	CANDIDATE / OFFICI N FINANCE REPORT	EHOLDER	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	Everett"	OFFICE USE ONLY
	NICKNAME LAST Young	SUFFIX	B F 22 -
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP CODE	ARRAHT C
5 CANDIDATE/ OFFICEHOLDER PHONE		EXTENSION	Date Hand-detivered or Rate Postmarked
6 CAMPAIGN TREASURER NAME	nickname first Nickname Last St. Joh	Warren suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 3	SUITE #; CITY; STAȚE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)     Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01/01/2016 THR	DUGH Month Day	Vear / 2016
11 ELECTION	ELECTION DATE Month Day Year X Primary 03 / 04 / 2014 General		
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (If know Judge, Coun- Tarrant Cou	"Y Criminal Court No. 1 inty, Texas (in 2014)
	GO TO	PAGE 2	

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	Leo Eve	rett Young, Jr. 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME N/A COMMITTEE ADDRESS N/A COMMITTEE CAMPAIGN TREASURER NAME	RRANT COUNT
Additional Pages		N/A committee campaign treasurer address	410R
		NIA	
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 65,00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,685.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	ач \$ 14.06
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	<sup>HE</sup> \$ 0.00
18 AFFIDAVIT	*		
	Michelle Seay Notary Public, State of To Commission # 1043520 Expires: 02/07/20	true and correct and includes all info under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me $\underbrace{\mathcal{Me}}_{\text{idate or officeholder}}$
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsci	ribed before me, l		7, this the
day of <u>July</u> Mickelle Signature of officer a	eliy	to certify which, witness my hand and seal of office. Michelle Server Printed name of officer administering oath	Votary Public
	•		

Forms provided by Texas Ethics Commission

Revised 9/8/2015

# SUBTOTALS - JC/OH

#### FORM JC/OH **COVER SHEET PG 3**

19	FILER NAME Leo Everett Young, Jr. 20 Filer ID (Ethics Corr	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
з.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,620.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
		FILED TARRANT COUNTY 2016 JUL 14 PM 2: 46 ELECTIVE VEHINISTRATOR

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offi Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense arles/Wages/Contract Labor w to complete this form. Solicitation/Fundraising Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	Leo Everett Young, J	γ, 3 Filer ID (Ethics Commission Ellers)
4 Date  -20-16	5 Payee name Tarrant County Republ	ican Party
6 Amount (\$) <b>#</b> 1,250,00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Cor 2405 Gravel Drive, Fo	Brt Worth, Texas 76118 5
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule, FEES & Event Expense	(b) Description Membership Feest Dinner Check if travel outside of Texas. Complete Schedule T. Lincoln Check if Austin, TX, officeholder living expense Council
9 Complete <u>QNLY</u> if direct expenditure to benefit C/		Office sought Office held
Date 3-22-16	Reagan Lesacy Republ	ican Women
Amount (\$) \$35,00	Payee address; City; State; Zip Coc P.O. Box 174431, Arli	ngton, Texas 76003
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees + Event Expense	Description Dues & Membership Lunchlon Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	•	Office sought Office held
Date 5-3-16	Payee name Tarrant County Bar A:	ssociation Fort Worth, Texas 76102
Amount (\$)	Payee address; City; State; Zip Cor 1315 Calhoun Street, F	ort Worth, Texas 76102
intended	Category (See Categories listed at the top of this schedule	Description Law Day Dinner
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office ( Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense I Expense g Expense wWages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel In District Travel Out Of District Other (enter a category not listed above
1 Tatal pages Cabadula Cu	•	•	2 Files ID (Files Ormalisian Fi
1 Total pages Schedule G:	Leo Everett Young,	Jr.	3 Filer ID (Ethics Commission Fil
4 Date 5-27-16	<sup>2</sup> FILER NAME Leo Everett Young, <sup>5</sup> Payee name Clerk, Supreme Court of		
6 Amount (\$) 4 270.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2 State Barof Texas, P.O. B.	0X 149335,A	ustin, Texas 78714-
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Stat	e Bar Dues & Judicial Se
PURPOSE OF	Fees	Check if travel outsid	le of Texas. Complete Schedule T. Dues
EXPENDITURE	lees	Check if Austin, T.	X, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
Reimbursement from political contributions intended			8Y. 21
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		le of Texas. Complete Schedule T.
EXPENDIURE		Check if Austin, T.	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	
Date	Payee name		2:46 8 NATOR
Amount (\$)	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outsid	e of Texas. Complete Schedule T.
EXPENDITURE			X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED