

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mrs.</b> NICKNAME	FIRST <b>Molly</b> LAST	SUFFIX <b>S</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered: <b>2</b> Postmarked Receipt # Amount Date Processed Date Imaged <b>FILED</b> <b>TARRANT COUNTY</b> <b>2015 JAN 15 PM 3:54</b> <b>FRANK PHILLIPS</b> <b>ELECTIONS ADMINISTRATOR</b>
5 CANDIDATE / OFFICEHOLDER PHONE	<input type="checkbox"/> change of address		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b> NICKNAME	FIRST <b>Melissa</b> LAST	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	<input checked="" 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 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>7 / 1 / 14</b> <b>12 / 31 / 14</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 24 / 14</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Judge Tarrant County #1 Criminal Court #6</b>	13 OFFICE SOUGHT (if known) <b>same as held</b>	

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 861.33

CONTRIBUTION BALANCE

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

\$ 4,901.52

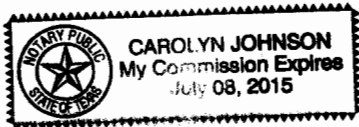
OUTSTANDING LOAN TOTALS

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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Molly S. Jones, this the 15th day of January, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

CAROLYN JOHNSON  
Print name of officer administering oath

Notary  
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 Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1**      2 FILER NAME: **Molly Jones**      3 ACCOUNT # (Ethics Commission Filers):

4 Date: **7/10/14**      5 Payee name: **U.S. Postal Service**

6 Amount (\$): **\$ 266.00**      7 Payee address; City; State; Zip Code: **2600 8th Avenue, Fort Worth, TX 76110**

8 PURPOSE OF EXPENDITURE: **overhead/rental**      (a) Category (See categories listed at the top of this schedule): **overhead/rental**      (b) Description (If travel outside of Texas, complete Schedule T): **P.O. Box Annual Rent**  
 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: **10/21/14**      Payee name: **J.D. Johnson Campaign**

Amount (\$): **\$ 200.00**      Payee address; City; State; Zip Code: **P.O. Box 136021, Fort Worth, TX 76136**

PURPOSE OF EXPENDITURE: \_\_\_\_\_      Category (See categories listed at the top of this schedule): **Campaign Contribution**      Description (If travel outside of Texas, complete Schedule T): **Contributions/Donations**  
 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: \_\_\_\_\_

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**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Molly Jones</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12/17/14</b>	5 Payee name <b>Michael's Cuisine</b>
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6 Amount (\$) <b>\$ 395.33</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3413 W 17th Street Fort Worth, Texas 76107</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Staff Christmas Party</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**