

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) 00000001	2 Total pages filed: 1 OF 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE		Receipt # Amount	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Processed	
	NICKNAME LAST SUFFIX	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	<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		
11 ELECTION	ELECTION DATE Month Day Year	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)	13 OFFICE SOUGHT (if known)	

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 TARRANT COUNTY
 2015 JAN 15 PM 1:17
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR
 BY [Signature]

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Vanover, Charles

15 ACCOUNT # (Ethics Commission Filers)
00000001

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

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS

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

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 121.63

CONTRIBUTION BALANCE

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

\$ 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

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.



Charles L. Vanover

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Michelle Seay
Signature of officer administering oath

Michelle Seay
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

115

2 FILER NAME

Vanover, Charles

3 ACCOUNT # (Ethics Commission Filers)

00000001

4 Date

10/13/14

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

Pat Marshall

7 Amount of contribution (\$)

\$ 50-

8 In-kind contribution description (if applicable)

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2015 JAN 5 PM 1:17
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ELECTIONS ADMINISTRATOR

6 Contributor address; City; State; Zip Code

1709 Avondale Dr., Colleyville, TX 76034

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

RETIRED

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

10/31/14

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

Benson Varghese

Amount of contribution (\$)

\$ 100-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

604 Main St 305, Ft. Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Varghese & Smith, PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/10/14

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

John W. Newbern

Amount of contribution (\$)

\$ 250-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2025 S. Cooper, Arlington, TX 76010

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Advertising

Contributor's job title

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A(J):
215

2 FILER NAME
Vanover, Charles

3 ACCOUNT # (Ethics Commission Filers)
00000001

4 Date
11/10/14

5 Full name of contributor out-of-state PAC (ID#: _____)
John C. Beatty

7 Amount of contribution (\$)
100-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**912 W. Belknap St., Ft. Worth, TX
76102**

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation
Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

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ELECTIONS ADMINISTRATOR**

Date
11/11/14

Full name of contributor out-of-state PAC (ID#: _____)
Jerry Loftin

Amount of contribution (\$)
\$500-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**113 N. Houston St., Ft. Worth, TX
76102**

(If travel outside of Texas, complete Schedule T)

Food & Drinks

Contributor's principal occupation
Attorney

Contributor's job title

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)

Date
11/11/14

Full name of contributor out-of-state PAC (ID#: _____)
M. Trent Loftin

Amount of contribution (\$)
\$500-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
113 N. Houston St., Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Attorney

Contributor's job title

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

3/5

2 FILER NAME

Vanover, Charles

3 ACCOUNT # (Ethics Commission Filers)

00000001

4 Date

11/11/14

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

Tim Moore

6 Contributor address; City; State; Zip Code

115 W. 2nd St. Ste 202
Fort Worth, TX 76102

7 Amount of contribution (\$)

\$200-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

11/11/14

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

Lance Evans

Contributor address; City; State; Zip Code

115 W. 2nd St. Ste 202
Fort Worth, TX 76102

Amount of contribution (\$)

\$250-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

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)

Date

11/12/14

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

Mark G. Daniel

Contributor address; City; State; Zip Code

115 W. 2nd St. Ste 202
Fort Worth, TX 76102

Amount of contribution (\$)

\$150-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):
415

2 FILER NAME

Vanover, Charles

3 ACCOUNT # (Ethics Commission Filers)
000 0000 1

4 Date

11/11/14

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

Tim Evans

6 Contributor address; City; State; Zip Code

**115 W. 2nd St. Ste 202
Fort Worth, TX 76102**

7 Amount of contribution (\$)

\$350-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

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Date

11/11/14

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

Bradley L. Clark

Contributor address; City; State; Zip Code

**101 Summit Ave Ste 1020
Fort Worth, TX 76102**

Amount of contribution (\$)

\$100-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

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)

Date

11/11/14

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

Jeffrey S. Stewart

Contributor address; City; State; Zip Code

**3707 W. 4th Street
Fort Worth, TX 76107**

Amount of contribution (\$)

\$300-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Attorney

Contributor's job title

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

515

2 FILER NAME

Vanover, Charles

3 ACCOUNT # (Ethics Commission Filers)

0000001

4 Date

11/12/14

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

Jill Lee Davis

6 Contributor address; City; State; Zip Code

3340 Camp Bowie Ste 100
Fort Worth, TX 76107

7 Amount of contribution (\$)

\$1000-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Attorney

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

12/1/14

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

Ted Tatareyich

Contributor address; City; State; Zip Code

1833 Bedford Rd.
Bedford, Texas 76021

Amount of contribution (\$)

\$500-

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ELECTIONS ADMINISTRATOR

(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 a child, law firm of parent(s) (if any)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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 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

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 Vanover, Charles	3 ACCOUNT # (Ethics Commission Filers) 00000001
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4 Date 9/13/14	5 Payee name United States Postal Service
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6 Amount (\$) \$92.00	7 Payee address; City; State; Zip Code 520 East Vine Street, KELLER, TX 76244
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Postal Services	(b) Description (If travel outside of Texas, complete Schedule T) P.O. Box 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 9/23/14	Payee name United States Postal Service
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Amount (\$) \$21.00	Payee address; City; State; Zip Code 520 East Vine Street, KELLER, TX 76244
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postal Services	Description (If travel outside of Texas, complete Schedule T) P.O. Box Rental <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 10/13/14	Payee name Pirya, Inc
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Amount (\$) 2.88	Payee address; City; State; Zip Code 144 2nd St 1st Floor, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Credit Card Processing <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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Date 10/31/14	Payee name Pirya, Inc
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Amount (\$) 5.75	Payee address; City; State; Zip Code 144 2nd St 1st Floor, San Francisco, CA 94105
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Credit Card Processing <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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