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JUDICIAL CAI CAMPAIGN FI	FORM JC/OH Cover Sheet pg 1						
The JC/OH INSTRUCTION GU	UDE explains how to complete this	form. 1	ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 4			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Atticus	· · · · · · · · · ·	MI	OFFICE USE ONLY Date Received			
	Gill						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CILI	(; STATE; ZIP CODE	Date Hand-delivered of Bate Postmarked			
Change of Address				Receipt #			
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Jeffrie		м	Date Processed			
	NICKNAME LAST Kirby		SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE	#; CITY; STATE;	ZIP CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBE	<b>B</b>	EXTENSION				
8 REPORT TYPE	January 15 30th da	ay before election	n 🔲 Runoff	15th day after campaign treasurer appointment (officeholder only)			
	X July 15 8th day	y before election	Exceeded \$500 lim	hit Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year	THROUG		Day Year			
	05/18/2014	THIOD		)/2014			
10 ELECTION	ELECTION DATE Month Day Year 05/27/2014	ELECTION TYPE	X Runoff	General Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (#1) Tarrant Co. Crir				
GO TO PAGE 2							

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH SUPPORT & TOTALS COVER SHEET PG 2						
13 C/OH NAME Gill, A	tticus (Mr.)			COUNT #	(Ethics Commission filers)	
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.					
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	₿Y:	Ē	20	
	GENERAL	COMMITTEE ADDRESS		STEX	A RRA	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			5	
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	120.00	
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	470.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		D	\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES			\$	25,474.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	94.54	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	70,750.00	
Sworn to and subscrib		he said	all inform le.	e or Office	uired to be reported by	
of, :	20, to ce	rtify which, witness my hand and seal of office.				
Signature of officer adm	inistering oath	Print name of officer administering oath	Title of	officer ad	ministering oath	

## **POLITICAL CONTRIBUTIONS** SCHEDULE A (J) **OTHER THAN PLEDGES OR LOANS (JUDICIAL)** 1 PAGE # The INSTRUCTION GUIDE explains how to complete this form. Schedule: 1/1 Report: 3/4 2 FILER NAME Gill, Atticus (Mr.) 3 ACCOUNT # (Ethics Commission filers) 0000001 4 Date 5 Full name of contributor out-of-state PAC (ID#\_ 7 Amount of ١ 18 In-kind contribution contribution (\$) description (if applicable) Harris, Anthony (Mr.) 05/30/2014 \$100.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76133 (If travel outside of Texas, complete Schedule T) 10 Contributor's job title 9 Contributor's principal occupation Attorney 11 Contributor's employer / law firm 12 Law firm of contributor's spouse (if any) Self 13 If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#\_ Amount of In-kind contribution Date description (if applicable) contribution (\$) Larimore, Tom (Mr.) \$250.00 05/30/2014 City; State; Zip Code Contributor address; Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Contributor's job title Contributor's principal occupation Attorney attorney Law firm of contributor's spouse (if any) Contributor's employer / law firm self :≻a If contributor is a child, law firm of parent(s) (if any) LECT 1 30 ភ <u>7</u>77- [] 22 STRAT .<u>!</u>... $\mathcal{O}^{i}$ 93) 233

P.O.Box 12070 Austin, Texas 78711-2070

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POLITIC	AL EXPENDITURES		SCHEDULE F
Advertising Exper Accounting/Banki Consulting Expen Event Expense Fees	ng Legal Services Solicitation/Fundrais	tract Labor Loan Repaym ing Expense Transportatio Contributions t Candidate, ntal Expense OTHER (enter	nent/Reimbursement n Equipment & Related Expense /Donations Made By /Officeholder/Political Committee r a category not listed above)
1 PAGE # Schedule: 1/1 Re	port: 4/4 2 FILER NAME Gill, Atticus (Mr.)		3 ACCOUNT # (TEC filers) 00000001
4 Date	5 Payee name Peek, Sean (Mr.)		
06/04/2014 6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code Fort Worth, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outsid labor	e of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name Stampede Consulting		
05/27/2014 Amount (\$)	Stampede Consulting           Payee address         City; State; Zip Code		
\$11,062.00	1400 Lavaca Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outsic direct mail	le of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name	ЯY:	
05/27/2014 Amount (\$)	Stampede Consulting           Payee address         City; State; Zip Code		
\$3,000.00	1400 Lavaca Austin, TX 78701		FIL REANT JUL 15
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outsid consulting expense	te of Texas,-complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Diffice held:
Date	Payee name Stampade Consulting		
06/01/2014 Amount (\$)	Stampede Consulting Payee address City; State; Zip Code		
\$11,062.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outsid direct mail	de of Texas, complete Schedule T)
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Coffice sought:	Office held: