Austin, Texas 78711-2070

# JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

# FORM JC/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE /	MS/MRS/MLB FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	JAMES	R.	Date Received			
	NICKNAME LAST	SUFFIX				
	WILSON		* .			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY:	STATE: ZIP CODE	Date Hand-delivered or Postmarked			
change of address			Receipt # Amount			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Image® 200			
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Image® 30			
TREASURER NAME	AMY	J.				
,	NICKNAME LAST	SUFFIX				
	WILSON		95 -			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ДР CODE €			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)			
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 10 / 07 / 13 THROUGH	Month Day 12 / 31	Year / 13			
11 ELECTION	ELECTION DATE Month Day Year  03 / 04 / 14  ELECTION TYPE  A Primary	Runoff	General Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If KNOWN JUDGE, COUN	TY CRIMINAL COURT # 8			
	GO TO PAC	SE 2				

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

P.O. Box 12070

# FORM JC/OH COVER SHEET PG 2

14 C/OH NAME JAMES R. W	VILSON		5 ACCOUNT	# (Ethics Commit	ssion Filers)	
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 CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS	33 X:	2014 ELECT	TA.	
	SPECIFIC		4	DE LE	RR	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		S ADMIT		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		R	parameter Secretaria 200 (A) S Silveriania Secretaria	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0		
	2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 250.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ 0		
	4. TOTAL POLITICAL EXPENDITURES			\$ 3220.29		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST REPORTING PERIOD	DAY \$	0		
OUTSTANDING LOAN TOTALS						
18 AFFIDAVIT			L			
RONALD S. BABCOCK Notary Public, State of Texas My Commission Expires August 15, 2015  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 STA	MP / SEAL ABOVE					
Sworn to and sub	scribed before r	ne, by the said Janes R, Wilson		, this t	the	
		1	ny hand an		İ	
Monald & Salvesof DONALD J. BABCOCK NOTARY						
Signature of officer admi	nistering oath	Print name of officer administering oath	Title of officer	r administering	oath	

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

# SCHEDULE A (J)

		•						
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):					
2	2 FILER NAME JAMES R. WILSON			3 ACCOUNT # (Ethics Commission Filers)				
4	Date 12/05/13	5 Full name of contributorbut-of-state PAC (ID#	TX., 76008	contribution (\$)   \$250.00   	8 In-kind contribution description(if applicable)			
9	Contributor's p	rincipal occupation CONSTABLE	10 Contributors job DEPUTY	CONSTABLE	TARR DIL JA			
11	Contributor's employer/law firm 12 Law firm of contri			butor's spouse (if any)	ONS AN			
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)			
	Contributor's p	Contributor address; City; State; Zip Code	Contributor's job	<u></u>	f Texas, complete Schedule T)			
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	Full name of contributorout-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description(if applicable)			
		Contributor address; City; State; Zip Code		(If travel outside o	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)						
	If contributor is	s a child, law firm of parent(s) (if any)						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services     Solicitation/Fundraising Expense     Transportation       Food/Beverage Expense     Travel In District     Contribution       Polling Expense     Travel Out Of District     Candidation			Loan Repayme Transportation Contributions/I Candidate/ OTHER (enter	rment/Reimbursement ion Equipment & Related Expense is/Donations Made By te/Officeholder/Political Committee ter a category not listed above)			
		e explains now to co	mpiete tins ioi					
1 Total pages Schedule G:	JAMES R. WILSON			3 ACCC	OONT # (Ethics	Coppressi	52	
4 Date 12/03/13	5 Payee name MULHOLLANDS			AM		S T		
6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1332 N. MAIN ST., FT. WORTH, TX. 76169				MINIS MINIS	P	Sign	
Reimbursement from political contributions intended					2:			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside			(If travel outside	of Texas, comple	e Schedule	T)	
OF EXPENDITURE	PRINTING		NAME B	ADGES	<b>.</b>			
Date Payee name 12/09/13 TARRANT COUNTY REPUBLICAN PARTY								
Amount (\$) 2500.00 Payee address; City; State; Zip Code 4504 GRAVEL DR., FT. WORTH, TX., 76118								
Reimbursement from political contributions intended								
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	1 (If travel outside	of Texas, complet	e Schedule	Τ)	
OF EXPENDITURE	FEES		CANDIDATE FILING FEE					
Date 12/30/13	12/30/13 Payee name TEXAS CONSERVATIVES UNITE PAC							
Amount (\$)699.99	9.99 Payee address; City; State; Zip Code 1921 STONEHILL DR., FT. WORTH, TX., 76247							
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description CANDIDA	(If travel outside			,	
Date	Payee name							
Amount (\$)	Payee address; City; S	tate; Zip Code						
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside	of Texas, complet	e Schedule	r)	
	ATTACH ADDITIONAL C	OPIES OF THIS SO	HEDULEAS	NEEDED				