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)			2 PAGE# 1 of 11		
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr. Atticus		Date Received		
NAME	NICKNAME LAST Gill	SUFFIX	Date Received		
			87:		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; C	STATE; ZIP CODE	ARR NFE		
ADDRESS			Date Hand delivered of Date Rostrearked		
Change of Addres	3		Receipt #Amount		
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Processed C7		
TREASURER NAME	Mr. Jeffrie		Date Imaged		
IVANIC	NICKNAME LAST	SUFFIX			
	Kirby				
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15 X 30th day before elec	tion Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before election	on Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	Month Day	Year		
COVENED	01/01/2014	оидн 01/23/20	114		
10 ELECTION	ELECTION DATE ELECTION TY	PE			
	Month Day Year X Primar	y Runoff	General Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	n)		
	C. Formula (i. diy)	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, Atticus (Mr.) 14 ACCOUNT # (Ethics Commission filers) 00000001					
15 NOTICE FROM This box is for notice of political expenditures 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 TYPE COMMITTEE NAME				
GENERAL COMMITTEE ADDRESS		9Y:	n 28 T		
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	, p	EB -3		
	COMMITTEE CAMPAIGN TREASURER ADDRESS	S R			
		OR \$	50.00		
		\$	2,395.00		
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00					
4. TOTAL POLITICAL EXPENDITURES \$ 4,466.41					
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 11,271.87					
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 80,000.00					
	is true and correct and includes	all information			
AMANDA M. VALDEZ HOTARY PUBLIC - STATE OF TEMAS By Comm. Eqs.: March 24, 2817					
**************************************	Signature of C	andidate or Off	iceholder		
STAMP / SEAL ABOV	E .				
Sworn to and subscribed before me, by the said PHICOS CIII , this the 8d day of Ebruaca . 20 \ 4 . to certify which, witness my hand and seal of office.					
Signature of officer administering bath Print name of officer administering oath Title of officer administering oath					
	This box is for no have been made with information only if the COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL F. (OTHER 3. TOTAL F. (OTHER 4. TOTAL F. LAST DA 6. TOTAL F. LAST DA AMANCA M. VAL NOTAL PLAST DA STAMP / SEAL ABOVE Sed before me, by the content of the content	This box is for notice of political expenditures by political committees to support the can have been made without the candidate's or officerobler's knowledge or consent. Candidate information only if they receive notice of such expenditures COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 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) 3. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Code AMANDA M. MADEZ DOTAT PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD STAMP / SEAL ABOVE DISCRETE THE OF TIME OF TIME OF TIME OF THE CAST OF TIME	This box is for notice of political expenditures by political committees to support the candidate / officence have been made without the candidate's or officeholder's knowledge or consent. Candidates and officehold information only if they receive notice of such expenditures COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF SSO OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that is true and correct and includes all information me under Title 15, Election Code. AMANDA M. VALDEZ LOANS, OR GUARANTEES CALL STATE OF TABLE BY THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that is true and correct and includes all information me under Title 15, Election Code. AMANDA M. VALDEZ LOANS, DATE CALL CONTRIBUTIONS MAINTAINED AS OF THE SIGNAL STATE OF TABLE BY THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that is true and correct and includes all information me under Title 15, Election Code. AMANDA M. VALDEZ LOANS, OR GUARANTEES CALL STATE OF TABLE BY THE STATE OF TA		

	The first terms are the second			
The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 1/6 Report: 3/11		
2 FILER NAME	IAME Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Bassel, Dabney (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/21/2014	6 Contributor address; City; State; Zip Code		\$50.00	
	Fort Worth, TX 76102		(If travel outside of	Texas, Complete Schedule T)
9 Contributor's p Attorney			rn	
11 Contributor's e self	employer / law firm	12 Law firm of contr	ributor's spouse (if an	S TED
13 If contributor is a child, law firm of parent(s) (if any)			C C	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code		\$100.00	
	Arlington, TX 76017-4939		(If travel outside of	Texas, complete Schedule T)
Contributor's principal occupation Co		Contributor's job	title	
Insurance				
Contributor's e Self	employer / law firm	Law firm of conti	ributor's spouse (if ar	19)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor ut-of-state PAC (ID: Bennett, Jim (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code		\$50.00	! !
	Colleyville, TX 76034		(If travel outside of	I Texas, complete Schedule T)
Contributor's principal occupation retired		Contributor's job) title	
Contributor's employer / law firm		Law firm of cont	ributor's spouse (if ar	ny)
If contributor i	If contributor is a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 2/6 Report: 4/11		
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID# Blanco, Esteban (Mr.)	<u> </u>	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)	
01/18/2014	6 Contributor address; City; State; Zip Code		TARRA FLECTION \$20.00	
	Arlington, TX 76016		(If travel outside of Texas, complete Schedule 1)	
9 Contributor's p	rincipal occupation	10 Contributor's job	title	
11 Contributor's e	employer / law firm	12 Law firm of contr	ributor's spouse (if any)	
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)	
01/21/2014	Contributor address; City; State; Zip Code		\$100.00	
	N. Richland Hills, TX 76182		(If travel outside of Texas, complete Schedule T)	
			·	
Contributor's principal occupation finance		Contributor's job	title	
Contributor's e Adobe Oil &	employer / law firm Gas	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)	
01/23/2014	Contributor address; City; State; Zip Code		\$50.00	
	Keller, TX 76248		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation finance		Contributor's job	title	
Contributor's employer / law firm Open Road Lending		Law firm of contr	ributor's spouse (if any)	
If contributor is	If contributor is a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete this form.		1 PAGE#	1 PAGE#	
			Schedule: 3/6 Report: 5/11	
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor 🔲 out-of-state PAC (ID#	<u> </u>		8 In-kind contribution
	Clouse, James Jr. (Mr.)		contribution (\$)	description (if applicable)
04/47/0044			£100.00 l	
01/17/2014	6 Contributor address; City; State; Zip Code		\$100.00	20
	Hurst, TX 76053		[· ·	TARR 2014FE
			(If travel outside of 1	Texas complete Schedule 1
9 Contributor's p	rincipal occupation	10 Contributor's job		
air-traffic cor		,		PA SE
	employer / law firm	12 Law firm of contr	ibutor's spouse (if an	y) 글 = = = = = = = = = = = = = = = = = =
FAA				459 S
13 If contributor is	s a child, law firm of parent(s) (if any)	, , , , , , , , , , , , , , , , , , , ,	1	
			ķ	
				1-11-1
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Clouse, James Jr. (Mr.)			1
01/20/2014	Contributor address; City; State; Zip Code		\$50.00	
	Hurst, TX 76053			
		<u> </u>	Texas, complete Schedule T)	
Contributor's principal occupation air-traffic controller		Contributor's job	title	
an traine cor				
	employer / law firm	Law firm of contr	ributor's spouse (if an	ny)
FAA				
If contributor is	s a child, law firm of parent(s) (if any)			
			I America d	l la bind or the P
Date	Full name of contributor	F)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Latiology, Olaig (Mil.)			
01/21/2014	Contributor address; City; State; Zip Code		\$50.00	
	•			
	Colleyville, TX 76034		(44.5	
0	Line in Language in the Company of t	Contributed to		Texas, complete Schedule T)
Contributor's principal occupation ministry		Contributor's job title Pastor		
Contributor's employer / law firm		Law firm of contributor's spouse (if any)		
First Baptist Church Colleyville				
If contributor is	If contributor is a child, law firm of parent(s) (if any)			
00.10.100101 10				
		www.		

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 4/6 Report: 6/11			
2 FILER NAME	Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Full name of contributor ut-of-state PAC (ID# Kirby, Jeff (Mr.)	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/22/2014	6 Contributor address; City; State; Zip Code		\$1,000.00	21	
	Southlake, TX 76092		1.	Texes, complete Schedule I)	
9 Contributor's p pharmaceution	rincipal occupation cals	10 Contributor's job	title	title	
11 Contributor's e Shire US	mployer / law firm	12 Law firm of contr	ibutor's spouse (if a	ny) ISHATIY	
13 If contributor is a child, law firm of parent(s) (if any)			, % -		
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/23/2014	Contributor address; City; State; Zip Code		\$500.00	 	
	Colleyville, TX 76034		(If travel outside of Texas, complete Schedule T)		
			(If travel outside of	1exas, complete Schedule 1)	
Contributor's principal occupation Contributor's jo		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)	
01/22/2014	Contributor address; City; State; Zip Code		\$50.00	! 	
	Fort Worth, TX 76101		(If travel outside of	Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job	title		
Contributor's employer / law firm self		Law firm of conti	ributor's spouse (if a	ny)	
If contributor is	If contributor is a child, law firm of parent(s) (if any)				

The Instruction Guide explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 7/11		
2 FILER NAME	NAME Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/21/2014	5 Full name of contributor ut-of-state PAC (ID#) Schaulin, Richard (Mr.) 6 Contributor address; City; State; Zip Code Southlake, TX 76092		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside of	Texas, complete Schedule T)
9 Contributor's pretired	orincipal occupation	10 Contributor's job	title $\frac{3}{4}$	ELECTI 14102 14102
11 Contributor's e	employer / law firm	12 Law firm of contr	ibutor's spouse (if ar	
13 If contributor is	s a child, law firm of parent(s) (if any)			COUNT COUNT PH 4:
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code Colleyville, TX 76034	· · · · · · · · · · · · ·	\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Contributor's p	principal occupation	Contributor's job	title	
Contributor's employer / law firm Law firm contributor's spouse (if any)		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)
01/21/2014	Contributor address; City; State; Zip Code		\$25.00	! !
	Hurst, TX 76054			1
			(if travel outside of	Texas, complete Schedule T)
Contributor's p	orincipal occupation	Contributor's job	title	
Contributor's employer / law firm First Baptist Church colleyville Law firm of contributor's employer / law firm of cont		ributor's spouse (if a	ny)	
If contributor i	s a child, law firm of parent(s) (if any)			Electronic Filling Version 3.4.5

	OTHER THAN PLEDGES OR LOANS (JUDICIAL)				
	The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 6/6 Report: 8/11		
2	FILER NAME	FILER NAME Gill, Atticus (Mr.)		3 ACCOUNT # (Ethics Commis	
4	4 Date 5 Full name of contributor out-of-state PAC (ID#) Young, Dwayne (Mr.) 6 Contributor address; City; State; Zip Code Hurst, TX 76054		7 Amount of description (\$) 8 In-kind description	contribution n (if applicable)	
9	Contributor's p	principal occupation	10 Contributor's job	o title	
11	Contributor's e	employer / law firm	12 Law firm of contr	ributor's spouse (if any)	
13	If contributor is	s a child, law firm of parent(s) (if any)	-		
				AORA C	TARRANT COUNTY

direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Gifts
Accounting/Banking Legs
Consulting Expense Fook
Event Expense Pollii

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

EXPENDITURE CATEGORIES

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

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

OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME PAGE# 3 ACCOUNT # (TEC filers) Gill, Atticus (Mr.) Schedule: 1/2 Report: 9/11 4 Date Payee name Brentham, Shance (Mr.) 01/13/2014 Payee address City; State; Zip Code Amount (\$) 2222 Ivanhoe Circle \$1,000.00 Grand Prairie, TX 75050 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Advertising Expense video production OF **EXPENDITURE** 9 Complete ONLY if Office held:--! Candidate / Officeholder name Office sought: ~ direct expenditure to benefit C/OH Payee name Date 3 Brentham, Shance (Mr.) 01/21/2014 Payee address City; State; Zip Code Amount (\$) 2222 Ivanhoe Circle \$1,000.00 Grand Prairie, TX 75050 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** video production Advertising Expense OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Digital Marketing** 01/13/2014 Pavee address City; State; Zip Code Amount (\$) 3305 Wiley Post \$413.52 Carrolton, TX 75006 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense **Printing** OF **EXPENDITURE** Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name **Digital Marketing** 01/14/2014 Payee address City; State; Zip Code Amount (\$) 3305 Wiley Post \$72.53 Carrolton, TX 75006 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Printing Printing Expense OF **EXPENDITURE** Office sought: Office held: Complete ONLY if Candidate / Officeholder name

ş

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES 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

The Instruction Guide explains how to complete this form.

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

2 FILER NAME PAGE# 3 ACCOUNT # (TEC filers) Gill, Atticus (Mr.) 0000001 Schedule: 2/2 Report: 10/11 5 Payee name 4 Date Digital Marketing 01/22/2014 Pavee address City: State; Zip Code Amount (\$) 3305 Wiley Post \$680.89 Carrolton, TX 75006 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Printing Expense Printing OF **EXPENDITURE** Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 5 Home Depot 01/21/2014 Payee address City: State: Zip Code Amount (\$) Inft 6411 Precinct Line Rd. \$115.47 N. Richland Hills, TX 76182 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Sign Supplies Advertising Expense ۵ OF **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Payee name Date Humphreys, Suzy (Mrs.) 01/16/2014 State; City; Amount (\$) Payee address Zip Code 702 Lupine Ln. \$1,000.00 Fredericksburg, TX 78624 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fundraiser Speaker Event Expense OF **EXPENDITURE** Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 01/15/2014 United States Postal Service

PURPOSE OF **EXPENDITURE**

to benefit C/OH

Amount (\$)

\$184.00

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

City; State;

Zip Code

Description Postage

Office sought:

(If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Complete ONLY if direct expenditure

Payee address

400 N. Retta St.

Fort Worth, TX 76111

Office held:

OUTSTANDING LOANS

P.O. Box 12070

SCHEDULE L

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 1/1 Report: 11/11		
2 FILER NAME Gill, Atticus (Mr.)			3 ACCOUNT # (Ethics Commission filers)		
				0000001	
LENDER INFORMATION	4 Name of lender Gill, Atticus (Mr.)				
	5 Lender address; 201 Main Street Suite 600 Fort Worth, TX 76102	City;	State;	Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor	,	-		
	7 Guarantor address;	City;	State;	Zip Code	
not applicable					
	1				