

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> NICKNAME <b>DUB</b>	FIRST <b>D.W.</b> LAST <b>BRANSON</b>	MI  SUFFIX <b>JR</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		<b>OFFICE USE ONLY</b> Date Received: <b>2014 JUL 15 2 11 PM '14</b> Date Hand-delivered or Postmarked: <b>2014 JUL 15 2 11 PM '14</b> Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____
5 CANDIDATE / OFFICEHOLDER PHONE	PHONE NUMBER		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS</b> NICKNAME	FIRST <b>JoAnn</b> LAST <b>Gordon</b>	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	PHONE NUMBER		EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 16 / 2014</b> <b>7 / 15 / 2014</b>		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>Constable, Per 4</b> <b>Tarrant County</b>		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MR. DW 'DUB' BRANSON JR

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE 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 TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

RY:

FILED  
TARRANT COUNTY  
2011 JUL 15 PM 12:05  
STEVE KOPPEL  
ELECTIONS ADMINISTRATOR

additional pages

17 CONTRIBUTION TOTALS

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)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1260<sup>00</sup>

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

*Dub Branson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dub Branson, this the 15<sup>th</sup> day of July, 20 14, to certify which, witness my hand and seal of office.

*Catherine Ada Calderon*

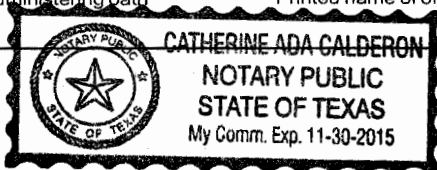
Catherine Ada Calderon

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: _____		<b>2</b> FILER NAME D.W. 'DUB' Bransom Jr.		<b>3</b> ACCOUNT # (Ethics Commission Filers) _____	
<b>4</b> Date 1-20-14		<b>5</b> Payee name Tarrant County Jr. Livestock Assn.			
<b>6</b> Amount (\$) 100 <sup>00</sup>		<b>7</b> Payee address; City; State; Zip Code 6713 Telephone Rd FW 76130			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Charity Ad		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2-8-14		Payee name N. W. Tarrant Chamber			
Amount (\$) 225 <sup>00</sup>		Payee address; City; State; Zip Code 3918 Telephone Rd Lake Worth, TX 76135			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2-19-14		Payee name Azle Football Boosters			
Amount (\$) 100 <sup>00</sup>		Payee address; City; State; Zip Code 13085 Lib School Rd Azle 76020			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Ad		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2-8-14		Payee name Betsy Price			
Amount (\$) 50 <sup>00</sup>		Payee address; City; State; Zip Code PO Box 100066 FW. 76185			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign Contribution		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

FILED  
 TARRANT COUNTY  
 2014 JUL 19 PM 12:05  
 ELECTIONS ADMINISTRATOR  
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
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1 Total pages Schedule F:	2 FILER NAME <b>D.W. 'DUB' Bransom Jr</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4-7-14</b>	5 Payee name <b>JoAnn Gordon</b>
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6 Amount (\$) <b>100<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1824 Inspiration Lane River Oaks, TX 76114</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Campaign Contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-7-14</b>	Payee name <b>Lake Worth High School</b>
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Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>Boat Club Rd F.W. TX 76135</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Ad.</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-8-14</b>	Payee name <b>NW Tarrant Chamber</b>
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Amount (\$) <b>235</b>	Payee address; City; State; Zip Code <b>3918 Telephone Rd Lake Worth, TX 76135</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Scholarship</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5-8-14</b>	Payee name <b>Azle Christian Church</b>
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Amount (\$) <b>150<sup>00</sup></b>	Payee address; City; State; Zip Code <b>117 Church St. Azle, TX 76020</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 2014 JUL 15 PM 2:05  
 STEVEN M. HARRIS  
 CLERK OF COUNTY CLERK  
 ELECTIONS ADMINISTRATION

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
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1 Total pages Schedule F:	2 FILER NAME <b>D.W. 'DUB' BRANSON JR.</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6-4-14</b>	5 Payee name <b>J.D. Johnson</b>
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6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 136201 T.W. 76136</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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FILED  
 2014 JUN 15 11:05 AM  
 ELECTORAL ADMINISTRATION  
 RY: