

# 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)  
00051291

**2 PAGE #**  
1 of 4

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR                      FIRST                      MI  
Mr.                      Michael

NICKNAME                      LAST                      SUFFIX  
Mike                      Thomas                      Sr.

**OFFICE USE ONLY**

Date Received

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE

Change of Address

Date Hand Delivered    Date Postmarked

Receipt #    Amount

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR                      FIRST                      MI  
Mr.                      R. Denny

NICKNAME                      LAST                      SUFFIX  
Denny                      Alexander

Date Processed

Date Imaged

FILED  
 TARRANT COUNTY  
 2015 JAN 15 PM 4:28  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR

**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 NUMBER                      EXTENSION

**8 REPORT TYPE**

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)

July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month    Day    Year                      Month    Day    Year

07/01/2014                      THROUGH                      12/31/2014

**10 ELECTION**

ELECTION DATE                      ELECTION TYPE

Month    Day    Year                       Primary     Runoff     General     Special

**11 OFFICE**

OFFICE HELD (if any)  
District Judge District 4

**12 OFFICE SOUGHT (if known)**

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Thomas, Michael Sr. (Mr.)

14 ACCOUNT # (Ethics Commission filers)  
00051291

### 15 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

### 16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
---	----	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
--	----	------

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
---	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	624.79
---------------------------------	----	--------

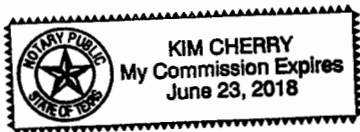
### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,336.18
--	----	----------

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
---	----	------

### 17 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.

*Mike Thomas*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Thomas, this the 15<sup>th</sup> day of January, 2015, to certify which, witness my hand and seal of office.

*Kim Cherry*  
Signature of officer administering oath

Kim Cherry  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense	Gifts/Awards/Memorial 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> PAGE # Schedule: 1/2 Report: 3/4	<b>2</b> FILER NAME Thomas, Michael Sr. (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00051291
--	--	---

<b>4</b> Date 09/08/2014	<b>5</b> Payee name Angelo's Barbecue
-----------------------------	--

<b>6</b> Amount (\$) \$98.10	<b>7</b> Payee address City; State; Zip Code White Settlement Road Fort Worth, TX 76107
---------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> catering
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 10/15/2014	Payee name Bottoms
--------------------	-----------------------

Amount (\$) \$52.01	Payee address City; State; Zip Code 3468 Blue Bonnet Circle Fort Worth, TX 76109
------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> catering
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 09/15/2014	Payee name Gallagher, George (Mr.)
--------------------	---------------------------------------

Amount (\$) \$100.00	Payee address City; State; Zip Code 400 W. Belknap Fort Worth, TX 76102
-------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Retirement gift for Quida Stevens
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 09/23/2014	Payee name Tarrant County Barr Association
--------------------	---

Amount (\$) \$105.00	Payee address City; State; Zip Code 1315 Calhoun Fort Worth, TX 76102
-------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> dues
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/2 Report: 4/4	<b>2</b> FILER NAME Thomas, Michael Sr. (Mr.)	<b>3</b> ACCOUNT # (TEC filers) 00051291
--	--	---

<b>4</b> Date 08/16/2014	<b>5</b> Payee name Texas Center for Judiciary
-----------------------------	---

<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address City; State; Zip Code 1210 San Antonio Suite 800 Austin, TX 78701
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER - Professional Development	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Seminar
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 09/22/2014	Payee name Tom Thumb
--------------------	-------------------------

Amount (\$) \$19.68	Payee address City; State; Zip Code Hulen Street Fort Worth, TX 76109
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> catering
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------