

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI MR      D. B. NICKNAME      LAST      SUFFIX DUB      Bransom      JR	<b>OFFICE USE ONLY</b> Date Received BY: <i>[Signature]</i> 2015 JUL 14 AM 11:22 TARRANT COUNTY FILED FRANK PHILLIPS ELECTIONS ADMINISTRATOR	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE	Date Hand-Delivered or Postmarked	Receipt #      Amount
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION	Date Processed	Date Imaged
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI MRS      JOANN      M NICKNAME      LAST      SUFFIX —      Gordon      —		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION		
<b>9 REPORT TYPE</b>	<input 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 checked="" 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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 1 / 1 / 2015      THROUGH      6 / 30 / 2015		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) CONSTABLE, PCT 4 TARRANT COUNTY	<b>13 OFFICE SOUGHT (if known)</b>	

**GO TO PAGE 2**

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

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME MR. DW "DUB" BRANSON JR.

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

FILED  
 TARRANT COUNTY  
 2015 JUL 14 AM 11:23  
 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 \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1500<sup>00</sup>

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 1153.52

CONTRIBUTION BALANCE

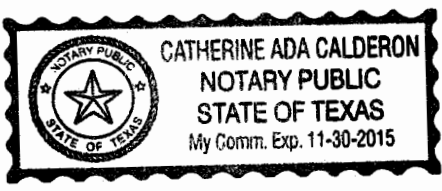
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

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.



Dub Branson  
Signature of Candidate or Officeholder

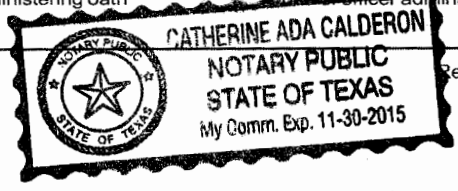
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dub Branson, this the 13th day of July, 20 15, to certify which, witness my hand and seal of office.

Catherine Ada Calderon  
Signature of officer administering oath

Catherine Ada Calderon  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

D.W. 'DUB' BRANSON, JR

3 Filer ID (Ethics Commission Filers)

4 Date

6-19-15

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

Wendy Ryan

6 Contributor address; City; State; Zip Code

P.O. Box 79245 SAGINAW, TX 76179

7 Amount of contribution (\$)

1500.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BY: FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR  
2015 JUL 14 AM 11:23  
FILED  
TARRANT COUNTY

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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>DW 'DUB' BRANSON JR</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <b>4-21-15</b>	5 Payee name <b>AZLE FOOTBALL BOOSTERS</b>
--------------------------	---

6 Amount (\$) <b>100<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1181 S. Stewart St. AZLE, TX 76020</b>
--	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Ad</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	--

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

Date <b>6-22-15</b>	Payee name <b>N. W. Chamber</b>
------------------------	------------------------------------

Amount (\$) <b>635.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3918 TELEPHONE RD #200 LAKE WORTH, TX 76135</b>
---	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>DUES - 160<sup>00</sup> Ad - 475<sup>00</sup></b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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

Date <b>6-22-15</b>	Payee name <b>AZLE Chamber</b>
------------------------	-----------------------------------

Amount (\$) <b>85<sup>00</sup></b>	Payee address; City; State; Zip Code <b>404 W. Main St. AZLE, TX 76020</b>
---------------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>DUES</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 2015 JUL 14 AM 11:23  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 BY: \_\_\_\_\_

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>D.W. 'DUB' BRANSDM, JR</b>	3 Filer ID (Ethics Commission Filers)
----------------------------	---	---------------------------------------

4 Date <b>2/9/15</b>	5 Payee name <b>RIVER OAKS HISTORICAL SOCIETY</b>
-------------------------	--

6 Amount (\$) <b>75.00</b>	7 Payee address; City; State; Zip Code
-------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Ad</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	--

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

Date <b>3-5-15</b>	Payee name <b>BRANDI BRENTON</b>
-----------------------	-------------------------------------

Amount (\$) <b>158.50</b>	Payee address; City; State; Zip Code
------------------------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>EMPLOYEE RETIREMENT PARTY</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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

Date <b>3-15-15</b>	Payee name <b>TARRANT COUNTY JR LIVESTOCK ASSN</b>
------------------------	---

Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>6713 Telephone Rd F.W. TX 76135</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Ad, CONTRIBUTION</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 2015 JUN 14 AM 11:23  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 BY: