JUDICIAL (CAMPAIGN	FORM JC/OH COVER SHEET PG 1			
The JC/OH INSTRUCTION	ON GUIDE explains how to complete this form. 1 ACCOUNT # (Ethics Commission filers)	2 PAGE# 1 of 21		
3 CANDIDATE / OFFICEHOLDE	MS / MRS / MR FIRST MI R Mr. Atticus	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX Gill	Date Received		
4 CANDIDATE / OFFICEHOLDE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Pate Postmarked		
Change of Add	ress	Receipt # 62 Amount		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Date Processed		
NAME	Mr. Jeffrie	Date maged 🚍		
	NICKNAME LAST SUFFIX Kirby			
6 CAMPAIGN TREASURER ADDRESS (Residence or busin	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ess)	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
8 REPORT TYPE	X January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day	Year		
	THROUGH 07/01/2013 12/31/20	013		
10 ELECTION	ELECTION DATE Month Day Year 03/04/2014 ELECTION TYPE X Primary Runoff	General Special		
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if know Tarrant Co. Crimina			
GO TO PAGE 2				

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Gill, A	Atticus (Mr.)		14 ACCOUNT #	(Ethics Commission filers)		
15 NOTICE FROM						
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS			P 2:		
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		7. O.		
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	23,200.00		
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$	212.10		
	4. TOTAL POLITICAL EXPENDITURES \$ 9,701.88					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 80,000.00					
17 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.						
AMANDA M. VALDEZ NOTARY PUBLIC - STATE OF TEXAS My Comm. Exp.: Merch 28, 2017 Signature of Candidate or Officeholder						
AFFIX NOTARY	STAMP / SEAL ABOV	/E				
Sworn to and subscribed before me, by the said Atticos J. Gill , this the 14 day						
of January, 20 19, to certify which, witness my hand and seal of office.						
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath						

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The I NSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE#	0. 5
0 50 50 14445	Cill Attions (Mr.)			2 Report: 3/21
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT# (E	Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID)	*)	7 Amount of	8 In-kind contribution
1	Alton, Stephen (Mr.)		contribution (\$)	description (if applicable)
			0.000.000	TARRAMI 2011 JAN 1
11/12/2013	6 Contributor address; City; State; Zip Code		\$100.00	ELECTIVE
	Fort Worth, TX 76102		ľ	
			(If travel outside of 1	Texas, complete Schedule T
9 Contributor's	principal occupation	10 Contributor's job	title	1 3 3 5
Professor				1 望 2 3
11 Contributor's e Texas A&M		12 Law firm of contr	ributor's spouse (if an	y) == -
1 exas Adivi	Offiversity			
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor ut-of-state PAC (ID#	ŧ)	Amount of	In-kind contribution
	Bailey, Mona (Ms.)		contribution (\$)	description (if applicable)
11/16/2013			\$250.00 L	
11/10/2013	Contributor address; City; State; Zip Code		\$250.00	
	N. Richland Hills, TX 76180			
			(If travel outside of T	Texas, complete Schedule T)
Contributor's p	orincipal occupation	Contributor's job	title	
	mployer / law firm	Law firm of contr	ributor's spouse (if any	y)
Retired				
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of	In-kind contribution
Date	Bayousett, Byron (Mr.)		contribution (\$)	description (if applicable)
11/16/2013	Contributor address; City; State; Zip Code		\$200.00	
	Arlington, TX 76017-4939		l	
			(If travel outside of T	exas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		, ,
Insurance				
Contributor's e	mployer / law firm	Law firm of contr	ibutor's spouse (if any	v)
Self				
If contributor is	a child, law firm of parent(s) (if any)			
John Dutof 18				

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/12 Report: 4/21
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (ID#Bush, John (Mr.)	*)	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
07/29/2013	6 Contributor address; City; State; Zip Code		\$100.00
	Kennedale, TX 76060		(if travel outside of Texas, complete Schedule T)
9 Contributor's p Attorney	principal occupation	10 Contributor's job	title
11 Contributor's e Self	employer / law firm	12 Law firm of conti	ributor's spouse (itany)
13 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	#)	Amount of In-kind contribution contribution (\$) description (If applicable)
07/29/2013	Contributor address; City; State; Zip Code		\$250.00
	Fort Worth, TX 76111		(If travel outside of Texas, complete Schedule T)
Contributor's p	orincipal occupation	Contributor's job	title
Contributor's e Self	employer / law firm	Law firm of conti	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	#)	Amount of In-kind contribution contribution (\$) description (if applicable)
09/30/2013	Contributor address; City; State; Zip Code		\$1,000.00
	Fort Worth, TX 76117		(If travel outside of Texas, complete Schedule T)
Contributor's p Attorney	orincipal occupation	Contributor's job	title
Contributor's e The Coffey F	employer / law firm Firm	Law firm of conti	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instructe	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/1	2 Report: 5/21
2 FILER NAME	Gill, Atticus (Mr.)			Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Daley, Gil (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/29/2013	6 Contributor address; City; State; Zip Code		\$100.00	! !
	Fort Worth, TX 76102		(If travel outside of	Textes, complete Schedule T)
9 Contributor's p Attorney	orincipal occupation	10 Contributor's join	b title	STEVE
11 Contributor's e Self	employer / law firm	12 Law firm of con	tributor's spouse (if a	
13 If contributor is	s a child, law firm of parent(s) (if any)			OB ATOR
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/16/2013	Contributor address; City; State; Zip Code		\$5,000.00	
	Dallas, TX 75287		(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's jot	o title	
Contributor's e Retired	employer / law firm	Law firm of cont	tributor's spouse (if ar	ny)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/15/2013	Contributor address; City; State; Zip Code		\$300.00	
	Arlington, TX 76011		(If travel outside of	Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	V
Contributor's e Self	mployer / law firm	Law firm of cont	ributor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)			

P.O. Box 12070

The I NSTRUCTIO	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4/12	2 Report: 6/21
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (E	Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID# Harris, Anthony (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/29/2013	6 Contributor address; City; State; Zip Code		\$100.00	
	Fort Worth, TX 76133		් (If travel outside of	Texas complete Schedule T)
9 Contributor's p Attorney	principal occupation	10 Contributor's job	title	STEVE STEVE
11 Contributor's e Self	employer / law firm	12 Law firm of contr	ibutor's spouse (if an	PH 2:
13 If contributor is	s a child, law firm of parent(s) (if any)			108 NOTOR
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/11/2013	Contributor address; City; State; Zip Code		\$5,000.00	
	Corsicana, TX 75110		(If travel outside of ?	Texas, complete Schedule T)
Contributor's p Buisnessmar	orincipal occupation n	Contributor's job	title	
Contributor's e TLH Enterpri	employer / law firm ises	Law firm of contr	ributor's spouse (if an	ıy)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/19/2013	Contributor address; City; State; Zip Code		\$50.00	
	Irvine, CA 92602		(If travel outside of 7	Texas, complete Schedule T)
Contributor's p Attorney	rincipal occupation	Contributor's job	title	
	employer / law firm is Bisgaard & Smith	Law firm of contr	ibutor's spouse (if an	y)
If contributor is	s a child, law firm of parent(s) (if any)			

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The I NSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/1	2 Report: 7/21	
2 FILER NAME	Gill, Atticus (Mr.)			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Higgs, Christopher (Mr.)	ŧ)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/30/2013	6 Contributor address; City; State; Zip Code		\$1,000.00	 	
	Corsicana, TX 75110		(If travel outside of	Texas complete schedule 1	
9 Contributor's p Buisnessman	orincipal occupation n	10 Contributor's job		THE COURT	
11 Contributor's e TLH Enterpri	employer / law firm ises	12 Law firm of contr	ributor's spouse (if ar	H 2: 0	
13 If contributor is	s a child, law firm of parent(s) (if any)			000	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/12/2013	Contributor address; City; State; Zip Code		\$1,000.00	 	
	Sandy, UT 84092		(If travel outside of	Texas, complete Schedule T)	
Contributor's p	orincipal occupation	Contributor's job	title		
Contributor's e Graymont	employer / law firm	Law firm of conti	ributor's spouse (if ar	ny)	
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
09/30/2013	Contributor address; City; State; Zip Code		\$25.00	 	
	Hurst, TX 76054		(If travel outside of	Texas, complete Schedule T)	
Contributor's p	orincipal occupation	Contributor's job	title		
Contributor's e Retired	employer / law firm	Law firm of conti	ributor's spouse (if ar	ny)	
If contributor is	s a child, law firm of parent(s) (if any)				

The I NSTRUCT	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/12 Report: 8/21
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Full name of contributor uut-of-state PAC (IDa Hubbell, Lindsay (Ms.)	#)	7 Amount of Solution (\$) In-kind contribution description (if applicable)
08/15/2013	6 Contributor address; City; State; Zip Code		\$100.00
	Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)
9 Contributor's Attorney	principal occupation	10 Contributor's job	title
11 Contributor's Self	employer / law firm	12 Law firm of contr	ributor's spouse (if any)
13 If contributor i	s a child, law firm of parent(s) (if any)		NEW YORK THE TANK THE
Date	Full name of contributor out-of-state PAC (ID:	<u>#</u>)	Amount of contribution (\$) In kind contribution description (if applicable)
07/29/2013	Contributor address; City; State; Zip Code Fort Worth, TX 76107		\$50.00
	Tole Woldi, 1X70107		(If travel outside of Texas, complete Schedule T)
Contributor's Attorney	principal occupation	Contributor's job	title
Contributor's o	employer / law firm	Law firm of contr	ibutor's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor)	Amount of In-kind contribution contribution (\$) description (if applicable)
11/23/2013	Contributor address; City; State; Zip Code		\$500.00
	Arlington, TX 76012		(If travel outside of Texas, complete Schedule T)
Contributor's p Research Ar	orincipal occupation nalysis	Contributor's job	title
Contributor's e Self	employer / law firm	Law firm of contr	ibutor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The I NSTRUCTIO	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/12 Report: 9/21
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Full name of contributor	¥)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
11/04/2013	6 Contributor address; City; State; Zip Code		\$100.00
	Roanoke, TX 76262		(If travel outside of Texas, complete Schedule T)
9 Contributor's p Owner	rincipal occupation	10 Contributor's job	title
11 Contributor's e M3 Glass Te	employer / law firm chnologies	12 Law firm of contr	ributor's spouse (if-finy)
13 If contributor is	s a child, law firm of parent(s) (if any)		ADMAGE POOL
Date	Full name of contributor	#)	Amount of fin-kind contribution contribution (\$) description (if applicable)
08/31/2013	Contributor address; City; State; Zip Code		\$250.00
	Fort Worth, TX 76109		(If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	
Contributor's e Self	employer / law firm	Law firm of contr	ributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	*)	Amount of In-kind contribution contribution (\$) description (if applicable)
12/04/2013	Contributor address; City; State; Zip Code		\$200.00
	Corsicana, TX 75110		I (If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title
Contributor's e Retired	mployer / law firm	Law firm of contr	ibutor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/1	2 Report: 10/21		
2 FILER NAME	Gill, Atticus (Mr.)			Ethics Commission filers)		
4 Date	5 Full name of contributor uut-of-state PAC (ID# Mixon, Kenneth (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
09/11/2013	6 Contributor address; City; State; Zip Code		\$100.00	1 		
	Richardson, TX 75080		ා ද (If travel outside of	Texas, complete Schedule T)		
9 Contributor's p Banker	orincipal occupation	10 Contributor's job	title	STEVE RELEGIOUS		
11 Contributor's e City National	employer / law firm I Bank Corsicana	ributor's spouse (if an	12: 12:			
13 If contributor is	s a child, law firm of parent(s) (if any)			DO DO		
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)			
07/29/2013	Contributor address; City; State; Zip Code		\$200.00	 		
	Fort Worth, TX 76102					
			(if travel outside of	Texas, complete Schedule T)		
Contributor's p Attorney	orincipal occupation	Contributor's job	title			
Contributor's e Self	employer / law firm	Law firm of contr	Law firm of contributor's spouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/29/2013	Contributor address; City; State; Zip Code		\$300.00			
	Bedford, TX 76022		(If travel outside of	Texas, complete Schedule T)		
Contributor's p Attorney	orincipal occupation	Contributor's job	title			
Contributor's e Self	employer / law firm	Law firm of contri	ributor's spouse (if an	ıy)		
If contributor is	s a child, law firm of parent(s) (if any)					

The I NSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/1	2 Report: 11/21
2 FILER NAME	Gill, Atticus (Mr.)		Ethics Commission filers)	
4 Date	5 Full name of contributor uut-of-state PAC (ID# Muckleroy, George (Mr.)	*)		8 In-kind contribution description (if applicable)
08/02/2013	6 Contributor address; City; State; Zip Code		\$100.00	
	Fort Worth, TX 76126		্রা (if travel outside of:	Texas, complete 3 cheditle T)
9 Contributor's p Attorney	principal occupation	10 Contributor's job	title	JAN II
11 Contributor's e Self	employer / law firm	er / law firm 12 Law firm of contri		
13 If contributor is	s a child, law firm of parent(s) (if any)			2: 08 7: 08
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/29/2013	Contributor address; City; State; Zip Code		\$500.00	
	Fort Worth, TX 76104			
			(If travel outside of	Texas, complete Schedule T)
Contributor's p Attorney	orincipal occupation	Contributor's job	title	
Contributor's e Self	employer / law firm	Law firm of contr	ributor's spouse (if an	y)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/07/2013	Contributor address; City; State; Zip Code		\$100.00	
	Fort Worth, TX 76102			Texas, complete Schedule T)
Contributor's p Attorney	principal occupation	Contributor's job	title	
Contributor's e Dunham & Jo	employer / law firm ones	Law firm of contr	ibutor's spouse (if an	y)
If contributor is	s a child, law firm of parent(s) (if any)			

The I NSTRUCTI	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	1 PAGE # Schedule: 10/12 Report: 12/21		
2 FILER NAME	Gill, Atticus (Mr.)			(Ethics Commission filers)		
4 Date	5 Full name of contributor uut-of-state PAC (ID: Reavis, Meg (Ms.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
08/07/2013	6 Contributor address; City; State; Zip Code		\$25.00	 		
	Bedford, TX 76021		(If travel outside of	Texas_complete_Schedule T)		
9 Contributor's s	I principal occupation	10 Contributor's job		PRI AND STEEL STEE		
11 Contributor's e State Farm	employer / law firm	ibutor's spouse (if ar	W PR			
13 If contributor is	s a child, law firm of parent(s) (if any)			17 2: 08 2: 08		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
08/15/2013	Contributor address; City; State; Zip Code		\$200.00] 		
	Fort Worth, TX 76111		(If travel outside of	Texas, complete Schedule T)		
Contributor's p Bondsman	I principal occupation	Contributor's job		Texas, complete conclude 1)		
Contributor's e Self	employer / law firm	Law firm of contr	ibutor's spouse (if ar	ny)		
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
09/30/2013	Contributor address; City; State; Zip Code		\$5,000.00			
	Tyler, TX 75701-4016		(If travel outside of	Texas, complete Schedule T)		
Contributor's p	principal occupation	Contributor's job	title			
Contributor's e Retired	employer / law firm	Law firm of contri	ibutor's spouse (if an	y)		
If contributor is	s a child, law firm of parent(s) (if any)					

The Inerprient	ON GUIDE explains how to complete this form.		1 PAGE#		
THE INSTRUCTOR	A Golde explains now to complete this form.		Schedule: 11/12 Report: 13/21		
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)		
·					
4 Date	5 Full name of contributor ut-of-state PAC (ID:	#)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)		
	Smullin, Robert (Mr.)		description (π applicable)		
11/21/2013			\$200.00		
	6 Contributor address; City; State; Zip Code	Contributor address; City; State; Zip Code			
	Colleyville, TX		l		
			(If travel outside of Texas, complete Schedule T)		
9 Contributor's p	principal occupation	10 Contributor's job	o title		
Medical Sale		,			
11 Contributor's e	employer / law firm	ributor's spouse (if any)			
Jeil	,	50 F			
13 If contributor is a child, law firm of parent(s) (if any)					
:			<u> </u>		
			32 12 3		
Date	Full name of contributor ut-of-state PAC (ID#	#)	Amount of In-kind contribution contribution (\$) description (if applicable)		
	Thombs, Barry (Mr.)		1		
08/05/2013	Outsite to and do not control of the Otata Tip Ondo		\$100.00		
	Contributor address; City; State; Zip Code		!		
	N. Richland Hills, TX 76180		1		
			(If travel outside of Texas, complete Schedule T)		
-	principal occupation	Contributor's job	title		
Construction					
Contributor's e	employer / law firm	Law firm of contr	ributor's spouse (if any)		
Self					
If contributor is	s a child, law firm of parent(s) (if any)				
Dat e	Full name of contributor	#)	Amount of In-kind contribution		
	Tillman, Patty (Ms.)		contribution (\$) description (if applicable)		
_			i		
12/09/2013	Contributor address; City; State; Zip Code		\$50.00		
	Fort Worth, TX 76107		1		
	ron worth, 12 70107		//strand-out-144-T		
		Combridado i ab	(if travel outside of Texas, complete Schedule T)		
Contributor's p	orincipal occupation	Contributor's job	uie		
	employer / law firm	Law firm of conti	ributor's spouse (if any)		
Self					
If contributor is	s a child, law firm of parent(s) (if any)				
222331 10					

The Instruction	N GUIDE explains how to complete this form.		1 PAGE#	1 PAGE # Schedule: 12/12 Report: 14/21		
2 FILER NAME	Gill, Atticus (Mr.)			Ethics Commission filers)		
4 Date	5 Full name of contributor uut-of-state PAC (ID: Weaver, Allen (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
07/29/2013	6 Contributor address; City; State; Zip Code		\$100.00	 		
	Euless, TX 76039		(If travel outside of	Texas, complete Schedule T)		
9 Contributor's p Attorney	rincipal occupation	10 Contributor's job	I	_ = = _ =		
11 Contributor's e Self	mployer / law firm	ributor's spouse (if ar	N) SEE TO			
13 If contributor is	s a child, law firm of parent(s) (if any)			H 2: 0		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/29/2013	Contributor address; City; State; Zip Code		\$50.00	 		
	Keller, TX 76244		(If travel outside of Texas, complete Schedule T)			
			L	Texas, complete schedule 1)		
Contributor's p Attorney	rincipal occupation	Contributor's job	title			
Contributor's e Ben E. Keith	employer / law firm Co.	Law firm of cont	ributor's spouse (if ar	ny)		
If contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
07/30/2013	Contributor address; City; State; Zip Code		\$500.00	[[
	Frisco, TX 75034		(If travel outside of	I Texas, complete Schedule T)		
0		00.11	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		
Contributor's p	rincipal occupation	Contributor's job	title			
Contributor's e Self	mployer / law firm	Law firm of conti	ributor's spouse (if ar	ny)		
If contributor is	a child, law firm of parent(s) (if any)					

LOANS (JUDICIAL)

P.O. Box 12070

•	•					
	IDE explains how to complete this form.	1 PAGE # Schedule: 1/2 Report: 15/21 3 ACCOUNT # (Ethics Commission filers)				
4						
TOTA	E OF CHILDRED COMMO.	****		\$		
5 Date of loan 12/16/2013	7 Name of lender Gill, Atticus (Mr.))	9 Loan Am	ount (\$) \$60,000.00		
6 Is lender a financial Institution?	8 Lender address; City; State; Zip		10 Interest ra	ate		
No	Suite 600 Fort Worth, TX 76102		11 Maturity date 07/14/2014			
12 Lender's Principal O	13 Lender's Job Title)				
14 Lender's Employer/L self	aw Firm	15 Law Firm of lende	er's spouse (if any)			
16 If lender is child, law	firm of parent(s) (if any)	J				
17 Description of Collate	eral	18 Check if personal funds were deposited into political account				
☑ none		⅓		BY:	TA 2011	
19 GUARANTOR INFORMATION 図 not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip (TEVE RABUS	Augranteed (\$)	
23 Guarantor's Principa	I Occupation	24 Guarantor's Job 7	itle	TRATO	60 ·Z	
25 Guarantor's Employe	er/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27 If guarantor is child, law firm of parent(s) (if any)						

LOANS (JUDICIAL)

	,				
The Instruction Gu	ює explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 16/21		
2 FILER NAME Gill	l, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)		
TOTA	L OF UNITEMIZED LOANS: ⇔⇔	ಎಎಎ		\$	
5 Date of loan 12/30/2013	Gill, Atticus (Mr.)	out-of-state PAC(ID#		9 Loan Amount (\$) \$20,000.00	
6 Is lender a financial Institution?	201 Main Street Suite 600	Suite 600			
	Fort Worth, TX 76102				
12 Lender's Principal O Attorney	ccupation	13 Lender's Job Title			
14 Lender's Employer/L self	aw Firm	15 Law Firm of lender's spouse (if any)			
16 If lender is child, law	firm of parent(s) (if any)			RRRA HJAN STI	
17 Description of Collate	eral	18 Check if personal funds were deposited into political aecount			
19 GUARANTOR INFORMATION IN not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip of			22 Africunt Gueranteed (\$)	
23 Guarantor's Principa	I Occupation	24 Guarantor's Job T	itle		
25 Guarantor's Employe	er/Law Firm	26 Law Firm of guarantor's spouse (if any)			
27 If guarantor is child, I	law firm of parent(s) (if any)				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 PAGE# Schedule: 1/4 Re	enort: 17/21	2 FILER NAME Gill, Atticus (Mr.)		5	ACCOUNT#	(TEC filers)
4 Date	5 Payee name	-				
-	Ailmark Impi	ressions				
10/30/2013						
6 Amount (\$)	7 Payee addres					
\$84.44	823 N. River Fort Worth,					
	Foit Worth,	12.70111				
			In S. C.			
8 PURPOSE		e Categories listed at the top of this schedule)	(b) Description	(If travel outside of	Texas, complete S	chedule T)
OF	Printing Exp	ense	Printing			
EXPENDITURE						
	0 51. 70	(C. 1.11	0#1	-L1. 27	rwo.co. bild.	
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sou	ight:	Office held:	,
to benefit C/OH				Mr. Au		3
Date	Payee name					20
	,	publican Club		-	SWE V	≫ ⊤ ⊓
09/13/2013					3-14	
Amount (\$)	Payee addres	• • • •		1		
\$250.00	PO Box 140			ì	3 3	36
	Arlington, T	X 76094		1		20
				1	z N	atru.
	J , .	e Categories listed at the top of this schedule)	Description	(If travel outside of	, mary	chedule T) 🔲
PURPOSE OF	OTHER - Do	nation	Donation	1	* O	
EXPENDITURE				f		
Complete ONLY if	Candidate / O	fficeholder name	Office sou	ght:	Office held:	
direct expenditure to benefit C/OH						
Date	Payee name	A!				
11/12/2013	Digital Marke					
Amount (\$)	Payee addres	s City; State; Zip Code				
\$117.99	3305 Wiley F	ost	•			
	Carrolton, T	X 75006				
	Category (See	e Categories listed at the top of this schedule)	Description	(If travel outside of	Texas, complete S	chedule T)
PURPOSE	Printing Expe	ense	Printing			_
OF EXPENDITURE						
EXPENDITORL						
Complete ONLY if	Candidate / O	fficeholder name	Office sou	ght:	Office held:	
direct expenditure						
to benefit C/OH						
Date	Payee name					
11/15/2013	Digital Marke	eting				
Amount (\$)	Payee address	s City; State; Zip Code				
\$102.84	3305 Wiley F	Post				
φ102.04	Carrolton, T	X 75006				
	Category (See	a Categories listed at the top of this schedule)	Description	(If travel outside of	Tevas complete S	chadula T\
PURPOSE	Printing Expe		Printing	(ii iiavoi oabiao oi	rozas, complete of	Shoddio 1)
OF	1 mining Exp	2100	1 1111111111111111111111111111111111111			
EXPENDITURE						
Complete ONLY if	Candidate / O	fficeholder name	Office sou	aht:	Office held:	
direct expenditure	Candidate / C	inceriorder name	Office sou	gii.	Office field.	
to benefit C/OH						

SCHEDULE F

EXPENDITURE CATEGORIES

The Instruction Guide explains how to complete this form.

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

1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/4 Re	eport: 18/21	Gill, Atticus (Mr.)		
4 Date	5 Payee name			
08/07/2013	Piryx			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$1.44				
	(-) O-t (O-	O to a fee Estad at the Area of this asked day	(h) Description (Manual subsi	de ef Teures complete School de T
8 PURPOSE	Fees	e Categories listed at the top of this schedule)	(b) Description (If travel outsi merchant fees	de of Texas, complete Schedule T)
OF	1 663		merchant locs	
EXPENDITURE				B E 23 1
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Coffice field:
direct expenditure to benefit C/OH				TO ST PR
				0-
Date	Payee name			PM F SI
08/09/2013	Piryx			
Amount (\$)	Payee addres	s City; State; Zip Code		3 2
\$28.75	144 2nd St. 1st Floor			2:
		co, CA 94105		3 - <
		e Categories listed at the top of this schedule).	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE	Fees	e Categories listed at the top of this schedule).	Merchant Fees	de di Texas, complete schedule 1)
OF	1000		morenam rees	Ÿ
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
	Davis asms			
Date	Payee name Piryx			
08/29/2013 Amount (\$)	Payee addres	s City; State; Zip Code		
, , ,	144 2nd St.	S Oily, State, Zip Code		
\$2.88	1st Floor			
	San Francisc	co, CA 94105		
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE	Fees	,	Merchant Fees	,
OF EXPENDITURE				
2/1 2/13/13/12				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
11/12/2013	Piryx			
Amount (\$)	Payee address	s City; State; Zip Code		
\$57.50	144 2nd St.	,		
ψ57.50	1st Floor	0.1.0.4.05		
	San Francisc	co, CA 94105		
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
PURPOSE OF	Fees		Merchant Fees	_
EXPENDITURE	-			
	0	E - b - l d - a - a - a	0.55	011
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME PAGE# 3 ACCOUNT # (TEC filers) Gill, Atticus (Mr.) Schedule: 3/4 Report: 19/21 5 Payee name Date Piryx 11/15/2013 City; State; Zip Code 6 Amount (\$) Payee address 144 2nd St. \$5.75 1st Floor San Francisco, CA 94105 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Merchant Fees OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: 20 direct expenditure 0 to benefit C/OH Date Payee name Piryx 11/16/2013 2 Payee address City: State: Zip Code Amount (\$) Ō 144 2nd St. \$57.50 Ñ 1st Floor San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Merchant Fees Fees OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Piryx 12/05/2013 Payee address City; State; Zip Code Amount (\$) 144 2nd St. \$28.75 1st Floor San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Merchant Fees Fees OF **EXPENDITURE** Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Date Stampede Consulting 10/18/2013 Payee address City; State; Zip Code Amount (\$) 1400 Lavaca \$5,000.00 Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Consulting Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

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1 PAGE#		2 FILER NAME						3 ACCOUNT#	(TEC filers)
Schedule: 4/4 Re	port: 20/21	Gill, Atticus (M	1r.)						
4 Date	5 Payee name								
11/27/2013	Tarrant Cour	nty GOP							
6 Amount (\$)	7 Payee address	s City; S	State;	Zip Code					
\$2,500.00	2405 Gravel Fort Worth,								
8 PURPOSE		Categories listed at the	e top of t	his schedule)	(b) Description	(If travel outside of	of Texas, complete S	Schedule T)
OF	Fees				ļ	Filing Fee			
EXPENDITURE									
9 Complete ONLY if direct expenditure						Office so	ught: .	Office held:	
to benefit C/OH									
Date	Payee name								
12/18/2013	Tarrant Cour	nty GOP							
Amount (\$)	Payee address	City; §	State;	Zip Code					
\$175.00	2405 Gravel Fort Worth,								
	Category (See	Categories listed at th	e top of t	his schedule)		Description	(If travel outside o	of Texas, complete S	chedule T)
PURPOSE	Fees					Table Rese	rvation		
OF EXPENDITURE									
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name				Office so	ught:	Office held:	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Printing Expense

SCHEDULE G

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re	eport: 21/21 Gill, Atticus (Mr.)	,
4 Date	5 Payee name	
11/14/2013	Print Appeal, inc.	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$347.94	11220 Pagemill Rd. Dallas, TX 75243	
Reimbursement from political contributions intended	Dallas, 1X 75245	
contributions intended 8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) printing
OF	Timung Expense	pritting
EXPENDITURE		
	I Pour serve	
Date	Payee name Texas Conservatives Unite PAC	
12/30/2013 Amount (\$)	Payee address City; State; Zip Code	
\$729.00		·
	F 14/ TV 700.47	
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Event Expense	candidate fair
EXPENDITURE		·
		TARRAI 2014 JAN STEVE ELECTIONS
		TARRANT 2014 JAN 14 ECTIONS ADD Y:
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