

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)
00000001

2 PAGE #
1 of 9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. J. D.
NICKNAME LAST SUFFIX
Johnson

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Darrell
NICKNAME LAST SUFFIX
Johnson

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

8 REPORT TYPE

January 15 30th day 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/01/2014 09/25/2014

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2014

11 OFFICE

OFFICE HELD (if any)
County Commissioner Pct 4
District 4

12 OFFICE SOUGHT (if known)
County Commissioner Pct 4
District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Johnson, J. D. (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00000001

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 12,700.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,261.89

4. TOTAL POLITICAL EXPENDITURES \$ 29,007.21

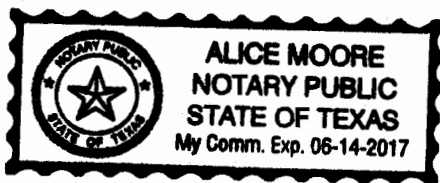
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 380,352.23

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said J.D. JOHNSON, this the 25th day of September, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Alice Moore
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 3/9	
2 FILER NAME Johnson, J. D. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 07/29/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashton, Joseph 6 Contributor address; City; State; Zip Code 5519 Notre Dame Avenue River Oaks, TX 76114	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bass, Edward Contributor address; City; State; Zip Code 201 Main Street Suite 2700 Fort Worth, TX 76102	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Republican Women Contributor address; City; State; Zip Code Post Office Box 101613 Fort Worth, TX 76185-1613	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Good Government Fund Contributor address; City; State; Zip Code 201 Main Street Fort Worth, TX 76102	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hickman, Holt Contributor address; City; State; Zip Code 5800 Merrymount Road Fort Worth, TX 76107	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 4/9

2 FILER NAME Johnson, J. D. (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

09/17/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Kelly Hart PAC

6 Contributor address; City; State; Zip Code
201 Main Street
Suite 2500
Fort Worth, TX 76102

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/21/2014

Full name of contributor out-of-state PAC (ID# _____)
Linebarger, Goggan Blair & Sampsom, LLP

Contributor address; City; State; Zip Code
P. O. Box 17428
Austin, TX 78760

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/17/2014

Full name of contributor out-of-state PAC (ID# _____)
PSEL PAC

Contributor address; City; State; Zip Code
201 Main Streer
Suite 2500
Fort Worth, TX 76102

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/2014

Full name of contributor out-of-state PAC (ID# _____)
Tarrant County Law Enforcement Assoc. PAC

Contributor address; City; State; Zip Code
904 CollierStreet
Fort Worth, TX 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 5/9		2 FILER NAME Johnson, J. D. (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 07/09/2014	5 Payee name Arizola's Restaurant & Cantina				
6 Amount (\$) \$1,121.50	7 Payee address City; State; Zip Code 6055 Jacksboro Highway Lake Worth, TX 76135				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Catering for Volunteer Appreciation Event	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/02/2014	Payee name Awesome Blossoms				
Amount (\$) \$119.20	Payee address City; State; Zip Code 100 S. Hampshire Street Saginaw, TX 76179				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Funeral Arrangement	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/05/2014	Payee name Awesome Blossoms				
Amount (\$) \$151.54	Payee address City; State; Zip Code 100 S. Hampshire Street Saginaw, TX 76179				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Various Flowers for Constituents	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/08/2014	Payee name Awesome Blossoms				
Amount (\$) \$184.28	Payee address City; State; Zip Code 100 S. Hampshire Street Saginaw, TX 76179				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense			Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Various Flowers for Constituents	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 6/9		2 FILER NAME Johnson, J. D. (Mr.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 09/23/2014	5 Payee name Boswell Cheer Booster				
6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 8551 Boat Club Road Suite 121-171 Fort Worth, TX 76179				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Range Sponsor for Cheerleader Fundraiser		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/16/2014	Payee name Charlie Geren Campaign				
Amount (\$) \$300.00	Payee address City; State; Zip Code Post Office Box 1440 Fort Worth, TX 76114				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Geren, Charlie (Rep.)		Office sought: State Representative District 99	Office held: State Representative District 99	
Date 08/13/2014	Payee name Dennis Shingleton Campaign				
Amount (\$) \$100.00	Payee address City; State; Zip Code Post Office Box 470336 Fort Worth, TX 76147				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shingleton, Dennis (Hon.)		Office sought: Fort Worth City Council Member District 7	Office held: Fort Worth City Council Member District 7	
Date 07/09/2014	Payee name Five Star Correctional Services				
Amount (\$) \$2,500.00	Payee address City; State; Zip Code Post Office Box 271006 Dallas, TX 75227				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Golf Tournament Fundraiser; Catering		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 7/9	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 08/04/2014	5 Payee name Fort Worth Stock Show Syndicate
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6 Amount (\$) \$400.00	7 Payee address City; State; Zip Code Post Office Box 17005 Fort Worth, TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Membership Dues	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues
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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 07/09/2014	Payee name Friends of Senator Jane Nelson
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Amount (\$) \$250.00	Payee address City; State; Zip Code Post Office Box 608 Grapevine, TX 76099
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Star Host Sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Nelson, Jane (Sen.)	Office sought: State Senator District 12	Office held: State Senator District 12
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Date 07/10/2014	Payee name Saginaw Area Chamber of Commerce
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Amount (\$) \$200.00	Payee address City; State; Zip Code 301 South Saginaw Blvd Saginaw, TX 76179
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Hole Sponsor for Chamber Golf Tournament
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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 08/11/2014	Payee name Southwestern Exposition & Livestock Show
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Amount (\$) \$500.00	Payee address City; State; Zip Code P. O. Box 150 Fort Worth, TX 76101
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Calf Scramble Sponsor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Calf Scramble Sponsor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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.

1 PAGE # Schedule: 4/5 Report: 8/9	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 09/09/2014	5 Payee name Texans for Kelly Hancock
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code Post Office Box 821349 North Richland Hills, TX 76182
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Hancock, Kelly (Sen.)	Office sought: State Senator District 9	Office held: State Senator District 9
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Date 08/22/2014	Payee name The Eppstein Group
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Amount (\$) \$393.61	Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Website Expenses
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/25/2014	Payee name The Eppstein Group
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Amount (\$) \$5,000.00	Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Professional Services
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/02/2014	Payee name The Eppstein Group
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Amount (\$) \$15,000.00	Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Professional Services
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 9/9	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 07/09/2014	5 Payee name The Golf Club at The Resort
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6 Amount (\$) \$1,190.00	7 Payee address City; State; Zip Code 5700 The Resort Blvd. Fort Worth, TX 76179
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Golf Tournament Fundraiser; Tournament Cart Rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 08/07/2014	Payee name The Golf Club at The Resort
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Amount (\$) \$35.19	Payee address City; State; Zip Code 5700 The Resort Blvd. Fort Worth, TX 76179
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Golf Tournament Fundraiser Expense; Cart Rental <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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