	CANDIDATE / OFFICER N FINANCE REPORT	IOLDER	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:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Charles NICKNAME LAST Chuck Vanover	SUFFIX	Date Received
	Chuck Vanover		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked R
5 CANDIDATE/ OFFICEHOLDER PHONE			Date maged TO
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Stocie NICKNAME LAST	MI	Date maged TRATIC
	Vanover		
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 July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7/1/2014 THROUGH	Month Day	Year ZOIU
11 ELECTION	Month Day Year ELECTION TYPE Primary Primary	Runoff	General Special
12 OFFICE	JUDGE Tarrant County Criminal	13 OFFICE SOUGHT (ifknown) JUPGE Tarrant Cour	County Criminal

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Vo	14 C/OHNAME Vanover, Charles 15 ACCOUNT # (Ethics Commission Filers) 0000001					
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF 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(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC		EL 2			
		COMMITTEE CAMPAIGN TREASURER NAME	TA DIS			
additional pages			JAN FRADIONS			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	AS 15			
			ME PO			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,350.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		AIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 121.63			
CONTRIBUTION BALANCE	5. TOTAL F OF THE	\$9,915.37				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 24,000.00					
18 AFFIDAVIT						
			f perjury, that the accompanying report is information required to be reported by me			
	MICHELLE SE HOTARY PUBLIC STATE OF 1 COMMERCIAL STATE OF 1 COMMERCIN STATE OF 1 COMMERCIAL STATE OF 1 COMMERCIAL STATE OF 1 COMMERCI	EAS Signature of Ca	Planaul ndidate or Officeholder			
AFFIX NOTARY STA	MP / SEAL ABOVE					
Sworn to and sub	. /	15	-			
7/2 day	of <u>Vapkai</u>	, 20 1- , to certify which, withess i	my hand and seal of office.			
Signature of officer admi	nistering path	Print name of officer administering oath	Notacy Phblic Title of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.U. BOX 120/0

SCHEDULE A (J)

		~			
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):			
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)		
	Vanover, Charles		<i></i>	000000 (
4 Date	5 Full name of contributorbut-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
	Pat Marshall		contribution (\$)	description(if applicable)	
10/13/14	rat i larshall		4=-	E 2	
	6 Contributor address; City; State; Zip Code		\$ 50-	EC EC	
	1709 Avandala Da Allan	11. 7		TARRI	
	1709 Avandale Dr., Colley v	1161 1× 16034			
		170	(If travel outside	of Texas, semplete Schedule T	
9 Contributor's p	rincipal occupation	10 Contributor's job	title	5 TE	
	RETIRED				
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if an	UNT H I: ISTR	
13 If contributor is	a child, law firm of parent(s) (if any)			<u> </u>	
				요 ~	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
	Benson Varghese		CONTRIBUTION (4)	accompanient applicable)	
10/31/14	Contributor address; City; State; Zip Code		L		
7 (5)			\$100-	1	
	604 Main St 305, Ft. Work	h, TX Thins			
		, 14102	(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	title		
	Altorney				
	mployer/law firm	Law firm of contril	butor's spouse (if an	y)	
Yar	ghese & Smith, PLLC				
	a child, law firm of parent(s) (if any)				
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of	In-kind contribution	
		,	contribution (\$)	description(if applicable)	
11/10/14	John W. Newbern			•	
11110111	Contributor address; City; State; Zip Code	State; Zip Code		1	
	2025 5. Commo - Nolo	1. T	±250-		
	2025 S. Cooper, Arling	7600 77 7600			
				of Texas, complete Schedule T)	
Contributor's p	rincipal occupation	Contributor's job	title		
Advertising					
Contributor's employer/law firm		Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):		
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)	
Va	nover, Charles		000000	∞∞∞∞ /	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
	John C. Beatly		contribution (\$)	description(if applicable)	
ાનાના	6 Contributor address; City; State; Zip Code		100- 1	TA 2015	
-	912 W. Belknap St., Ft. W	Vorth, TX	100-	RR/ JAI	
		76102	(If travel outside	of Texas, complete Schedule T	
9 Contributor's p	rincipal occupation	10 Contributor's job		5 J	
	Attorney	; 		PHILL BY	
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if any	DINTY ONTY	
13 If contributor is a child, law firm of parent(s) (if any)			UNTY H 1: 17 LIPS NISTRATOR		
Date	Fuli name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution	
	Jerry Loftin		contribution (\$)	description(if applicable)	
ાનુકાનિ				Fornknowka	
77,500-			1 000 POT INFO		
	113 N. Houston St., Ft. W.				
		76102	<u> </u>	of Texas, complete Schedule T)	
Contributor's principal occupation Attorney Contributor's job title			title		
		Law firm of contri	butor's spouse (if any	r)	
If contributor is	a child, law firm of parent(s) (if any)		The second secon		
D-1-			Amount of	In-kind contribution	
Date	Full name of contributorbut-of-state PAC (ID#:	/	contribution (\$)	description(if applicable)	
11/11/14	M. Trent Loftin				
retreft-t	Contributor address; City; State; Zip Code		\$ 500-		
	113 N. Houston St., Fort Wor	Lh.Tx_	74 DO8-		
		111176102	(If travel outside	of Texas, complete Schedule T)	
Contributor's principal occupation Contributor's job title					
Horney					
Contributor's employer/law firm Law firm of con		Law firm of contri	ibutor's spouse (if any	<i>(</i>)	
If contributor is a child, law firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.U. BOX 120/0

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Vanover, Charles		000000	,
4 Date	5 Full name of contributorbut-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	- Mana		contribution (\$)	description(if applicable)
\ 1	Tim Moore			
ાને માનિ	6 Contributor address; City; State; Zip Code	,	4 -	
	115 W. 2195t. Ste 202		3 200-	
	115 14. 0 - 31. SHE 202			•
	Fort Worth, TX 76102			of Texas, complete Schedule T)
9 Contributor's p	nncipal occupation A Horney	10 Contributor's job	title	
11 Contributor's el	mployer/law firm	12 Law firm of contri	butor's spouse (if any	<i>y</i>)
13 If contributor is	a child, law firm of parent(s) (if any)		Al Total	四 。
			78	102 102 103
D-4-		v- 3 .	Amount of	42.2.2
Date	Full name of contributorbut-of-state PAC (ID#:)	Amount of contribution (\$)	description applicable)
	Lance Evans			_ Z
Muly	Contributor address; City; State; Zip Code			5 TE
ululid			\$250-	
	115 W. 200 St. Ste 202			
	Fort Worth ITX 76103	•	(If travel outside	of Texas (Omplete Schedulle T)
Contributor's p	rincipal occupation	Contributor's job	title	4.1 1.1 4.08
	Attorney			ž
			butor's spouse (if an	r)
If contributor is	a child, law firm of parent(s) (if any)			
Deta	Full pages of contributor Chart of class BAC (ID)	1	Amount of	In-kind contribution
Date	Full name of contributorout-of-state PAC (ID#:)	contribution (\$)	description(if applicable)
_	Mark G. Daniel			<u> </u>
गाम्बाप	Contributor address; City; State; Zip Code		٠.	
""			\$ 150-	
	117 M. 02 St. Sie 202			
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation Contributor's job title				
AHorney				
Contributor's employer/law firm Law fire			butor's spouse (if an	у)
If contributor is a child, law firm of parent(s) (if any)				
ii continuator ta				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.U. BOX 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
	Vanover, Charles		00000	000 (
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
ווווווא	6 Contributor address; City; State; Zip Code		\$350-	description(if applicable)
	115 W. 2nd St. Ste 202			
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation Atherney	10 Contributor's job	title	EI 2
11 Contributor's e	mployer/law firm	12 Law firm of contril	outor's spouse (if and	ARR 015 J Ectif
13 If contributor is a child, law firm of parent(s) (if any)				NAN ANT
Date	Full name of contributorbut-of-state PAC (iD#:		Amount of	are ind contribution
١,,	Bradley L. Clark		contribution (\$)	description(Capplicable)
11/11/14	Contributor address; City; State; Zip Code		±100-	TY: 1'1
	Fort Worth, TX 76102		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
	A Horney			
Contributor's employer/law firm		Law firm of contri	butor's spouse (if any	<i>(</i>)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
	Jeffrey S. Stewart		contribution (\$)	description(if applicable)
ખીતના	Contributor address; City; State; Zip Code		\$2~~	
•	3707 W. 44 Street		- 505-	
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job	title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.U. BOX 12U/U

SCHEDULE A (J)

(51Z) 463-580U

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J): 5 5	
Vanover, Charles		3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Full name of contributor Dout-of-state PAC (ID#) Jill Lee Downs		7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)	
ווןושלוא			(If travel outside of Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation AHorney	10 Contributor's job	title	
11 Contributor's e		12 Law firm of contri	butor's spouse (if any)	
13 If contributor is	a child, law firm of parent(s) (if any)		Ξ 2	
Date	Full name of contributorput-of-state PAC (ID#: Ted Tatorevich Contributor address; City; State; Zip Code 1833 Bedford Rd.		Amount of Cin-kind Centribation (\$) Contribution (\$) Cont	
	Bedford, Texas 7602		(If travel outside of Texas, complete Schedure T)	
Contributor's principal occupation Contributor's job		ibutor's spouse (if any)		
Contributor's employer/law firm Law		Law firm of contri	ibutor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description(if applicable)	
	Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Contributor		Contributor's job	the state of the s	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

- Control of the second of the	EYDENDITUDE CA	TECODIES FOR PO	V 9(a)		
		TEGORIES FOR BOX			
Advertising Expense	Evnanca	laries/Wages/Contract La		ent/Reimbursement	
Accounting/Banking	Legal Services So	licitation/Fundraising Exp		Equipment & Related	
Consulting Expense	11:	ivel in District	•	Expense	
Event Expense	Food/Beverage Expense Tra	ivel Out Of District		Donations Made By	
Fees	Polling Expense Of	ice Overhead/Rental Expe	ense	Officeholder/Political Committee	
	Printing Expense The Instruction Guide ex	plains how to complete th	OTHER (enter	a category not listed above)	
	THE HISTOCHON Guide 6X	plants now to complete th	115 101111.		
1 Total pages Schedule F:	2 FILER NAME		3 ACCO	UNT # (Ethics Commission Filers)	
1	Va anyon Classing	•	Ope) seems	
	Vanover, Charles				
4 Date	5 Payee name				
911314	United States F	Seefal Sou			
· · · · · · · · · · · · · · · · · · ·			rice		
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
410.	520 East Vine S	40004 1/	TE TI	14.1	
\$92.00	JAG CUST TIME S	TIECT, NELLEI	C117 169	.44	
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8 BUBBOSE	(a) Category (See categories listed at the top	of this (b) Desc	cription (If travel outside	e of Texas, complete Schedule T)	
O PURPOSE OF	schedule)	P	O. Box Ren	اسلا	
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O Complete ONLY if direct	Candidate / Officeholder name	Office	e sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office	o sought		
expenditure to benefit C/C	/ 11		m		
				9 = 3	
Date	Payee name		ľ.	4 _F 5 70	
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Complete ONLY if direct Candidate / Officeholder name Office sought Office held					
expenditure to benefit C/OH					
Date	Payee name				
•					
10/13/14	Piryx, Inc				
Amount (\$)	Payee address; City; State;	Zip Code			
, (4)			_		
2 5 2	144 279 St 15 F	loop. San Fra	meseco. C	4 94105	
7. 88	117 0 - 3, 1 - 1	10210 5210		, ,,,,	
BUBBOSE	Category (See categories listed at the top			e of Texas, complete Schedule T)	
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OF EXPENDITURE	Fees		heck if Austin, TX, officeh		
EXPENDITURE			neck ir Ausum, TA, Onicen	order living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office	e sought	Office held	
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expenditure to belieff 6/0	///				
D-1-	Dayloo nom-				
Date	Payee name				
10131114	Piryx, Inc				
		7:- Cod-			
Amount (\$)	Payee address; City; State;				
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5.75	177 0- UT 12 Flo	or, jantian	cisco, CA	74105	
J. 1 J			· · · · · · · · · · · · · · · · · · ·		
	Category (See categories listed at the top	of this Desc	cription (If travel outsid	e of Texas, complete Schedule T)	
PURPOSE	schedule)	2		Processing	
OF	Fees	+ .		7	
EXPENDITURE	· •		Check if Austin, TX, officeh	older living expense	
Complete ONLY 2 de 1	Candidate / Officeholder name	Office	e sought	Office held	
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expenditure to benefit C/	OII				
	ATTACH ADDITIONAL COP	ES OF THIS SCHEDI	II E AS NEEDED		
	ATTACH ADDITIONAL CON	LO OF THIS SCHEDE	H	•	