6 CAMPAIGN TREASURER NAME  MS / MRS / MR  TREASURER NAME  NICKNAME  TO CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  July 15  Street ADDRESS (No PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  10 PERIOD COVERED  Month Day Year THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  Receipt # January 15   July 15   July 15   July 15   Sth day before election   Exceeded \$500 limit   Final Report (Attach C/CH  THROUGH  THROUGH  THROUGH  LECTION Year   Primary   Runoff   Cother Description		CANDIDATI N FINANCE		FORM JC/OH COVER SHEET PG 1		
OFFICE USE ONL  NAME  ACANDIDATE / OFFICE HOLDER MAILING ADDRESS / PO BOX: AFT / SUITE #: CITY: STATE: ZIP CODE  CARRIED ADDRESS   PO BOX: AFT / SUITE #: CITY: STATE: ZIP CODE  CARRIED ADDRESS   AREA CODE   PIONE NUMBER   EXTENSION   Data Processing   Data Procesi	The JC/OH Instruction Guide explains how to co		omplete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pa	ges filed:
NAME  NORMANE  NORMANE  NORMANE  ADDRESS / PO BOX: AFT / SUITE #: CITY: STATE: ZIP CODE  ADDRESS / PO BOX: AFT / SUITE #: CITY: STATE: ZIP CODE  AREA CODE  PHONE NUMBER  EXTENSION  Date Hand-dehiever of Date Processes  CAMPAIGN THE ABJURER ADDRESS (Residence or Business)  TREASURER ADDRESS (Residence or Business)  TREASURER PHONE  PREPORT TYPE  Date Imaged  STREET ADDRESS NO POLBOX PLEASE: AFT / SUITE #: CITY: STATE: ZIP CODE  THOUGH		MS / MRS / MR	FIRST	MI	OF	FICE USE ONLY
OFFICEHOLDER MAILING ADDRESS  CANDIDATE OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER  EXTENSION  Dath Hand-delivered of Sate Property of Control		NICKNAME	LAST			ed
OFFICEHOLDER PHONE  Obst Hand-dailywed of Tible Poper PHONE  Date Hand-dailywed of Tible Poper Phone  Obst Hand-dailywed of Tible Poper Phone  Obst Hand-dailywed of Tible Poper Phone  Obst Pricesigh College Amount Teasurer Date Imaged  Obst Pricesigh College Date Imaged  Obst Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment (Officeriolder Only) Imaged  Islin day after campaign reasurer appointment Islin day after campaign r	OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: A	PT / SUITE #:	CITY: STATE: ZIP (	CODE	
STREET ADDRESS (NO POLBOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  7 CAMPAIGN TREASURER ADDRESS (NO POLBOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  July 15  Bith day before election  Exceeded \$500 limit  Final Report (Attach C/OH	OFFICEHOLDER	AREA CODE P	HONE NUMBER	EXTENSION		Fæde
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  Solth day before election Runoff  Islin day after campaign treasurer appointment (Officeholder Only)  July 15  Bith day before election Exceeded \$500 limit Final Report (Attach CICH  THROUGH  THROUGH  THROUGH  Primary Runoff Description Special  12 OFFICE  OFFICE HELD (If any)  Judge, Targant County County  The Address of the All County County County  The Address of the All County County County  The Address of the All County	TREASURER	W.	Jeffrey LAST	A	Date Process	ジョン 35 35 35
TREASURER PHONE  9 REPORT TYPE  January 15  30th day before election Runoff reasurer appointment (Officeholder Only)  July 15  8th day before election Exceeded \$500 limit Final Report (Attach C/OH  Nonth Day Year THROUGH THROUGH  11 ELECTION Nonth Day Year Primary Runoff Other Description General Special  12 OFFICE  OFFICE HELD (if any)  TURNOUSH AT LAW #1  OFFICE SOUGHT (if known)  Todae Tarrant County Coust at Law #1	TREASURER ADDRESS	STREET ADDRESS (NO PO	BOX PLEASE): APT / SI	JITE #: CITY: STA	TE; ZIP CODE	
January 15  January 15  July 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH  THROUGH  THROU	TREASURER					
THROUGH  12 31 16  11 ELECTION  Month  DATE  Month  Day  Year  Primary  General  Special  12 OFFICE  OFFICE HELD (if any)  Sudge, Tarrant County  Coust at law# 2	9 REPORT TYPE				trea:	surer appointment
11 ELECTION  Month  DATE Day  Year  Primary  Runoff  Other Description  12 OFFICE  OFFICE HELD (if any)  Tudge Tarrant County  Coust at law#  DATE Description  13 OFFICE SOUGHT (if known)		Month Day Y	THRO	1011	, .	
Judge, Tarrant County Coust at law# 2	11 ELECTION	DATE		Runoff Oth	er	
GO TO PAGE 2	12 OFFICE		ant Count aw#2		(if known)	
			GO ТО	PAGE 2		Davis and Ole/Costs

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	` - V)	15	Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL 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								
Additional Pages		COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME	2017 J.M. 10 AM II: 35					
17 CONTRIBUTION								
TOTALS PLEDGES, I		DLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN BY LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES OF LOANS), UNLESS ITEMIZES OF LOANS)  OLITICAL CONTRIBUTIONS  THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE 3. TOTAL POL UNLESS IT		DLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 100.8					
	4. TOTAL P	OLITICAL EXPENDITURES	\$ 1,350.08					
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* \$ 31,322,1b					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH 7 OF THE REPORTING PERIOD	\$ \$					
18 AFFIDAVIT	-	I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.						
CARLA PHELPS My Commission Expires February 23, 2018  AFFIX NOTARY STAMP/ SEALABOVE		Signature of Candidate or Officeholder						
	bed before me, by	the said Service Ryrell certify which, witness my hand and seal of office.	, this the					
Signature of officer ad	dministering oath	Printed name of officer administering oath  Title of officer administering oath						

SUBTOTALS - JC/OH	FORM JC/OH COVER SHEET PG 3			
19 FILER NAME Jenniter Rin	[6]	20 Filer ID (Ethics Com	mission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		1	SUBTOTAL AMOUNT	
1. SCHEDULE A(J)1: MONETARY P	OLITICAL CONTRIBUTIONS (JUDICIAL)		\$	
2. SCHEDULE A2 : NON-MONETAF	Y (IN-KIND) POLITICAL CONTRIBUTION	s	\$	
3. SCHEDULE B(J): PLEDGED COM	TRIBUTIONS (JUDICIAL)		\$	
4. SCHEDULE E(J): LOANS (JUDIO	IAL)		\$	
5. SCHEDULE F1: POLITICAL EXF	ENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 1,250.00	
6. SCHEDULE F2: UNPAID INCURF	ED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF	INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURE:	MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPE	IDITURES MADE FROM PERSONAL FUI	NDS	\$	
10. SCHEDULE H: PAYMENT MADE	FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL E	KPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CRED	TS, GAINS, REFUNDS, AND CONTRIBU	TIONS RETURNED	\$	
			2011 JAN 10 AN II: 35	
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us		Revised 9/8/2015	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Servi Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED