

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Molly LAST	MI S. SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 0;">Date Received</p> <p style="font-size: small; margin: 0;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: small; margin: 0;">Receipt #</p> <p style="font-size: small; margin: 0;">Date Processed</p> <p style="font-size: small; margin: 0;">Date Imaged</p> </div> <div style="text-align: right; margin-top: 10px;"> <p style="font-size: x-small; margin: 0;">FILED</p> <p style="font-size: x-small; margin: 0;">TARRANT COUNTY</p> <p style="font-size: x-small; margin: 0;">2016 JUL 15 PM 3:34</p> <p style="font-size: x-small; margin: 0;">ELECTION REGISTRATOR</p> <p style="font-size: x-small; margin: 0;">BY: <i>[Signature]</i></p> </div>					
5 CANDIDATE / OFFICEHOLDER PHONE				AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME				MS / MRS / MR Mrs. NICKNAME	FIRST Melissa LAST	MI J. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)				STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 10 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 / 2016 6 / 30 / 2016					
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Judge, Tarrant County Criminal Court #6	13 OFFICE SOUGHT (if known) Same as held				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Molly S. Jones 15 Filer ID (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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

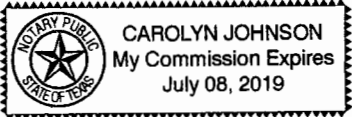
Additional Pages

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TARRANT COUNTY
2016 JUL 15 PM 3:34
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	\$ 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	\$ 690.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3025.19
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.



Molly S. Jones
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Molly S. Jones, this the 14th day of July, 2016, to certify which, witness my hand and seal of office.

Carolyn Johnson Signature of officer administering oath
CAROLYN JOHNSON Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Molly S. Jones</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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TARRANT COUNTY
2016 JUL 15 PM 3:34
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
 BY: _____

POLITICAL EXPENDITURES MADE 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
Credit Card Payment	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: **Molly S. Jones** 3 Filer ID (Ethics Commission Filer):

4 Date: **1/23/16** Payee name: **Tarrant County Republican Party**

6 Amount (\$): **\$200.00** 7 Payee address; City; State; Zip Code: **7524 Mosier View Court, Suite 230 Fort Worth, Texas 76110**

8 PURPOSE OF EXPENDITURE: **Contribution / Donation**

(a) Category (See Categories listed at the top of this schedule):

(b) Description: Check if travel outside of Texas. Complete Schedule T. 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: **6/10/16** Payee name: **U.S. Postal Service**

Amount (\$): **\$280.00** Payee address; City; State; Zip Code: **2600 5th Avenue, Fort Worth, TX 76110**

PURPOSE OF EXPENDITURE: **P.O. Box Rent**

Category (See Categories listed at the top of this schedule):

Description: Check 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: **6/10/16** Payee name: **Tarrant County Bar Association**

Amount (\$): **210.00** Payee address; City; State; Zip Code: **1315 Calhoun Street Fort Worth, TX 76102**

PURPOSE OF EXPENDITURE: **Fees / Dues & Contribution**

Category (See Categories listed at the top of this schedule):

Description: Check 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