

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1 Filer ID (Ethics Commission Filers)</b>  | <b>2 Total pages filed:</b><br><br>3 |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR   | FIRST<br><br>C H E R Y L  | MI                                   |
|   | NICKNAME  | LAST<br><br>S U R B E R   | SUFFIX                               |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX  | APT / SUITE #   | CITY                                 |
|   |   |   | STATE                                |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE<br><br>(      )   | PHONE NUMBER  | EXTENSION                            |
|   |   |   |                                      |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR   | FIRST<br><br>C H E R Y L  | MI                                   |
|   | NICKNAME  | LAST<br><br>S U R B E R   | SUFFIX                               |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |                                      |
|   |   |   |                                      |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE<br><br>(      )   | PHONE NUMBER  | EXTENSION                            |
|   |   |   |                                      |
| <b>9 REPORT TYPE</b>  | <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 (Officerholder 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)               |   |                                      |
| <b>10 PERIOD COVERED</b>  | Month      Day      Year<br><br>01 / 01 / 2015  |   | THROUGH                              |
|   | Month      Day      Year<br><br>06 / 30 / 2015  |   |                                      |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><br>/      /   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                      |
|   |   |   |                                      |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><br>N/A   |   |                                      |
|   |   |   |                                      |
|   |   | <b>13 OFFICE SOUGHT (if known)</b>  |                                      |
|   |   |   |                                      |

**OFFICE USE ONLY**

Date Received

2015 JUL 16 AM 11:05

FILED  
TARRANT COUNTY

FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

BY: ALM

---

Date Hand-Delivered or Date Postmarked

**POSTMARK**

Date Processed  
JUL 15 2015

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME CHERYL SURBER 15 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                       |
| <input type="checkbox"/> GENERAL  | N/A                                  |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS                    |
|                                   | N/A                                  |
|                                   | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | N/A                                  |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |
|                                   | N/A                                  |

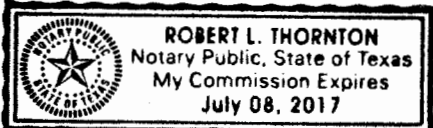
Additional Pages

FILED  
TARRANT COUNTY  
JUL 16 AM 11:05  
FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ —        |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ —        |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ —        |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ —        |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 1,055.36 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 3,302.67 |

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.



Cheryl Surber  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Robert L. Thornton ROBERT L. THORNTON NOTARY  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

CHERYL SURBER

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

CHERYL SURBER

5 Lender address; City; State; Zip Code

PO Box 11511 Fort Worth TX 76110

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

FILED  
TARRANT COUNTY  
2015 JUL 16 AM 11:05  
FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR  
BY: \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

General Swager

0

Arizona PMA  
Group (SF Amateurs)

RE: ~~SE~~/OH Filings  
Enclosed

TARRANT COUNTY ELECTIONS ADMINISTRATION  
2700 PREMIER ST.  
FROY WORTH, TX 76111

