JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

		·	
The JC/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	² Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	/ ^{MI}	OFFICE USE ONLY
NAME	Amie	C	Date Received
		SUFFIX	
	COmm	ngs	8 E 8
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	MS / MRS / MR FIRST AMIC NICKNAME LAST OUMM	CITY STATE; ZIP CODE	TARRANT
Change of Address	-		
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Hand Hugered or Date Costmarked
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Receipt #9 5 Amoûni \$
TREASURER	Mr. Irrni	ة. • • • • • • • • • • • • • • • • • • •	Date Processed
		SUFFIX	Date Imaged
	LOT	1 //1	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ANNRESS (NO PO ROY PI FASE) - APT /	SUITE #- CITY- STATE-	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign
-			Conficeholder Only)
	July 15 Sth day before	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	1 1 2015 THR	ough 6/30/	2015
11 ELECTION			
	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	OFFICE HELD (If any) Judg, County Criminal Court off 5 Tarra Court off 5 Tarra	int _	
	- court - 1 / A		
	GO TO	D PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	nre C	Ummings 1	5 Filer ID (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	COMMITTEE NAME	ARRAI			
		COMMITTEE ADDRESS	ADMINISTRA			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	O3			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE					
	2. TOTAL (OTHER	\$ 0				
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$				
	4. TOTAL	\$ 240.00				
CONTRIBUTION BALANCE	5. TOTAL F OF REP	\$ 240.00 DAY \$ 433,76				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST D	^{ГНЕ} \$				
	CHANNY E. PRIC otary Public, State o My Commission Exp November 20, 20	E under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me			
AFFIX NOTARY STAM	P/SEALABOVE	Signature of Cano	didate or Officeholder			
Sworn to and subsc day of BJu		by the said <u>Jamie Cummings</u> to certify which, witness my hand and seal of office.	, this the3			
Signature of officer a	drainistering oath	Printed name of officer administering oath	Title of officer administering oath			

FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Corr	imission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	s D
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s D
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	s Ø
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 240.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s P
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	s Ø
8.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 230
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s H
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s O
l		
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		3 TE
	ECTIONS ADMINISTRATOR	TARRANT COUNTY
		03 ~

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

		and the second					
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)	an a		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		vment/Reimbursement head/Rental Expense ense pense ages/Contract Labor omplete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	AME 1.			3 Filer ID (Ethics Commission	n Filers)	
		OAMIR (Um	ning		,	
4 Date 5-19	5 Payee na	me	1 5	ate Bar	- & TX		
6 Amount (\$)	7 Payee ad	dress; City; State,	Zip Code				
240.00	1414 Avs	Colorado	187	0			
8		(See categories listed at the top of this	-	(b) Description			
PURPOSE	rein	prement		Check if trave	el outside of Texas, complete Schedule 1	-	
OF EXPENDITURE	for	Annual bar a	durs	L Check if Austi	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Office held		
Date	Payee na	ame					
Amount (\$)	Payee ad	ldress; City; State;	Zip Code				
PURPOSE	Category	(See categories listed at the top of this	schedule)		l outside of Texas, complete Schedule T		
OF EXPENDITURE				Check if Austir	n, TX, officeholder living expense	T	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought			
Date	Payee n	ame			B PH 3:		
Amount (\$)	Payee ad	ldress; City; State;	Zip Code			v	
PURPOSE OF EXPENDITURE	Category	r (See categories listed at the top of this	schedule)		l outside of Texas, complete Schedule T n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held	1	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPE	NDITUREC	ATEGORIE	SFOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Legal Servic	age Expense Memorials Expens æs	Office Polling se Printin Salarie	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor to complete this form.	Transporta Travel In D Travel Out	istrict	Related Expense
1 Total name Cabadula Ci	2 FILER N					2 Files If	Com	
1 Total pages Schedule G:		Amic	e Ci	MARIN	195	5 Filer IL		mission Filers)
4 Date	5 Payee na	me			1,	~	NO/	7 1
5 30/15	do	ye	Meex	pr -	Idicia	al St	ance	ound
6 Amount (\$)	7 Payee ad	dress;	City; State					
\$ 100.00	40	1 U	lest.	Berk	map			
Reimbursement from political contributions intended	P=	t. l	Vortt	× 17	X 70	6196		
8	(a) Category	(See categories	listed at the top of	this schedule)	(b) Description			Alley with the second
PURPOSE	1000	h fo	all		Check if travel	outside of Texas,	complete Schedu	le T
EXPENDITURE	11	ntern.	5		Check if Austin	n, TX, officeholder	living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Office	holder name		Office sought		Offic	e held
Data	Develo	~~~						
Date	Payee na		C_{α}	1 7				
6-15-15	ar	ant	an	TL	Dar			
Amount $(\$)$	Payee ad	dress;	City; State	; Z ip Code	4			
120,00	151	5 (un	on	51			
Belimbursement from political contributions intended	PI	. Wi	orth	itx	7618	\mathcal{F}		
DUDDOOF	Category	(See categories	listed at the top of	this schedule)	(b) Description			
PURPOSE OF	Tar	ant C	ounty	4		outside of Texas,		ile T
EXPENDITURE	B	ter (aves	J	Check if Austin	n, TX, officeholder	living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Office	holder name		Office sought		Offic	xe held
Date	Bayoo na							
Date	Payee na					8.	E 2	
Amount (A)	Device	draco	Oltra Otata	Zin Oast		ľ		No.
Amount (\$)	Payee ad	uress;	City; State	; Zip Code			BA L	RR
Deimhumement for the							AX -	AT
Reimbursement from political contributions intended							SHILL P	-T- OF
PURPOSE	Category	(See categories	listed at the top of	this schedule)	(b) Description		N SER	eo eo
OF						outside o Texas,		ile 1
EXPENDITURE					Check if Austin	n, TX, officeholder	Bing expense	~
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Office	holder name		Office sought	•	Offic	e held
	ATT/	CH ADDIT	IONAL COPI	ES OF THIS	SCHEDULE AS NE	EDED		
Forms provided by Texas Et	hics Commiss	ion		ethics.state.	tx us		R	evised 04/15/2015
oning provided by Texas Et				.eunos.state.				