

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: <div style="font-size: 2em; text-align: center;">3</div>				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY <hr/> Date Received <div style="font-size: 1.5em; text-align: center;">2015 JUL 3 PM 12:03</div> TARRANT COUNTY FILED FRANK PHILLIPS ELECTION ADMINISTRATOR BY: ALM <hr/> Date Hand-delivered or Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged			
	NICKNAME	LAST	SUFFIX				
Mrs. Jennifer Rymell		A					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX: APT./SUITE # CITY STATE ZIP CODE					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
6 CAMPAIGN TREASURER NAME		MS/MRS/MR	FIRST	MI			
Mr. Jeffrey Rattikin		A					
7 CAMPAIGN TREASURER ADDRESS <small>(residence or business)</small>		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 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)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	1	1	15		6	30	15
11 ELECTION	ELECTION DATE <small>Month Day Year</small>		ELECTION TYPE				
	/ /		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
	Judge, County Court at Law # 2						

GOTO PAGE 2

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

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

14 C/OH NAME Jennifer Rymell 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.

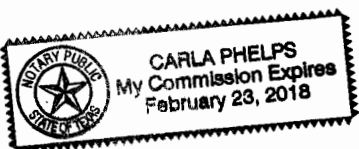
additional pages

COMMITTEE TYPE	COMMITTEE NAME	FILED FRANK PHILLIPS ELECTIONS ADMINISTRATOR JUL 13 PM 12:03 TRANT COUNTY
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>115.⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2015.⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>35,433.⁰²</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



Jennifer Rymell
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Rymell, this the 8 day of July, 20 15, to certify which, witness my hand and seal of office.

Carla Phelps Carla Phelps notary
Signature of officer administering oath Print name of officer administering oath 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 Jennifer Rynnell	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-6-15	5 Payee name Tarrant County Republican Party
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6 Amount (\$) \$1,000.⁰⁰	7 Payee address; City; State; Zip Code 2405 Gravel Dr. Ft. Worth, TX 76118
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Lincoln Council Dues officeholder	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Contribution made by [redacted]	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-29-15	Payee name Chris Green
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Amount (\$) \$900.⁰⁰	Payee address; City; State; Zip Code 412 Ridgewood Rd., Ft. Worth, TX. 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting / Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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
	Candidate / Officeholder name	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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	Candidate / Officeholder name	

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

FILED
 TARRANT COUNTY
 2015 JUL 13 PM 12:03
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR