

# 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: <u>Melinda</u> MI: _____ NICKNAME: _____ LAST: <u>Hamilton</u> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: _____ Date Delivered or Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____	RECEIVED 2014 JAN 16 PM 1:31 TARRANT COUNTY CLERK OF COURTS ELECTIONS ADMINISTRATION	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <u>Ernest</u> MI: _____ NICKNAME: _____ LAST: <u>Mackey</u> SUFFIX: _____	RECEIVED 2014 JAN 16 PM 1:31 TARRANT COUNTY CLERK OF COURTS ELECTIONS ADMINISTRATION	
<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: _____	RECEIVED 2014 JAN 16 PM 1:31 TARRANT COUNTY CLERK OF COURTS ELECTIONS ADMINISTRATION	
<b>9 REPORT TYPE</b>	<input checked="" 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 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: <u>1 / 15 / 2014</u>	RECEIVED 2014 JAN 16 PM 1:31 TARRANT COUNTY CLERK OF COURTS ELECTIONS ADMINISTRATION	
<b>11 ELECTION</b>	ELECTION DATE: Month / Day / Year: <u>3 / 4 / 2014</u> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any): _____	<b>13 OFFICE SOUGHT (if known)</b> <u>Justice of Peace 2</u>	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Melinda Hamilton 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

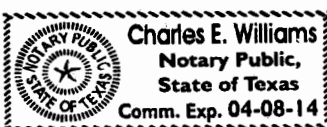
additional pages

FILED  
 TARRANT COUNTY  
 2014 JAN 16 PM 1:31  
 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)	\$ 775 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1023 <sup>92</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



Melinda Hamilton  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Hamilton, this the 15 day of January, 20 14, to certify which, witness my hand and seal of office.

Charles Williams CHARLES WILLIAMS Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME Mehinda Hamilton

3 ACCOUNT # (Ethics Commission Filers)

4 Date 12/9/2013 5 Full name of contributor  out-of-state PAC (ID#)

Michael Hamblett

7 Amount of contribution (\$) 1500 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
5932 Village Course #925  
Ft Worth Texas 76119

FILED  
TARRANT COUNTY  
2014 JAN 6 PM 6:31  
STATE ADMINISTRATOR  
ELECTIONS

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) law enforcement

10 Employer (See Instructions)

Date 12/8/2013 Full name of contributor  out-of-state PAC (ID#)

Emma Allen

Amount of contribution (\$) 2500 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4701 Foxfire Way  
Ft Worth TX 76133

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

Date 12/8/2013 Full name of contributor  out-of-state PAC (ID#)

Ernest Mackey

Amount of contribution (\$) 1500 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2700 Carnation  
Ft Worth TX 76104

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

Date 12/8/2013 Full name of contributor  out-of-state PAC (ID#)

Charlie Ray Smith

Amount of contribution (\$) 500 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
44444 Fairpark Blvd  
Ft Worth TX 76115

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

Date 12/8/2013 Full name of contributor  out-of-state PAC (ID#)

Jimmy Killingsworth

Amount of contribution (\$) 500 In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1713 Spicewood  
Ft Worth TX 76134

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Retired

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME **Melinda Hamilton**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **Dec 9, 2013**

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

6 Contributor address; City; State; Zip Code  
**Ramon Ramirez  
421 Conner St  
Ft Worth TX 76105**

7 Amount of contribution (\$)

**150.00**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)  
**business owner**

10 Employer (See Instructions)

Date **Dec/17/2013**

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

Contributor address; City; State; Zip Code  
**Maryellen Hicks  
P.O. Box 19165  
Ft Worth Texas 76119**

Amount of contribution (\$)

**200.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
**unknown**

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1</b>	2 FILER NAME <b>Tarrant County Democrats Office</b>	3 ACCOUNTY (Ethics Commission Filers)
4 Date <b>Dec 09, 2013</b>	5 Payee name <b>Tarrant County Democrats Office</b>	
6 Amount (\$) <b>1,000<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>2806 Race Street, Ft Worth TX 76111</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Filing Fee for Justice of Peace</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Filing Fee</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>Dec 09, 2013</b>	Payee name <b>Angelo Pizza Steak Spaghetti</b>	
Amount (\$) <b>2392</b>	Payee address; City; State; Zip Code <b>2504 2590 W. Pioneer Parkway, Pan Jago TX 76013</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Campaign meeting</b>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Melinda Hamilton	<b>3</b> ACCOUNT # (Ethics Commission Filers) 2014 JAN 18 PM 1:31 FILED TARRANT COUNTY ELECTIONS ADMINISTRATION STEVE MADON
<b>4</b> Date 1/9/2013	<b>5</b> Payee name Tarrant County Democratic Office	
<b>6</b> Amount (\$) 22500 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2806 Pace Street, Ft Worth TX 76114	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Filing Fee JP	(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee
Date 1/9/2013	Payee name Angelo Pizza Steak Spaghetti	
Amount (\$) 2392 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2590 Pioneer Pkwy Antego TX 76013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED