARTY		
Amount (\$)	Payee address City; State; Zip Code		and original and o
\$2,500.00	2405 GRAVEL DR		N -<
·-,-	FORT WORTH, TX 76102		S 0
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside FILING FEE	of Texas, complete Schedule T)
EXPENDITURE			
		1	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Officeholder name Payee name	Office sought:	Office held:
direct expenditure to benefit C/OH		Office sought:	Office held:
direct expenditure to benefit C/OH Date	Payee name	Office sought:	Office held:
direct expenditure to benefit C/OH  Date 12/17/2013	Payee name TARRANT COUNTY REPUBLICAN PARTY	Office sought:	Office held:
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$)	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR		Office held:
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$)  \$175.00	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102		
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule)	Description (If travel outside	
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$)  \$175.00	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside REGISTRATION FEE	of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE  Complete ONLY if	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule)	Description (If travel outside	
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside REGISTRATION FEE	of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense  Candidate / Officeholder name	Description (If travel outside REGISTRATION FEE	of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside REGISTRATION FEE	of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense  Candidate / Officeholder name	Description (If travel outside REGISTRATION FEE	of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 07/30/2013	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense  Candidate / Officeholder name  Payee name USPS	Description (If travel outside REGISTRATION FEE	of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 07/30/2013  Amount (\$) \$46.00	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense  Candidate / Officeholder name  Payee name USPS Payee address City; State; Zip Code 520 E VINE ST	Description (If travel outside REGISTRATION FEE  Office sought:	of Texas, complete Schedule T)
direct expenditure to benefit C/OH  Date 12/17/2013  Amount (\$) \$175.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 07/30/2013  Amount (\$)	Payee name TARRANT COUNTY REPUBLICAN PARTY Payee address City; State; Zip Code 2405 GRAVEL DR FORT WORTH, TX 76102  Category (See Categories listed at the top of this schedule) Event Expense  Candidate / Officeholder name  Payee name USPS Payee address City; State; Zip Code 520 E VINE ST KELLER, TX 76244	Description (If travel outside REGISTRATION FEE Office sought:	of Texas, complete Schedule T)

SCHEDULE F

### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Fees	Printing	Expense The Instruction	Office Overhead	/Rental Expense w to complete this for	OTHER (en <b>n.</b>	ter a cat	tegory not i	isted abo	ve)
1 PAGE # Schedule: 6/6 F	Panart: 20/21	2 FILER NAME VANOVER, CHAF	RLES (Mr.)				ACCOUN		EC filers)
4 Date	5 Payee name						000000	701	<del></del> -
08/16/2013	USPS								
6 Amount (\$)	7 Payee addres	ss City; State	e; Zip Code						
\$88.00	520 E VINE KELLER, T	ST X 76244							
8 PURPOSE		ee Categories listed at the top head/Rental Expense	o of this schedule)	(b) Description (	If travel outs	ide of Te	exas, comp	lete Sche	dule T)
OF EXPENDITURE		nead/Herital Expense		TOUTAGE					
9 Complete ONLY direct expenditure to benefit C/OH		Officeholder name		Office soug	ht:		Office	held:	
-				,					
						BY:	ELEC	201	-1
						1	CTION	JA	ES.
						1	32 IT	2014 JAN 15	TARRANT
								PH	30
						A CONTRACTOR OF THE PERSON OF	STRATOR	1: 20	BO WITH
						Appendix 1	70		

Austin, Texas 78711-2070

### (512)463-5800 TDD 1-800-735-2989

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

**EXPENDITURE CATEGORIES** 

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	vent Expense Polling Expense Travel Out Of District Candidate/C	
	The Instruction Guide explains how to complete this form.	
1 PAGE#		3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re	eport: 21/21 VANOVER, CHARLES (Mr.)	00000001
4 Date	5 Payee name	
12/28/2013	TARRANT CONSERVATIVESUNITE PAC	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$699.99	1921 STONEHILL DR	
Reimbursement from political contributions intended	FT WORTH, TX 76247	
8 PURPOSE		f Texas, complete Schedule T)
OF	Event Expense REGISTRATION FEE	
EXPENDITURE		
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