

# 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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: <b>5</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr. Leon</b>	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged 2014 OCT 10 PM 1:55 FILED CLERK OF COURTS TRAVIS COUNTY AUSTIN, TEXAS			
	NICKNAME LAST SUFFIX <b>Reed Jr.</b>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Ms. Louise</b>				
	NICKNAME LAST SUFFIX <b>Mattern</b>				
7 CAMPAIGN TREASURER ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( )				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 07 / 01 / 2014    10 / 03 / 2014				
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  Judge, Cnty Crim Court 2			
<b>GO TO PAGE 2</b>					

**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 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1175.29

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1875.29

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 174.94

4. TOTAL POLITICAL EXPENDITURES \$ 407.64

CONTRIBUTION BALANCE

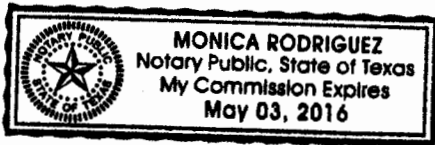
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1467.65

18 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.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LEON REED JR., this the 10<sup>th</sup> day of October, 20 14, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Monica Rodriguez  
Print name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

Advertising Expense	Gift/Awards/Memorials 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> Total pages Schedule F:		<b>2</b> FILER NAME Leon Reed		<b>3</b> ACCOUNT # (Ethics Commission Eilers) N/A	
<b>4</b> Date 07/02/2014		<b>5</b> Payee name Facebook Ads			
<b>6</b> Amount (\$) 232.70		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED  
 TARRANT COUNTY  
 OCT 0 PM 4:55  
 STATE ETHICS COMMISSION

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL) SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A(J):

**2** FILER NAME  
Leon Reed Jr. **3** ACCOUNT # (Ethics Commission Filers)  
N/A

<b>4</b> Date 07/26/2014	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Lee	<b>7</b> Amount of contribution (\$) 100.00	<b>8</b> In-kind contribution description (if applicable)
<b>6</b> Contributor address; City; State; Zip Code 621 Vista Wood Dr. Arlington, TX 76017		(If travel outside of Texas, complete Schedule T)	

**9** Contributor's principal occupation  
Candidate for Justice of the Peace Pct 7 **10** Contributor's job title  
Candidate

**11** Contributor's employer/law firm **12** Law firm of contributor's spouse (if any)

**13** If contributor is a child, law firm of parent(s) (if any)

<b>Date</b> 08/25/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma Jones	<b>Amount of contribution (\$)</b> 150.00	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b> 4909 Wilmington Dr. Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	

**Contributor's principal occupation**  
Retired **Contributor's job title**

**Contributor's employer/law firm** **Law firm of contributor's spouse (if any)**

**If contributor is a child, law firm of parent(s) (if any)**

<b>Date</b> 09/08/2014	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalere Coleman	<b>Amount of contribution (\$)</b> 50.00	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b> 1220 Eaton Lane Grapevine TX 76051		(If travel outside of Texas, complete Schedule T)	

**Contributor's principal occupation**  
Lawyer **Contributor's job title**  
Lawyer

**Contributor's employer/law firm**  
Tarrant County District Att. Office **Law firm of contributor's spouse (if any)**

**If contributor is a child, law firm of parent(s) (if any)**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 TARRANT COUNTY  
 2014 OCT 10 PM 4:55  
 ELECTIONS ADMINISTRATOR

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME  
Leon Reed Jr. 3 ACCOUNT # (Ethics Commission Filers)  
N/A

4 Date 09/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eve Lane</b>	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7313 Kinglet Place Philadelphia PA 19153		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation  
**Sales** 10 Contributor's job title  
**Sales**

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Katrina Washington</b>	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3108 W. 6th St Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation  
**Attorney** Contributor's job title  
**Attorney**

Contributor's employer/law firm  
**The Washington Firm P.C.** Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 09/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alicia Johnson</b>	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 909 Springleaf Ln Arlington, TX 76018		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation  
**Attorney** Contributor's job title  
**Attorney**

Contributor's employer/law firm  
**City of Plano** Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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 TARRANT COUNTY  
 2014 OCT 10 PM 4:55  
 ELECTIONS ADMINISTRATOR