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:				
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	Mrs. OAmie	L	Date Received			
	NICKNAME LAST	SUFFIX				
	() Imminas					
4 CANDIDATE /	ADDRESS (PO BOY: APT / SHITE #: OTV.	PTATE: 7ID CODE	76 2011 ELEC			
OFFICEHOLDER MAILING		5				
ADDRESS			Date Hand-delivered or Postmarked			
change of address			Receipt # Amount			
5 CANDIDATE/						
OFFICEHOLDER PHONE			Date Processed			
6 CAMPAIGN	MS / MRS / MR FIRST	T MI	Date Imaged			
TREASURER	Mr. Trent		Sale Table			
NAME	NICKNAME AST	SUFFIX	1			
	(DADN					
7 CAMPAIGN			70.000			
TREASURER						
ADDRESS (residence or business)						
• CAMBAIGN	_					
8 CAMPAIGN TREASURER						
PHONE						
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign			
			treasurer appointment (officeholder only)			
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)			
			- 1/4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
10 PERIOD COVERED	Month Day Year	Month Day	Year			
A A	101 7014 THROUGH	06/30/	2014			
	01 0019					
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year					
	7	Runoff	General Special			
(120/04/2014					
12 OFFICE	ORFICE HELD (if any)	13 OFFICE SOUGHT (if known)	-			
	wax 1	_				
	County Criminal Cour	1. 1.				
	+SU JUMANT LOU	MY X				
GO TO PAGE 2						

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		
additional pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
dualito, iai pagao		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 540.00	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE. REPORTING PERIOD	\$ 540.00 \$ 1005.79	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D			
18 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code.	• • • • • • •	
M Los M	CHANNY E. PRICE ary Public, State of y Commission Expl November 20, 201	Texas res	late or Officeholder	
AFFIX NOTARY STA	MP / SEAL ABOVE	Signature of our dis	O MOOTORO	
Sworn to and sub	T.1.	me, by the said <u>omie ummi u</u> , 20 <u> </u>		
Channe		Channy Plice	4 554. 51 5155	
Signature of officer admi	nistering oath		le of officer administering oath	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete thi		- 1			
1 Total pages Schedule F:	2 FILER NAME CU	mmMD	3 ACCOUNT # (Ethics Commission File	rs)			
4 Date O-1 15 2014 6 Amount (\$) 1 0 0 0 8 PURPOSE	7 Payee address; City; S (a) Category (See categories listed at the	State; Zip Code School (b) Description	otion (If travel outside of Jexas, complete Schedule T)				
OF EXPENDITURE 9 Complete ONLY if direct	Candidate / Officeholder nam	e offices	ought + au Pffice held	_			
expenditure to benefit C/O	100 100 100 100 100 100 100 100 100 100	New	rener Japa				
95/12/2014 Amount (\$)	Payee address; City;	State: Zip Code	t of Texas				
255.00	1.0. Box Austin	149 335 1X 7871	4-9335				
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Descrip	otion (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	e Office s	ought Office held				
Date 14 70 Amount (\$)	Payee address; City; S	OMMINS State; Zip Code					
125,00	901 W. 0	elenas -	76196				
PURPOSE OF EXPENDITURE	Category (See categories listed at the	161 W	birant for 122a	5			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam	Office s	ought Office held VSSING COOLUNATION	~ /			
Date	Payee name						
Amount (\$)	Payee address; City; S	State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule) Descrip	Otion (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam H	ne Office s	ought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							