(512) 463-5800 (TDD 1-800-735-2989)

	CANDIDATE / OFFICEH N FINANCE REPORT	IOLDER	FORM JC/OH Cover Sheet pg 1
The JC/OH Instructior	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY Date Received
	NICKNAME ACQUELYN WRIGHT	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY:	STATE; ZIP CODE	Date Hand-delivered prostmarked
change of address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed MAA P OD
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () SOME	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Exceeded \$500	<ul> <li>15th day after campaign treasurer appointment (officeholder only)</li> <li>Final report (Attach C/OH - FR)</li> </ul>
10 PERIOD COVERED	Month Day Year 01/01/2019 THROUGH	Month Day 07/01/	Year 2014
11 ELECTION	Month ELECTION DATE ELECTION TYPE D3/04/2014 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (IFANY) Sustice of the Peace Pct 4	13 OFFICE SOUGHT (if known)	
<u>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	GO TO PAG	iE 2	· · · · · · · · · · · · · · · · · · ·

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JUDICIAL C SUPPORT 8		E / OFFICEHOLDER REPORT:		ORM JC/OH SHEET PG 2	
14 C/OH NAME	puelyn	1 DRIGHT	5 ACCOUNT #	(Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OPEICEI	HOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		AN 31	
	GENERAL	COMMITTEE ADDRESS		PH 2:	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		RATOR	
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		IZED \$		
	4. TOTAL POLITICAL EXPENDITURES		\$	\$ 12,439.31	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	6260.42	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT		I swear, or affirm, under penalty of true and correct and includes all in: under Title 15, Election Code.			
	BRANDI M. BREN NOTARY PUE STATE OF TE My Comm. Exp. 04-0	AS Jacquelys	didate or Office	molder	
AFFIX NOTARY STA		me, by the said <u>ACALORIA</u>	Driah	H, this the	
31 day Signative of officer admin	of Janu	Brance Market Strengton	Ada	administering oath	
	$\leq$	)			

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POLITICAL	EXPENDITURES			SCHEDULE	F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services     Solicitation/I       Food/Beverage Expense     Travel In Di       Polling Expense     Travel Out 0	Iges/Contract Labor Lo Fundraising Expense Tr istrict Co Of District	ontributions/Donat Candidate/Office	pment & Related Exp	mittee
	The Instruction Guide explains he	ow to complete this form	•		
1 Total pages Schedule F:	2 FILER NAME	GHT	3 ACCOUNT	# (Ethics Commission	n Filers)
4 Date 1/05/14	5 Payee name	•	BY:	2014 ELEC	TA
6 Amount (\$) 63.66	7 Payee address; City; State; Zip Co 3950 Jim Warght FAW Lake Worth, TK 761:	9.		JAN 3 1 STEVER	RANT -
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule Hordwore for signs	e) (b) Description (If	travel outside of Texa	s, complete Scheduler)	
EXPENDITURE     Complete ONLY if direct     expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held-	<
Date 1/04/14 Amount (\$) 729,99	Payee name IEXAS ONSERVATIVE Payee address; City; State; Zip Co 1921 Stonehill Di.	s <u>Ilnite</u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	e) Description (If	travel outside of Texa	s, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held	
Date / / / / / ///////////////////////////	Payee name <u>T. CHINTY GOP</u> Payee address; City; State; Zip Co 2405 Gravel Dr. Ft. Worth, TX 76/18	de			-
PURPOSE	Category (See categories listed at the top of this schedule	e) Description (If	travel outside of Texa	s, complete Schedule T)	
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	LVent expense Candidate / Officeholder name	Office sought		Office held	
Date $1/09/14$ Amount (\$) $3/39/5^{-90}$	Payee name Sonic Print Payee address: City; State; Zip Co SOIS TOMPC West 13/1 Tompa Floricla, 3363	yd 24			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Printmy expense	e) Description (If	travel outside of Texa	s, complete Schedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED		· · · · ·
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Austin, Texas 78711-2070

(512) 463-5800

POLITICAL	EXPENDITURES			SCHEDULE F		
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete th	Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic se OTHER (enter a ca	ipment & Related Expense		
1 Total pages Schedule F:	2 FILER NAME	10RIGHT	3 ACCOUNT	# (Ethics Commission Filers)		
4 Date/ //5/2014/ 6 Amount (\$)	5 Payee name	tate; Zip Code		A JAN 3		
1106.32	P.0 BOX 29433	4 257)29				
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Descri	iption (If travel outside of Tex	as, complete Schedure T)		
OF EXPENDITURE	adv. ex pense			5		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office	sought	Office held		
Date/ 1/15/14	Payee name USPS					
Amount (\$) 95336	Payee address; City S Telephone Re hohe Worth,	tefe; Zip Code TV 76/35				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Descr	iption (If travel outside of Tex	as, complete Schedule T)		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	e Office	sought	Office held		
Date /16/14	Payee name SIGN Shop					
Amount (\$) \$\$ 14.69		iate; Zip Code Huo y				
PURPOSE OF	Category (See categories listed at the to	p of this schedule) Descr	ription (If travel outside of Tex	as, complete Schedule T)		
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	hisiny Office	sought	Office held		
expenditure to benefit C/O	Η		<u> </u>			
Date //14/14	Payee name Home Depot					
4192.96	Payee address; City; St 3950 Jim WRIGI	ate; Zip Code HFFFRWY 76/35				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to advertising	p of this schedule) Descr	iption (If travel outside of Tex	as, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehelder name	e Office	sought	Office held		
·	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDUL	EASNEEDED	·		

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POLITICAL	EXPENDITURES		SCHEDULE F			
Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)           Gift/Awards/Memorials Expense         Salaries/Wages/Contract Labor         Loan Repayment/Reimbursement           Legal Services         Solicitation/Fundraising Expense         Transportation Equipment & Related E           Food/Beverage Expense         Travel In District         Contributions/Donations Made By					
Event Expense Fees	Printing Expense Off		Candidate/Officeholder/Political Committee			
Total pages Schedule F:	2 FILERNAME Jacquelyn U	PRIKHT	3 ACCOUNT # (Ethics Gommission Filers)			
Date 1-1/2-14	5 Payee name		131 31			
Amount (\$)	7 Payee address; City State; 1443 Qirport Fil	Zip Code	PH 2			
41.92	F4. Worth		RATES			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of th	is schedule) (b) Description (If tra	vel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held			
Date	Payee name					
//6/19 Amount (\$)	Sonic frint Payee address; City; State;	Zip Code	· · · · · · · · · · · · · · · · · · ·			
166.05	5018 TOMPA West	- Blucl 33634				
PURPOSE	Category (See categories listed at the top of thi		vel outside of Texas, complete Schedule T)			
EXPENDITURE	printing expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
Date 1-17-14	Payee name Home Depot					
Amount (\$)	Payee address; City; State;	Zip Code HO				
28.11	F. Worth, TY 70	180	vel outside of Texas, complete Schedule T)			
PURPOSE OF EXPENDITURE	adverticing experies					
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Office holder hame	Office sought	Office held			
Date 1-27-14	Payee name Sonir Print		<u></u>			
	Payee address; City; State; 50/P TAm Ju []]e	Zip Code				
Amount (\$)						
B17.95	Tampa, Florida	33634	·			
Amount (\$) BIT. 45 PURPOSE OF EXPENDITURE	Category See categories listed at the top of this PITNING	33634	vel outside of Texas, complete Schedule T)			
<i>B17.95</i> PURPOSE OF	Category See categories listed at the top of this PIENT: N/ Candidate / Officeholder name	33634	vel outside of Texas, complete Schedule T) Office held			

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POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Solio Food/Beverage Expense Trav Polling Expense Trav Printing Expense Offic	<b>EGORIES FOR BOX 8(a)</b> ries/Wages/Contract Labor citation/Fundraising Expense el In District rel Out Of District ce Overhead/Rental Expense ains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILERYNAME	KIGHT	3 ACCOUNT # Ethics Commission, Filers)
4 Date 1-20-14	5 Payee jame Dent		TEYE
6 Amount (\$) 36-46	7 Payee address; City; State; 3950 Jrm Wirligh Lolle Worth, TV	Zip Code 47 Frwy 76137	PH 2:
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this OdV, CY Jense	schedule) (b) Description	(If travel outside of Texas, complete:Schedule)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	s schedule) Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	s schedule) Description	n (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	s schedule) Description	1 (If travel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED

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	EXPENDITURES	NDS			SCHEDU	ILE <b>G</b>	
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ntract Labor sing Expense ot antal Expense	Loan Repayment/Re Transportation Equip Contributions Donat Candidate/Office OTHER (enter a cat m.	ment & Retated ions Made By hender/Political	Committee	
1 Total pages Schedule G:	2 FILER NAME				ی کے ش Ethics Comm	ission Filers	
<pre></pre>	Jacquelyn	MORIGH	7	بې چې د د د د	E State	P 20	
4 Date 12-31-13	5 Payee name Tarvant Co. G	?o.p.			STRAT	2: 45	
6 Amount (\$)	7 Payee address; City; S 2405 Gravel	State; Zip Code			R		
political contributions intended	Ft. Worth, TX	76/18					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the the length of t	. ,	(b) Description	(If travel outside of Texa	is, complete Sched	ule T)	
Date	Payee name						
12-14-13	-	ell					
Amount (\$)	Steve Maxw Payee address; City; S 1300 Summit Ft. Wouth, TK	State; Zip Code ave, Ste	650				
intended	Category (See categories listed at the t	10/0	Description	(If travel outside of Texa	as complete Sched	ule T)	
PURPOSE OF EXPENDITURE	legol expen.		Description				
Date 1-21-14	Payee name						
Amount (\$)	Payee address; City; S 6102 Ivy Hill F4. LOorth, T	State; Zip Code				·	
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Texa	as, complete Sched	ułe T)	
OF EXPENDITURE	Category (See categories listed at the t SIGN QC/VERT.SING EX	ot ns L					
Date	Payee name						
Amount (\$)	Payee address; City; S	State; Zip Code					
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of Texa	is, complete Sched	ule T)	
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS I	NEEDED			