

# 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 Total pages filed: 6
---	--	---------------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Leo</b>	MI <b>Everett</b>	OFFICE USE ONLY
	NICKNAME	LAST <b>Young</b>	SUFFIX <b>Jr.</b>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
	Date Hand-delivered or Postmarked				

5 CANDIDATE / OFFICEHOLDER PHONE	Receipt #	Amount	Date Processed	Date Imaged
----------------------------------	-----------	--------	----------------	-------------

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>J.</b>	MI <b>Warren</b>
	NICKNAME	LAST <b>St. John</b>	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
--	-----------------------------------	---------------	------	-------	----------

8 CAMPAIGN TREASURER PHONE					
----------------------------	--	--	--	--	--

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 type="checkbox"/> July 15	<input checked="" 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
	01	24	14		02	22	14

11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
	03	04	14				

12 OFFICE OFFICE HELD (if any) <b>District Judge, 297<sup>th</sup> Judicial District Court of Texas</b>	13 OFFICE SOUGHT (if known) <b>Judge, County Criminal Court No. 1 Tarrant County, Texas</b>
---	--

GOTO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Leo Everett Young, Jr.

15 ACCOUNT # (Ethics Commission Filers)  
-

16 NOTICE FROM POLITICAL COMMITTEE(S)  
  
 additional pages

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	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>DFW Conservative Voters PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>P.O. Box 173065, Arlington, Texas 76003</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Stuart Lane</u> <i>Notice was received on February 22, 2014, that a direct expenditure was made on behalf of Everett Young by the DFW Conservative Voters PAC</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>P.O. Box 173065, Arlington, Texas 76003</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.56
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,800.56
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 3.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,725.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,733.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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.

Leo Everett Young, Jr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leo Everett Young, Jr., this the 24<sup>th</sup> day of February, 20 14, to certify which, witness my hand and seal of office.

Lisa Carlton  
Signature of officer administering oath

Lisa Carlton  
Print name of officer administering oath

Deputy District Clerk  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>2</b>	
2 FILER NAME <b>Leo Everett Young, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers) <b>-</b>	
4 Date <b>1-24-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alan K. Butcher</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable) <b>-</b>
6 Contributor address; City; State; Zip Code <b>1 Towers at Park Lane, Unit 510, San Antonio, Texas 78209</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Retired Attorney</b>		10 Contributor's job title <b>Retired Attorney</b>	
11 Contributor's employer/law firm <b>N/A</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-1-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Brown</b>	Amount of contribution (\$) <b>\$300.00</b>	In-kind contribution description (if applicable) <b>-</b>
Contributor address; City; State; Zip Code <b>One Museum Place, 3100 W. 7<sup>th</sup> Street, Suite 420</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Attorney at Law</b>	
Contributor's employer/law firm <b>Law offices of Scott Brown</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-12-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barry G. Johnson</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable) <b>-</b>
Contributor address; City; State; Zip Code <b>3401 Lawndale, Fort Worth, Texas 76133</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Attorney at Law</b>		Contributor's job title <b>Attorney at Law</b>	
Contributor's employer/law firm <b>Law offices of Barry G. Johnson</b>		Law firm of contributor's spouse (if any) <b>N/A</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			

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 (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <b>2</b>	
2 FILER NAME <b>Leo Everett Young, Jr.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-14-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mark D. Scott</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable) <b>—</b>
6 Contributor address; City; State; Zip Code <b>2250 Airport Road, Aledo, Texas 76008</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney at Law</b>		10 Contributor's job title <b>Attorney at Law</b>	
11 Contributor's employer/law firm <b>Law Offices of Mark D. Scott</b>		12 Law firm of contributor's spouse (if any) <b>N/A</b>	
13 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date <b>2-15-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Trudy Stasio</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable) <b>—</b>
Contributor address; City; State; Zip Code <b>1900 Lakehill Ct. Arlington, Texas 76012</b>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <b>Housewife</b>		Contributor's job title <b>Housewife</b>	
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any) <b>Stasio &amp; Stasio (Andrew Stasio)</b>	
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

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

# 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>Leo Everett Young Jr.</b>	3 ACCOUNT # (Ethics Commission Filers) <b>-</b>
---------------------------------------	--	--

4 Date <b>1-24-14</b>	5 Payee name <b>Office Depot Store 2518</b>
--------------------------	--

6 Amount (\$) <b>#291.69</b>	7 Payee address; City; State; Zip Code <b>401 Carroll Street, Fort Worth, Texas 76107</b>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Ink and Postage Stamps</b>
--------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>N/A</b>	Office sought	Office held
--	---	---------------	-------------

Date <b>2-1-14</b>	Payee name <b>Stampede Consulting</b>
-----------------------	--

Amount (\$) <b>#1,000.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 91235, Austin, Texas 78709</b>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Consulting Fee</b>
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>N/A</b>	Office sought	Office held
--	---	---------------	-------------

Date <b>2-21-14</b>	Payee name <b>Stampede Consulting</b>
------------------------	--

Amount (\$) <b>#5,431.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 91235, Austin, Texas 78709</b>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing, postage &amp; mailing expense for mailer.</b>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>N/A</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

*Leo Everett Young, Jr.*

3 ACCOUNT # (Ethics Commission Filers)

—

LENDER INFORMATION

4 Name of lender

*Leo Everett Young, Jr.*

5 Lender address; City; State; Zip Code

*90 J. Warren St. John, 801 Cherry Street, Unit 5, Fort Worth, Texas 76102*

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED