

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FILED FROM JC/OH
TARRANT COUNTY
COVER SHEET PG 1

2015 JAN 12 PM 1:47

The JC/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
OFFICE USE ONLY

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
CHERYL
NICKNAME LAST SUFFIX
SURBER

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Date Hand-delivered or Postmarked

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
CHERYL
NICKNAME LAST SUFFIX
SURBER

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP 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 (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
10 / 26 / 2014 THROUGH 12 / 31 / 2014

11 ELECTION

ELECTION DATE Month Day Year
ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME **CHERYL SURBER**

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

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.

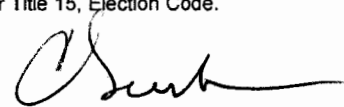
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	N/A
<input type="checkbox"/> SPECIFIC	N/A
	COMMITTEE ADDRESS
	N/A
	COMMITTEE CAMPAIGN TREASURER NAME
	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	N/A

FILED
TARRANT COUNTY
2015 JAN 12 PM 4:41
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 101
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 101
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,313.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,055.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,302.67

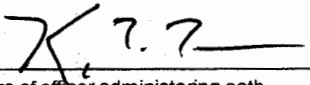
18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

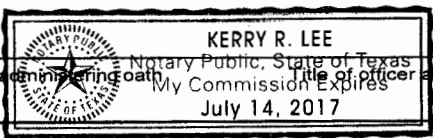

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cheryl Surber, this the 12th day of January, 2015, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Print name of officer administering oath KERRY R. LEE
Notary Public, State of Texas
My Commission Expires July 14, 2017
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 |
| 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.

FILED
 TARRANT COUNTY
 2015 JAN 19 PM 4:48
 CLERK OF COURTS
 ADMINISTRATOR

1 Total pages Schedule F: 2 2 FILER NAME: CHERYL SURBER 3 ACCOUNT # (Ethics Commission form):

4 Date: 10/27/14 5 Payee name: TOOD BROOKSHIER CPA

6 Amount (\$): 217.50 7 Payee address; City; State; Zip Code: 4410 W. VICKERY BLVD. #102 FORT WORTH TX 76107

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): ACCOUNTING (b) Description (If travel outside of Texas, complete Schedule T): REPORTING
 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: 11/5/14 Payee name: CLARK BUSBY

Amount (\$): 150.00 Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): CONTRACT LABOR Description (If travel outside of Texas, complete Schedule T): PUT UP SIGNS, POLLING PLACE HELP
 Check if Austin, TX, officeholder living expense

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

Date: 11/30/14 Payee name: TOOD BROOKSHIER CPA

Amount (\$): 253.75 Payee address; City; State; Zip Code: 4410 W. VICKERY BLVD. #102 FORT WORTH TX 76107

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): ACCOUNTING Description (If travel outside of Texas, complete Schedule T): REPORTING
 Check if Austin, TX, officeholder living expense

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

Date: Payee name:

Amount (\$): Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Description (If travel outside of Texas, complete Schedule T):
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

**FILED
TARRANT COUNTY G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

2015 JAN 12 PM 4:49

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Expenses
Candidate/Organization/Political Committee

**FRANK PHILLIPS
ELECTIONS ADMINISTRATOR**

OTHER (enter a category not listed above)
BY: _____

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME SHERYL SURBER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/26/14		5 Payee name SAMS CLUB			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 248.55		7 Payee address; City; State; Zip Code FORT WORTH, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) OFFICE SUPPLIES		(b) Description (If travel outside of Texas, complete Schedule T) INK, PAPER, CARD STOCK <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/30/14		Payee name OFFICE DEPOT			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 46.22		Payee address; City; State; Zip Code FORT WORTH, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE SUPPLIES		Description (If travel outside of Texas, complete Schedule T) PENS, MARKERS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/30/14		Payee name LOWES			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 44.46		Payee address; City; State; Zip Code FORT WORTH, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SUPPLIES		Description (If travel outside of Texas, complete Schedule T) CABLE TIES, GLOVES, <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 10/30/14		Payee name SAMS CLUB			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended 353.38		Payee address; City; State; Zip Code FORT WORTH, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE SUPPLIES		Description (If travel outside of Texas, complete Schedule T) INK, PAPER, CARD STOCK <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OUTSTANDING LOANS

FILED SCHEDULE L
TARRANT COUNTY

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
2015 JAN 12 PM 4:49

2 FILER NAME
CHERYL SURBER

3 ACCOUNT # (Ethics Commission Filers)
**FRANK PHILLIPS
ELECTIONS ADMINISTRATOR**

LENDER INFORMATION

4 Name of lender
CHERYL SURBER

BY: _____

5 Lender address; City; State; Zip Code
P.O. Box 11511 Fort Worth, TX 76110

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED