

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
BY: ALM
FRANK P. PHILLIPS
ELECTIONS ADMINISTRATOR
2015 JAN 15 PM 12:05
TARRANT COUNTY
FILED
Date Hand-delivered or Date Postmarked
Receipt # Count
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 Month Day Year
10/26/2014 THROUGH 12/31/2014

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

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

additional pages

FILED
TARRANT COUNTY
2015 JAN 15 PM 12:06
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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) \$ 5,700.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,770.00

4. TOTAL POLITICAL EXPENDITURES \$ 66,467.54

CONTRIBUTION BALANCE

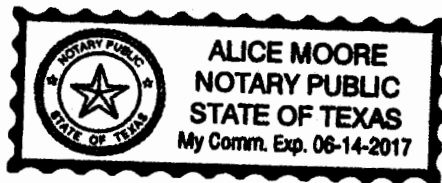
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 330,593.02

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.



[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 14th day of JANUARY, 20 15, to certify which, witness my hand and seal of office.

Alice Moore Alice Moore NOTARY
Signature of officer administering oath Print name of officer administering oath 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: 1/3 Report: 8

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

3 ACCOUNT # (Ethics Commission #)

00000001

4 Date

11/03/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Bonds, Pete

6 Contributor address; City; State; Zip Code
Post Office Box 79590
Saginaw, TX 76179

7 Amount of contribution (\$)

\$2,500.00

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

10/31/2014

Full name of contributor out-of-state PAC (ID# _____)
Committee For Public Safety FW Police Officers Association

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

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

11/06/2014

Full name of contributor out-of-state PAC (ID# _____)
Gavras, Chris

Contributor address; City; State; Zip Code
1301 Throckmorton Street
Apt 2105
Fort Worth, TX 76102

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2014

Full name of contributor out-of-state PAC (ID# _____)
Griffin, Mike and Susan

Contributor address; City; State; Zip Code
800 Arcadia Street
Saginaw, TX 76179

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2014

Full name of contributor out-of-state PAC (ID# _____)
Hansen, Don

Contributor address; City; State; Zip Code
420 North Main Street
Suite 119
Fort Worth, TX 76106

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)

FILED
 TARRANT COUNTY
 2015 JAN 6 PM 12:06
 CLERK OF COURTS
 TRAVIS A. HILLIPS
 ADMINISTRATOR

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report 4/9

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

3 ACCOUNT # (Ethics Commission file #)
00000001

4 Date
10/30/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Jury, Donald

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
436 Haltom Road
Fort Worth, TX 76117

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/27/2014

Full name of contributor out-of-state PAC (ID# _____)
Leonard, Martha

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1411 Shady Oaks Lane
Fort Worth, TX 76107

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/03/2014

Full name of contributor out-of-state PAC (ID# _____)
McKee, Bruce

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
425 Padre Blvd
#18
South Padre Isle, TX 78597

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/30/2014

Full name of contributor out-of-state PAC (ID# _____)
Moncrief, Mike and Rosie (Hon.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
777 Taylor Street
Ste 1030
Fort Worth, TX 76102

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/03/2014

Full name of contributor out-of-state PAC (ID# _____)
Pavlik, Linda

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6115 Camp Bowie Blvd
Suite 270
Fort Worth, TX 76116

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ELECTORAL ADMINISTRATION
 FRANK PHILLIPS
 2015 JAN 5 PM 12:06
 TARRANT COUNTY
 FILED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 5/9	
2 FILER NAME Johnson, J. D. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 11/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schuder, Paul 6 Contributor address; City; State; Zip Code 3816 Wharton Drive Fort Worth, TX 76133	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Barbara Contributor address; City; State; Zip Code 3500 Lennox Drive Fort Worth, TX 76107	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED
 TARRANT COUNTY
 2015 JAN 15 PM 12: 06
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY: _____

FILED
 TARRANT COUNTY
 JAN 5 2015
 10:00 AM
 CLERK
 ELECTIONS

POLITICAL EXPENDITURES

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 Expenses 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: 1/4 Report: 6/9	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNT # (TEC filers) 00000001
--	---	---

4 Date 12/05/2014	5 Payee name Academy Sports & Outdoors
-----------------------------	--

6 Amount (\$) \$966.83	7 Payee address City; State; Zip Code 1701 S. Cherry Lane Fort Worth, TX 76108
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff Appreciation Gifts <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 11/07/2014	Payee name Arizola's Restaurant & Cantina
--------------------	--

Amount (\$) \$477.50	Payee address City; State; Zip Code 6055 Jacksboro Highway Lake Worth, TX 76135
-------------------------	---

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 Election Watch Party <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 11/04/2014	Payee name Awesome Blossoms
--------------------	--------------------------------

Amount (\$) \$185.53	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 12/04/2014	Payee name Benchmark Graphics
--------------------	----------------------------------

Amount (\$) \$1,813.19	Payee address City; State; Zip Code 12775 Business 287 North Fort Worth, TX 76179
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Printing Expense <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
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: 2/4 Report: 7/9	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNT # (C file) 00006001
---------------------------------------	--------------------------------------	----------------------------------

4 Date 12/01/2014	5 Payee name Fort Worth Stock Show and Rodeo
----------------------	---

6 Amount (\$) \$600.00	7 Payee address City; State; Zip Code Post Office Box 17005 Fort Worth, TX 76101-0150
---------------------------	---

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"/> Livestock Appreciation Day Luncheon
	<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 10/27/2014	Payee name Saginaw Area Chamber of Commerce
--------------------	--

Amount (\$) \$125.00	Payee address City; State; Zip Code 301 South Saginaw Blvd Saginaw, TX 76179
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Membership Dues	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues
	<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 10/27/2014	Payee name Saginaw Area Chamber of Commerce
--------------------	--

Amount (\$) \$100.00	Payee address City; State; Zip Code 301 South Saginaw Blvd Saginaw, TX 76179
-------------------------	--

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"/> Taste of Northwest Event
	<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 12/16/2014	Payee name Sam's Wholesale Club
--------------------	------------------------------------

Amount (\$) \$142.73	Payee address City; State; Zip Code 6760 Westworth Blvd. Fort Worth, TX 76114
-------------------------	---

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"/> Staff Appreciation Gifts
	<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:
---	-------------------------------	----------------	--------------

FILED
 TARRANT COUNTY
 2015 JAN 15 PM 12:06
 FRANK PHILLIPS
 COUNTY CLERK
 ADMINISTRATOR

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: 3/4 Report: 8/9	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNT # (TEC filers) 00000001
---------------------------------------	--------------------------------------	--------------------------------------

4 Date 12/16/2014	5 Payee name Staples
----------------------	-------------------------

6 Amount (\$) \$159.45	7 Payee address City; State; Zip Code 6313 Lake Worth Blvd Lake Worth, TX 76135
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Campaign Office Supplies	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Office Supplies
--------------------------	--	---

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

Date 12/05/2014	Payee name Target
--------------------	----------------------

Amount (\$) \$400.00	Payee address City; State; Zip Code 6604 Lake Worth Blvd Lake Worth, TX 76135
-------------------------	---

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"/> Staff Appreciation Gifts
------------------------	--	--

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

Date 12/04/2014	Payee name TCGOP-Lincoln Council
--------------------	-------------------------------------

Amount (\$) \$1,000.00	Payee address City; State; Zip Code 2405 Gravel Drive Fort Worth, TX 76118
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Membership	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership
------------------------	--	--

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

Date 11/03/2014	Payee name The Eppstein Group
--------------------	----------------------------------

Amount (\$) \$47,411.31	Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109
----------------------------	--

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"/> Material Expenditures
------------------------	--	---

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

FILED
 TARRANT COUNTY
 2015 JAN 5 PM 12:06
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY:

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: 4/4 Report: 9/9	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNT # (TEC filers) 00000001
--	---	---

4 Date 11/03/2014	5 Payee name The Eppstein Group
-----------------------------	---

6 Amount (\$) \$826.00	7 Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising
	<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 12/01/2014	Payee name The Eppstein Group
--------------------	----------------------------------

Amount (\$) \$10,000.00	Payee address City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109
----------------------------	--

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"/> Winning Bonus
	<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 12/04/2014	Payee name U.S. Postmaster
--------------------	-------------------------------

Amount (\$) \$490.00	Payee address City; State; Zip Code 3930 Telephone Road Fort Worth, TX 76135
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Postage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
	<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:
---	-------------------------------	----------------	--------------

--	--	--	--

FILED
 TARRANT COUNTY
 2015 JAN 15 PM 12: 06
 BANK PHILLIPS
 ELECTRONIC ADMINISTRATOR
 BY: