P.O. Box 12070 Austin, Texas 78711-2070

JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

		and the factor of the factor o	
The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MR) FIRST TRAVIS NICKNAME LAST	MI	OFFICE USE ONLY Date Received FEB 2 4 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address		STATE: ZIPCODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (36) 676 4690	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Gene (NICKNAME LAST	MI Migura SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY: STATE; Victoriz TX	ZIPCODE 77902
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36() 576 9525	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day Z / 72/	Year / J
11 ELECTION	Month ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICEHELD (if any) COUNTY COURT @ Law 1	13 OFFICE SOUGHT (if known)	
	GO TO PAG	SE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME		15 AC	COUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MADE BY POLITICAL EXPENDITURES MADE WITHOUT THE CANDIDATE'S SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1924 °CO S 29 199 °CO S		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29 199 °		
EXPENDITURE TOTALS 3. TOTAL		OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14626 =9		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
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 of Candidate or Officeholder					
AFFIX NOTARY STAI		ne, by the said TRAVIS H. ERN	16 T		
2.1.4		me, by the said $111111111111111111111111111111111111$			
Solund	j	John m. Pierce			
Signature of officer admir	nistering oath	Print name of officer administering oath Title o	of officer administering oath		

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/R explains how to o	ising Expense 7 (rict ental Expense (Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Com OTHER (enter a category not listed aborn.	mittee
1 Total pages Schedule F:	2 FILER NAME TRAVIS H	. ERNSI		3 ACCOUNT # (Ethics Commission	n Filers)
4 Date 79	5 Payee name	Lives for,	k Show		
6 Amount (\$)		ate; Zip Code			
325	Pollox 21	85 JTH	torie TX 7	77402	
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description ((If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	t Office held	
Date 30	Payee name	Show			
Amount (\$)	, ,	ate; Zip Code			
200	10 BOX 2115	Uicto	nie [X 7	7902	
PURPOSE OF	Category (See categories listed at the top	o of this schedule)	Description (I	If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Gift				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Date ,	Payee name	Confice			
Amount (\$)	Ricking IT to	ate; Zip Code			
(60)	2501 Callis St.	Victoria	TX 778	701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (I	If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
Date	Payee name Symple	rony		576 4500	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	1 2	TV -26.1	
4000	a1, 0 10, 10	enzaro N	, c Toriz	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (I	If travel outside of Texas, complete Schedule T)	
EXPENDITURE	61++				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Collegal Services Solicitation/Fundre	ontract Labor Laising Expense T	oan Repayment/Reimbursement ransportation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	trict	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/F The Instruction Guide explains how to	·	OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
	TRAVIS H. ERNST			
4 Date	5 Payee name	r L r		
1-24-14	5 Payee name Wartin Pr	incine		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
331=	2407 Lovent di	tone 1x	1901	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertibing			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH		Judge	
Date	Payee name			
1-24-14	Chris Nicholson			
Amount (\$)	Payee address; City; State; Zip Code			
4482	PoBox 2522 Victoria V	77962		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II	f travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date 1 - 24 - 14	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
4789 43	Po Box 2522 Victoria	Tx 779	S0	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Adverting			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date , 🕥	Payee name			
176	ST Joe			
Amount (\$)	Payee address; City; State; Zip Code	Α.	,	
270	110 Red River U	itoria T	× 77901	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel Ir Polling Expense Travel C	/Wages/Contract Labor on/Fundraising Expense n District out Of District verhead/Rental Expense s how to complete this fo	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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date Q	5 Payee name Vidoria Television	600p	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
765	380 N. Neverro	siden's Tx	7790/
8 PURPOSE OF	(a) Category (See categories listed at the top of this sche	dule) (b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held
Date - 20	Payee name Soldenlink		
Amount (\$)	Payee address; City; State; Zip	Code	
783	801 S. Bridgegky Victor	12TX 7790	l
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	,	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ht Office held
Date 2 - 1 (Payee name THS Ro	ject	
Amount (\$)	Payee address; City; State; Zip	Code	
400	399 Fm 444 Inc	er Tx	
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Gift		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt Office held
Date (-30	Payee name BAMJSAW		
Amount (\$) 12	Payee address; City; State; Zip	. ,	TX 77901
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Hoverthee		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	nt Office held
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS	NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cont Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Ren	ract Labor Lo ng Expense Ti C t tal Expense O	THER (enter a categor	nt & Related Expense Made By er/Political Committee
1 Total pages Schedule F:	1 ne Instruction Guid 2 FILER NAME	e explains how to co	mplete this form		thics Commission Filers)
Total pages Schedule F.	2 FILER NAIVIE			3 ACCOUNT # (E	thics Commission Filers)
4 Date R - 2 1	5 Payee name //// 7 Payee address; City; S	+ Printing	,		
6 Amount (\$) 58	7 Payee address; City; S	itate; Zip Code	rie Tx77	1901	
8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description (If	travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE	Advertising				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	e .	Office sought		Office held
Date 2-21	Payee name Martin	Printing			
Amount (\$) 34	Payee address; City; S	State; Zip Code	Victoria	TK 77901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	.	Office sought		Office held
Date 21	Payee name Chris N	cholson			
Amount (\$) 62	Payee address; City; S	tate; Zip Code U, ctori	e V 779	j02	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	÷	Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, com	plete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H)	Office sought		Office held
	ATTACH ADDITIONAL (COPIES OF THIS SC	HEDULE AS NE	EEDED	

(512) 463-5800

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

(TDD 1-800-735-2989)

14 C/OH NAME	TRAVIS	H. 1	FRNST		15 ACC	OUNT # (Ethics	Commission Filers)
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	CE OF POLITICAL	L CONTRIBUTIONS	NS ACCEPTED OR POLITICAL EXPENDITURES MA ES MAY HAVE BEEN MADE WITHOUT THE CAN. EQUIRED TO REPORT THIS INFORMATION ONLY IF	VDIDATE'S OF	R OFFICEHOLDER'S	S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE	E NAME				
	GENERAL	COMMITTEE	: ADDRESS				
additional pages	SPECIFIC	COMMITTEE	E CAMPAIGN TR	REASURER NAME			
		COMMITTEE	E CAMPAIGN TR	REASURER ADDRESS		-	
17 CONTRIBUTION TOTALS				IONS OF \$50 OR LESS (OTHER THANTEES OF LOANS), UNLESS ITEMIZ		\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		:MIZED	\$			
	4. TOTAL	POLITICA	AL EXPEND	NTURES		\$	
CONTRIBUTION BALANCE		POLITICAL C		IONS MAINTAINED AS OF THE LAST	T DAY	\$	
OUTSTANDING LOAN TOTALS			AMOUNT OF REPORTING	FALL OUTSTANDING LOANS AS OF S PERIOD	F THE	\$	
18 AFFIDAVIT				I swear, or affirm, under penalty of true and correct and includes all under Title 15, Election Code.			
				Signature of Ca	andidate (or Officeholder	
AFFIX NOTARY STA	MP / SEAL ABOVE						
Sworn to and sub	scribed before r	me, by th	ne said _			,	this the
day	/ of	, 20		, to certify which, witness	my han	ıd and seal	of office.
Signature of officer admi	nistering oath	Prin	nt name of off	fficer administering oath	Title of	officer adminis	tering oath

www.ethics.state.tx.us Revised 04/19/2013

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	ithics Commission Filers)
4 Date 1-24-14	5 Full name of contributor Dout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's p	orincipal occupation	10 Contributor's job	title	The second secon
- n .	,			
11 Contributor's e	7911/01/			
11 Contributors e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	y)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-24-14	Contributor address; City; State; Zip Code 8444 Lower Mission Valle	······································	100.00	
	8/7/ 2000, 1.00		(If travel outside	of Texas, complete Schedule T)
Contributor's n	ı ninçipal occupation	Contributor's job		or roward annual contract of
Pare l	/	Countractor a lan	uue	
KOUTLOTICY	Businessman	ļ		
Contributor's e	mplóyer/law firm	Law firm of contri	butor's spouse (if any	<i>(</i>)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description(if applicable)
1-24-14	Brent DORNBURG Contributor address; City; State; Zip Code		500.00	
	120 N. Main 779	771		 -
	100 10111111111111111111111111111111111			
			(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job t	title	
Attomp:	\mathcal{N}	Attornos	/	
	mployer/law firm	Law firm of contri	butor's spouse (if any	Λ
	ices of Brent Dornburg	Law Office	es of Brant	Dombura
	a child, law firm of parent(s) (if any)		and the second	,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT#(E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	ment.	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
		·	(If travel outside	of Texas, complete Schedule T)
demand we	rincipal occupation	10 Contributor's job	title	
70911109 11 Contributor's e	5mon	Owner		
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if any	/)
13 If contributor is	Gas MeasuremenT a child, law firm of parent(s) (if any)			
Date	Full name of contributor []out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-24-14	Tom Ashy Contributor address, City, State; Zip Code 104 Albany St. 7	7014	100.00	
	10 / mounty 21.	1701	(If traval autoido	of Texas, complete Schedule T)
Contributor's p	rincipal occupation Physician	Contributor's job	title	or rexas, complete Scredule 1)
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	/)
If contributor is	a child, law firm of parent(s) (if any)	<u></u>		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-24.14	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,	75.00	
	301 Champions Row	77904	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation BUSINESS MAN	Contributor's job	ent	
Contributor's e	mployer/lawfirm Ctoria Advocate		butor's spouse (if any	()
If contributor is	a child, law firm of parent(s) (if any)	GETTYPHINGENERAL OF THE OF THE OFFICE OF THE STREET AND	nd Till Albertale Herry van pol i fil e van heer van de van de van de verseer verk	
	and the second s	andresionale Alebra (• had a sid-ta morte, Personale Alebra (Colore Hospe 1997).		A 1
if cont	ATTACH ADDITIONAL COPIES C			na requirements.

P.O. Box 12070

SCHEDULE A (J)

(512) 463-5800

The Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A(J):
2 FILER NAME		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job	title	
BUSINESS MAN 11 Contributor's employer/law firm	12 Law firm of contri	ibutor's spouse (if any	<i>(</i>)
Hall Electric			
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 121 Trade wind br.		100.00	
Contributanta principal consumettan	Contributor's job		of Texas, complete Schedule T)
Contributor's principal occupation	Contributor s job	uue	
Contributor's employer/law firm	Law firm of contri	butor's spouse (if any	/)
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor _out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 405 RUSE and AVE		106 00	of Texas, complete Schedule T)
Contributor's principal occupation 1 to USE WIFE	Contributor's job	title	
Contributor's employer/law firm	Law firm of contri	ibutor's spouse (if any	<i>(</i>)
If contributor is a child, law firm of parent(s) (if any)			
		6	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: David Goris 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	203 Whispering Creek			of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation Retired	10 Contributor's job	title	
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	<i>(</i>)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date 1-24-14	Full name of contributorlout-of-state PAC (ID# Full name of contributorlout-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)
	2608 N. Laurent 7	7901	(If travel outside	 of Texas, complete Schedule T)
1 77 1.	rincipal occupation	Contributor's job		
Contributor's e	mployer/law firm 5 Wayne Properties		ibutor's spouse (if any	y)
	a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-24-14	Mark E. Zafero Contributor address; City; State; Zip Code 125 Kreek VIEW Dr.	77904	/00 00	of Texas, complete Schedule T)
Contributor's p	rincipal occupation Banker	Contributor's job	title Cial Advis	or
Contributor's e	mployer/law firm Wells Fargo		ibutor's spouse (if any	
If contributor is	s a child, law firm of parent(s) (if any)	Langua de desenvolves de la composiçõe d		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorbut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
1-24-14	Ginger Henke 6 Contributor address; City; State; Zip Code 10/ Wildrose Dr. 7:		250.00	<u>.</u>
	101 Wildrose Dr. 7.	1904	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation House wife	10 Contributor's job	title	
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	y)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description(if applicable)
1-24-14	Darren + Renee Bordovs Contributor address; City; State; Zip Code	[.] К.У	180.00	
	15 meadow View	77904		of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Busin	e95Man			
	mployer/law firm	Law firm of contri	ibutor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)	ANNELS AND VARIA BUT REALINES BROWN FOR THE PROPERTY OF THE PR		
Date	Full name of contributor Dout-of-state PAC (1D#		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-24-14		. , , , , , , , , , , ,	1000.00	
	302 W. Forrest St.	901	(If travel outside	of Texas, complete Schedule T)
Contributor's n	rincipal occupation	Contributor's job	<u> </u>	
Aftor	nevs-at-Law			
Contributor's e	mployef/law firm	Law firm of contr	ibutor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)			
1				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A (J)

	CODIOIAE		
The Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:))	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation	49 Contributorio ich		of Texas, complete Schedule T)
9 Contributor's principal occupation Oil and Gas	10 Contributor's job t	ille	
11 Contributor's employer/law firm	12 Law firm of contril	outor's spouse (if any	<i>(</i>)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Double Doubl		Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job t		or rexas, complete contention in
<i>BUSINCSSMON</i> Contributor's employer/law firm	Law firm of contril	outor's spouse (if any	<i>(</i>)
If contributor is a child, law firm of parent(s) (if any)	de casa de cas		
Date Full name of contributorout-of-state PAC (ID#:	be	Amount of contribution (\$)	In-kind contribution description(if applicable)
7/2 Champions Roll	0 7904	10.00	
Contributor's principal occupation	Contributor's job t	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Businessman	Contributors job i	uue	
Contributor's employer/law firm	Law firm of contrib	outor's spouse (if any	<i>(</i>)
If contributor is a child, law firm of parent(s) (if any)	American de la companya de la compan	All Marian Control of the Control of	
ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see instr			ng requirements.

SCHEDULE A (J)

		,		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	704	7 Amount of contribution (\$) 256.00 (If travel outside	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
72. '	rincipal occupation	10 Contributor's job	title	
11 Contributor's e	mployer/law firm Pell Socket V a child, law firm of parent(s) (if any)	12 Law firm of contril	butor's spouse (if any	<i>(</i>)
Date -25-14	Full name of contributor Dout-of-state PAC (ID#:	904	Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's p	rincipal occupation Redired	Contributor's job		
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	/)
If contributor is	a child, law firm of parent(s) (if any)			
1-25-14	Full name of contributor out-of-state PAC (10#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	77	904	(If travel outside	of Texas, complete Schedule T)
•	rincipal occupation eterinarian	Contributor's job		
Victori	mployer/law firm <u>a Veterinary Center</u> a child, law firm of parent(s) (If any)	Law firm of contril	butor's spouse (if any	/)
lf con	ATTACH ADDITIONAL COPIES C tributor is out-of-state PAC, please see instr			ng requirements.

P.O. Box 12070

SCHEDULE A (J)

	1 Total pages Schedule A(J):
The Instruction Guide explains how to c	complete this form.
FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
· · · · · · · · · · · · · · · · · · ·	tate PAC (ID#:) 7 Amount of contribution (\$) Rescription (if applicable)
Lane + Phyllis 6 Contributor address; City; State 6026 Country Clu	
Contributor's principal occupation	10 Contributor's job title
Contributor's employer/law firm Kellet d A 950ciates	12 Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributorlout-of-st M/M Ben Heilk -25-14 Contributor address; City; State	Amount of In-kind contribution contribution (\$) description(if applicable)
PD BOX 388Z	
Contributor's principal occupation	(If travel outside of Texas, complete Schedule T) Contributor's job title
Busines man	
Contributor's employer/law firm 1/10toria Air Condition	Law firm of contributor's spouse (if any)
lf contributor is a child, law firm of parent(s) (if any)	J
Date Full name of contributor □out-of-st LOW OFFICE oF P -25-14 Contributor address; City; State	tate PAC (ID#:) Amount of contribution (\$) Amount of description (if applicable)
-25-14 Contributor address; City; State 5606 N. Navarra	A CONTRACTOR OF THE CONTRACTOR
3600 N. Navaj 12	77904 (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation A + + D + D + V	Contributor's job title
Contributor's employer/law firm Law Office of Pam Ors	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	904	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	title	
11 Contributor's e	KETI EQ mployer/law firm	12 Law firm of contri	butor's spouse (if any	/)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date 1-25-14	Full name of contributorbut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
		0 40 4 5 4 5	L	of Texas, complete Schedule T)
Contributors p	rincipal occupation	Contributor's job	title	
Evo	mployer/law firm CNS t EVANS a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if any	
)-25-14	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
	779	704	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation Housewife	Contributor's job	title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)		<i>y</i>)		
If contributor is	a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

		(
The Instruction Guide ex	plains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contrib Billy Ja 6 Contributor address 6/21 Cour	anssen s; City; State; Zip Code entry Llub D)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	77	904		of Texas, complete Schedule T)
9 Contributor's principal occupation	ld service	10 Contributor's job		
11 Contributor's employer/law firm	e Service	12 Law firm of contril	butor's spouse (if an	y)
13 If contributor is a child, law firm of parer	nt(s) (if any)			
Date Full name of contrib)	Amount of contribution (\$)	In-kind contribution description(if applicable)
1-28-14 M/M Ber Contributor address 110 Holl	VWOOD BIVA	7904	500.00	 of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job	title	
Contributor's employer/law firm		Law firm of contri	butor's spouse (if an	у)
If contributor is a child, law firm of parer	nt(s) (if any)			
Date Full name of contrib 1-28-14 Bruce + Contributor address)	Amount of contribution (\$)	In-kind contribution description(if applicable)
1-28-14 Contributor address	lursery brive		250.00	
	//	904	L	of Texas, complete Schedule T)
Contributor's principal occupation	mist	Contributor's job		
Contributor's employer/law firm	ysical Therapy		butor's spouse (if an	y)
If contributor is a child, law firm of pare	'nt(s) (if any)			

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

(TDD 1-800-735-2989)

			<u></u>	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#	wske	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	203 Whispering Cice	17904	(If travel outside	of Texas, complete Schedule T)
chi	incipal occupation ropractor	10 Contributor's job	title	
11 Contributor's el	mployer/lawfirm 5e1f	12 Law firm of contri	butor's spouse (if any	/)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID# Tony + Anna Hollae	day	Amount of contribution (\$)	In-kind contribution description(if applicable)
1-28-14	Tony + Anna Holla Contributor address; City; State; Zip Code PO BOX 163		230.00	
	77902		(If travel outside	of Texas, complete Schedule T)
۳ .	rincipal occupation	Contributor's job	title	
			butor's spouse (if any	/)
If contributor is	a child, law firm of parent(s) (if any)			
Date 1 - 2 5 - 14	Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	5323 Country Club	bor	100.00	
	j	7904	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation Business Man	Contributor's job	title	
Contributor's employer/law firm Shop The World Law firm of contributor's spouse (if any)		y)		
If contributor is	a child, law firm of parent(s) (if any)			

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P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: Charles Benton)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
1-28-14	Charles Benton 6 Contributor address; City; State; Zip Code PO BOX 924584 HOUSTON 77292		1000.00	
	11003101 11290		(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	10 Contributor's job	title	
11 Contributor's el		12 Law firm of contril	butor's spouse (if any	y)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor []out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
1-31-14	Contributor address; City; State; Zip Code		100.00	
	John E- MARTIN Contributor address; City, State; Zip Code PO BOX 26568 Austin 787	155		l of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	y)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor []out-of-state PAC (iD#:	Yartman	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address: City: State; Zip Code 310 Creek ridge 1	Sr .	100.00	
		(04)	(If travel outside	of Texas, complete Schedule T)
City Company	rincipal occupation LSMAN	Contributor's job	title	
Contributor's e	mployer/law firm a Communication Services	Law firm of contri	butor's spouse (if any	у)
	a child, law firm of parent(s) (if any)			
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Texas 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 Sche	dule A(J):
2 FILER NAME			3 ACCOUNT # (Eth	nics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	terne	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
			(If travel outside o	of Texas, complete Schedule T)
Dev	rincipal occupation	10 Contributor's job	title	
11 Contributor's e	Sterne General Death stry	12 Law firm of contri	butor's spouse (if any)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor [Jout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-31	Venessa Heinold Contributor address; City; State; Zip Code 101 Turtle Rock			of Texas, complete Schedule T)
Λ .1 i	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/lawfirm	Law firm of contri	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)			
Date 1-31	Full name of contributor Out-of-state PAC (ID#	•	Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law/firm LY LUW FIYM a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if any	V
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SCHEDULE A (J)

The Instruction Guide explains i	how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT#(E	thics Commission Filers)
4 Date 5 Full name of contributor Rodney F		am	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
1-31 6 Contributor address; Ci 205 Yuc		(04)	りのの. のの	of Texas, complete Schedule T)
9 Contributor's principal occupation Attornes		10 Contributor's job Attorney 12 Law firm of contrib		
11 Contributor's employer/law/irm Low Office of Rodney 13 If contributor is a child, law firm of parent(s) (if/a	F. Duttram	12 Law firm of contri	outor's spouse (if an	y)
13 If contributor is a child, law firm of parent(s) (if a	ny)			
Date Full name of contributor Mike Be	st)	Amount of contribution (\$)	In-kind contribution description(if applicable)
1-31 Contributor address; Ci	ity; State; Zip Code		500.00	
	-07	03)		of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job	title	
businessman				
Contributor's employer/law firm		Law firm of contril	butor's spouse (if any	y)
If contributor is a child, law firm of parent(s) (if a	ny)			
Date Full name of contributor John + Su	Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
1-31 Contributor address; Ci		br	250.00	
405 Cree	KITAGE	(04)	(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation		Contributor's job	title	
1 T2 1 1 To 1-11 1	ion	Owner		
Contributor's employer/law firm New Distributing		Law firm of contri	butor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (if a	nny)			
	(2)			

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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:	houn	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
1-31	6 Contributor address; City; State; Zip Code 203 Willow Way		250.00	
		(01)	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job		
Bugi	nessman	Preside	nt	
11 Contributor's e	nessman Ional Steel Boducts	12 Law firm of contri	butor's spouse (if any	/)
13 If contributor	a child, law firm of parent(s) (if any)	**************************************		
Date	Full name of contributor	e brase	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-113	Susant Terry White Contributor address; City; State; Zip Code 8747 Hwy 87N		100.00	
		(04)	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
Ph	VSICION/	Physici	CLN	
	YSICIAN hployer/law firm ria Womens Clinic	Law firm of contri	butor's spouse (if any	<i>y</i>)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#: Rob + Terry Baiar	nonte	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-3	PO BOX 1091		100.00	
	Golaid 77963	3	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	1
l At	torner/	Golian	CountyAt	tornev
Contributor's e	mployer/law firm	Law firm of contri	ibutor's spouse (if an	
lf contributor is	a child, law firm of parent(s) (if any)	and annual state of the control of t	de la la company de la comp	
		us. Pas - new very) wewer were 'n te medite deminentation versucher toolse min medit 'n e		

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

		`	•	
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#	Ilen	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2-3	6 Contributor address; City; State; Zip Code	02)	250.00	
		<i></i>	(If travel outside	of Texas, complete Schedule T)
Atto	rincipal occupation	10 Contributor's job	_	
11 Contributor's e	mployer law firm 2 Carsner, Seerden & Cullen	12 Law firm of contri	butor's spouse (if any XSNEX, Seex	den d Cullen
13 If contributor is	a child, law firm of parent(s) (if any)	,	,	
Date	Full name of contributorbut-of-state PAC (ID#	Sheppai	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-3	416 N. Hunt St.		250.00	
	Cuero TX 77	954		of Texas, complete Schedule T)
A;}	rincipal occupation	Contributor's job	ict Attorne	V
24Hrt	mployer/law f/m Udicial District	Law firm of contri	butor's spouse (if any	2
If contributor is	a child, law firm of parent(s) (if any)		<i>1</i> (
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-3	Contributor address; City; State; Zip Code 2505 N Navarra	(01)	100.00	
			(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation JEState	Contributor's job Realto	title	
	mployer/law firm Ell Banker/Ron Brown Co.	Law firm of contri	butor's spouse (if any	y)
If contributor is	a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	dule A(J):
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#	vorth	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2-3	6 Contributor address; City; State; Zip Code PO BOX ZZZ POC 77982		ブ <i>の心</i> のの (If travel outside d	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	1-1-1	
Calhou	mployer/law firm M. County DA:'s Office a child, law firm of parent(s) (if any)	12 Law firm of contri	butor's spouse (if any)
Date	Full name of contributor lout-of-state PAC (ID#: Lorane Dismuk	<u>e</u>	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-3	Contributor address; City; State; Zip Code 6033 Country Cli		100.00	
	/	(04)	L	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)			
. Date	Full name of contributor out-of-state PAC (ID#	Row	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributoro			L	of Texas, complete Schedule T)
Contributor's principal occupation Contributor's job title				
120mac	mployer/law firm CYCHEN MOY I GON & CO., LLP I a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if any)

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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	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
PO REX 2761 (0	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation Attorneys-at-Law	10 Contributor's job title
11 Contributor's employer/law firm MCV (2) / + Coffee / / / / V	12 Law firm of contributor's spouse (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Dout-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
202 wear den t	7. (04) (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Businessman 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)	
Date Full name of contributor _out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description(if applicable)
2-3 Contributor address; City; State; Zip Code 2905 Bluebonn	et(01) 200.00 (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job title
Real Estate	Realtor
Coldwell Banks-/Ron Brown Co.	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#:) 2-3 6 Contributor address; City; State; Zip Code 217 Canyon Creek (OD)		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)	
V 17.	rincipal occupation かれたく	10 Contributor's job	1 /	,
11 Contributor's e		12 Law firm of contri	butor's spouse (if any	/)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
2-6	Contributor address; City; State; Zip Code 241 Hester Rd.	(05)	100.00	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	L	or reside, complete contains //
	essman	Owner	•	
Contributor's e	mployer/law firm Fia All-Sports		butor's spouse (if any	/)
If contributor is	a child, law firm of parent(s) (if any)			
Date 2-4	Full name of contributor		Amount of contribution (\$) 75 00	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	L	
Buch	nessman.			
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)			
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SCHEDULE A (J)

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	hics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:	lebrew	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2-6	6 Contributor address; City; State; Zip Code 6032 Lountry C/2	ob Dr.	150.00	
		(04)	(If travel outside	of Texas, complete Schedule T)
Λ.1.	principal occupation Dealer	10 Contributor's job		
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	')
	s a child, law firm of parohl(s) (if any)			
Date	Full name of contributor Tout-of-state PAC (ID#:	}	Amount of	In-kind contribution
2	Howard Marek		contribution (\$)	description(if applicable)
2-6	Contributor address, City, State, Zip Code		10000	
•	119 Newport Victoria	12 77904	(If travel outside	of Texas, complete Schedule T)
Contributor's p	l rincipal occupation	Contributor's job	L	
	Attorney	AH	forney	
Contributor's e	mployer/làw firm Lices of Marck, 67 iffint Kna	Law firm of contri	butor's spouse (if any	')
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Diane Kliem		<i>0</i> 5	
2-6	Contributor address; City; State; Zip Code		75	
	364 Corefree vic	toria	10	
		77905	(If travel outside	of Texas, complete Schedule T)
	rincipal occupation かんし	Contributor's job	title 57 ney	
Contributor's e	mployer/law firm MA950ciate9	Law firm of contri	butor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)			
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P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J):
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID# Margret Beekler 6 Contributor address; City; State; Zip Code 111 Lance Land Victor	ne (x	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
			(If travel outside of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	16 Contributor's job	title
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any)
13 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$) contribution (f applicable)
2-6	23 Meadow View U		(If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal occupation OI - Man	Contributor's job	title
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of In-kind contribution description(if applicable)
2-6	Contributor address; City; State; Zip Code 205 Creek ridge Jich	riz. TX	500
	202 - Charlett 12 - 242	77904	(If travel outside of Texas, complete Schedule T)
Contributor's p	Rusiness man	Contributor's job t	title
Contributor's ei	mployer/law firm	Law firm of contril	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

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Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC(ID#	Tx 77903		8 In-kind contribution description(if applicable)
Contributor's ;	orincipal occupation	10 Contributor's job	title	•
Bed	Attorney employer/law firm Accord Title	12 Law firm of contri	butor's spouse (if an	у)
13 If contributor i	sa child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#:	ne	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-6	Contributor address, City, State; Zip Code		(If travel outside	of Texas, complete Schedule T)
	principal occupation, Dentist	Contributor's job	_	
Contributor's e	employer/law firm n Sterne General Dentistr	Law firm of contri	butor's spouse (if any	y) ·
If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID# To M Tord i 2N I Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)
2-6	UII Colony Creek Dr Victori	2 Tx 77904	250 (If travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation test	Contributor's job	title	
Contributor's	employer/law firm	Law firm of contri	butor's spouse (if any	у)
lf contributor i	s a child, law firm of parent(s) (if any)			

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P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's p	principal occupation Harrney	10 Contributor's job	title	
11 Contributor's employer/law firm 12 Law firm of contributor's supply and the firm of contributor's supply and the firm of parent(s) (if any)			butor's spouse (if any	(1)
Date 2 - 6	Full name of contributor Dout-of-state PAC (ID#:	2 Tx 77904	Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's p	principal occupation (letive)	Contributor's job		
Contributor's e	employer/law firm	Law firm of contril	outor's spouse (if any	')
If contributor is	s a child, law firm of parent(s) (if any)			
Date 2 - 6	Full name of contributor Dout-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's p	principal occupation that red	Contributor's job t	itle	
		Law firm of contrib	outor's spouse (if any)
lf contributor is	s a child, law firm of parent(s) (if any)			
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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A(J):
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2-6	6 Contributor address; City: State; Zip Code Po Box 1338 Jichoria TX 779	2	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation BANILER	10 Contributor's job	title	
_	mployer/law.firm SDELITY Bank	12 Law firm of contri	butor's spouse (if any)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of contribution (\$)	ln-kind contribution description(if applicable)
2-6	Contributor address; City; State; Zip Code	ictoria Do	2500	
		77904	(If travel outside o	of Texas, complete Schedule T)
Contributor's p	rincipal occupation Attorney	Contributor's job Attorn	7)	V
Contributor's e	mployer/law firm	Law firm of contri	but 6 r's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·		
Date 2-4	Full name of contributor Dout-of-state PAC (10# Les I FRANZ Contributor address; City; State; Zip Code 406 Wood and LA Victoria Ty		Amount of contribution (\$)	In-kind contribution description(if applicable)
	•	71904	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation Retired	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
λ -6	6 Contributor address; City; State; Zip Code 5606 N. Nzvzrro Victor 12 T.	x 209	100	
			<u> </u>	of Texas, complete Schedule T)
9 Contributor's p	orincipal occupation AHOVNEY	10 Contributor's job	et	
11 Contributor's e	employer/law firm Associates	12 Law firm of contri	butor's spouse (if any	/)
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
2-6	Contributor address; City; State; Zip Code 407 w Commercial Vitor	 В Тх	1000	
	401 W. CLMINEVCIZI U. 91.	77901	(If travel outside	of Texas, complete Schedule T)
Contributor's p	principal occupation Attorney	Contributor's job	title	1
Contributor's	employer/law firm	Law firm of contri	butor's spouse (if any	()
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (!D#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-6	Mike + Kethy Ahlstrom Contributor address; City; State; Zip Code		25000	
<i>(</i> x	407 Taos Victorie 7x 779	of		of Texas, complete Schedule T)
Contributor's p	principal occupation BUSINESS MAN	Contributor's job	title	
Contributor's e	employer/law firm	Law firm of contri	butor's spouse (if any	7)
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>		

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Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J):
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#: Bots the licent Brysh 6 Contributor address; City, State; Zip Code	21705	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
9 Contributor's p	orincipal occupation	10 Contributor's job	title
11 Contributor's	mployer/law firm	12 Law firm of contri	butor's spouse (if any)
13 If contributor is	s a child, law firm of parent(s) (if any)		
Date J-6	Full name of contributor Dout-of-state PAC (ID#	702-	Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's p	Jurincipal occupation	Contributor's job	(If travel outside of Texas, complete Schedule T)
Contributor's e	BUSINGS MAN	Law firm of contril	butor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 2-6	Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's p	orincipal occupation Extrass man	Contributor's job	iitle }-
~1	employer/law firm	Law firm of contril	butor's spouse (if any)
lf contributor(is	hild, law firm of parent(s) (if any)		

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SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A(J):	
2 FILER NAME			3 ACCOUNT # (E	hics Commission Filers)	
4 Date	5 Full name of contributor Dut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
<i>A</i> 6	6 Contributor address; City; State; Zip Code CO33 Control Club Victoria	Tx-77904	(If travel outside	of Texas, complete Schedule T)	
	principal occupation	10 Contributor's job	title		
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	')	
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#: Herry y + Rose Gold Mzm		Amount of contribution (\$)	In-kind contribution description(if applicable)	
Q-6	Contributor address; City; State; Zip Code 403 W Lz vre U Coris	77401	(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation Retive	Contributor's job	title		
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)				
Date 2-le	Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)	
	(02 100/Markette Diabate 17)	17709	(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation Accountant	Contributor's job t			
Contributor's e	mployer/law firm	Law firm of contrib	butor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)				
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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J):
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#)	7 Amount of 8 In-kind contribution contribution (\$) description(if applicable)
7-6	6 Contributor address; City; State; Zip Code 2102 N. De Lein Victory	17901	(If travel outside of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation, Refined	10 Contributor's job	title
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if апу)
13 If contributor is	a child, law firm of parent(s) (if any)		
Date ;	Full name of contributorbut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description(if applicable)
16	Shannon Moore Contributor address; City; State; Zip Code 70 Box 1453 Usitorie Tx	77902	10000
			(If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal accupation Atterney	Contributor's job	title ET
	mployer/law firm Bradicich d Moure, LLP	Law firm of contril	butor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributorout-of-state PAC (10#		Amount of In-kind contribution contribution (\$) description(if applicable)
2-6	Contributor address; City; State; Zip Code 216 Woodchere Pr. Victoria	Tx77904	(20)
	-		l (If travel outside of Texas, complete Schedule T)
Contributor's p	rincipal occupation OI UN MOR.	Contributor's job	
Contributor's er	mployer/law firm	Law firm of contril	butor's spouse (if any)
lf contributor is	a child, law firm of parent(s) (if any)		

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70 Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	7937	L	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation LzwyeV	10 Contributor's job		
11 Contributor's e	mployer/law firm Quero DA Office	12 Law firm of contri	butor's spouse (if any	
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorlout-of-state PAC (ID#:	LYKES JR	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-6	Contributor address; City; State; Zip Code 508 Formest Victoria		(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation AHU	Contributor's job	title	
Contributor's e	mployer/law firm Pept wells tzvgo	Law firm of contri	butor's spouse (if any	/)
If contributor is	s a child, law firm of parent(s) (if any)			
Date $\mathcal{J} - \mathcal{G}$	Full name of contributorout-of-state PAC (!D#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	POBJE 17428 AUGINTE 7876	, 0	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/lawfirm Blair & Sampson	Law firm of contri	butor's spouse (if any	<i>y</i>)
	s a child, law firm of parent(s) (if any)	And the same speed the same section in the same should be same section to the same section of the same sec		
		4		

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SCHEDULE A (J)

(512) 463-5800

The Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):
2 FILER NAME		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#	1740/	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's principal occupation Restraunt	10 Contributor's job		of fexas, complete conteduce 17
11 Contributor's employer/law firm.	12 Law firm of contri	butor's spouse (if an	y)
13 If contributor is a child, law firm of pare/li(s) (if any)			
Date Full name of contributor Dout-of-state PAC (1D#		Amount of contribution (\$)	In-kind contribution description(if applicable)
2-6 Contributor address; City; State; Zip Code 6122 Country Clab Uschrus	- Tx 77904)	of Texas, complete Schedule T)
Contributor's principal occupation Construction	Contributor's job	<u> </u>	
Contributor's employer/law firm Cross roads Mechanical If contributor is a child, law firm of parent(s) (if any)	Law firm of contri	butor's spouse (if any	у)
is contributor is a critic, law into or parent(s) (if any)			
Date Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation	Contributor's job		or roxas, complete constants ty
A Horney	Partn	er	
Contributor's employer/law firm Krolenson Smith & Noll	Law firm of contril	butor's spouse (if any	y)
If contributor is a child, law firm of parent(s) (if any)		·	

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SCHEDULE A (J)

OTHER	THAN PLEDGES OR LOANS	o (JUDICIAL	.) 	. ,
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	redule A(J):
2 FILER NAME			3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:	17904	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's p	rincipal occupation gustinessme	10 Contributor's job		of Texas, complete Schedule T)
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if an	у)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	rincipal оссудаtion	Contributor's job		of Texas, complete Schedule T)
	Attorney	Altorn	ey-at-la	<i>W</i>
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)	A		
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		, · ·	
*			(le top and posteriols	of Town consists Cohodula T
Contributor's p	rincipal occupation	Contributor's job t		of Texas, complete Schedule T)
Contributor's e	mployer/law firm	Law firm of contrib	outor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)	And the state of t	•	
If cont	ATTACH ADDITIONAL COPIES Caributor is out-of-state PAC, please see instr			ng requirements.

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#: Keypert Jill: Soms Jr Tall 6 Contributor address; City: State; Zip Codel 303 Roseland Uilan L. Tx	Villetrance	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job	title	
11 Contributor's employer/law firm Villatranca	12 Law firm of contri	butor's spouse (if an	y) .
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job		
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)			
Date Full name of contributoroul-of-state PAC (ID#		Amount of contribution (\$)	ln-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
•		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job	title	
Contributor's employer/law firm	Law firm of contri	butor's spouse (if any	у)
If contributor is a child, law firm of parent(s) (if any)			

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P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

(TDD 1-800-735-2989)

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	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A(J):
2 FILE	R NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Da	ate	5 Full name of contributor Dout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Cont	tributor's p	rincipal occupation Attorner	16 Contributor's job	title	
Me	ejev,	mployer/law firm HAUDICTOTTO MOOVE, LLP s a child, law firm of parent(s) (If any)	12. Law firm of contril	butor's spouse (if an	y) .
Da	ate	Full name of contributorout-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description(if applicable)
				(If travel outside	of Texas, complete Schedule T)
Cont	tributor's p	rincipal occupation	Contributor's job	title	
Cont	tributor's e	mployer/law firm	Law firm of contril	butor's spouse (if any	у)
If cor	ntributor is	a child, law firm of parent(s) (if any)			
Da	ate	Full name of contributorout-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$) / (If travel outside	In-kind contribution description(if applicable)
Cont	tributor's p	rincipal occupation	Contributor's job	title	·
Cont	tributor's e	mployer/law firm	Law firm of contril	outor's spouse (if an	у)
lf cor	ntributor is	a child, law firm of parent(s) (if any)		•	
		ATTACH ADDITIONAL COPIES O			
	If con	tributor is out-of-state PAC, please see instru	iction guide for ac	dditional reportir	ng requirements.

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OTHER THAN PLEDGES OR LOANS (JUDICIAL)

POLITICAL CONTRIBUTIONS

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A(J):
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:	Mof	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
7	rincipal/occupation	16 Contributor's job	title .	
11 Contributor's e	a child, law firm of parent(s) (if any)	12 Law firm of contri	butor's spouse (if any	
Date	Full name of contributor Dout-of-state PAC (ID#	e cal	Amount of contribution (\$)	In-kind contribution description(if applicable)
	100 100 . Olassa 1. II	147	(16.1	of Tanana and a Cabadala Ta
Cantributadan	rincipal occupation	Contributor's job	<u> </u>	of Texas, complete Schedule T)
Contributors p	Farmer	Contributor 3 job		
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	')
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#	`	Amount of contribution (\$)	In-kind contribution description(if applicable)
Vb	Contributor address: City; State; Zip Code 2301 Wheeler U: Form V	(40)	(OO)	of Texas, complete Schedule T)
Contributor's p	rincipal occupation A Horrey	Contributor's job	title	·
Contributor's e	mployer/law firm Self	Law firm of contril	butor's spouse (if any	
If contributor is	a child, law firm of parent(s) (if any)	kranjenja jemi kranje čino, v vojenja je drijeve zajek je v kranjek je viševe i kranje v vojek nek		
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):	
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:) 77904	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)	
9 Contributor's p	rincipal occupation R=> 1	10 Contributor's job			
Coldw	employer/law firm Sell Banker / Ron Brown Co. Se a child, law firm of parent(s) (if any)	12 Law firm of contri		у)	
Date	Full name of contributorlout-of-state PAC (ID#: Bette To Buhler Contributor address; City; State; Zip Code 8607 N. Navarro Vidonic The	7790f	Amount of contribution (\$)	In-kind contribution description(If applicable)	
		(129	(If travel outside	of Texas, complete Schedule T)	
Contributor's p	rincipal occupation Retired	Contributor's job			
Contributor's employer/law firm foc			ributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor Dout-of-state PAC (ID#	77905	Amount of contribution (\$)	In-kind contribution description(if applicable)	
Contributor's p	rincipal occupation Atterney	Contributor's job	title		
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y)	
lf contributor is	s a child, law firm of parent(s) (if any)	kiramayyaa amaa kari uu aa aa aa ay kan a maanaa aa aa aa aa a			
		der eigen der eine de			

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SCHEDULE A (J)

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The Instruction Guide explains how to complete this	form.	Total pages Scho	edule A(J):
2 FILER NAME	3	ACCOUNT # (E	hics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#:		Amount of contribution (\$) 250 (If travel outside	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job title		
11 Contributor's employer/law firm Self	12. Law firm of contribut)
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Dout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-19 Contributor address: City: State: Zip Code 105 624 R 91 Funa (777)		1000	
			of Texas, complete Schedule T)
Contributor's principal occupation Businesses	Contributor's job title		
Contributor's employer/law firm	Law firm of contribut	tor's spouse (if any	')
If contributor is a child, law firm of parent(s) (if any)	The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
•		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation Realestate	Contributor's job title	3	
Contributor's employer/law firm	Law firm of contribut	tor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		•.	

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SCHEDULE A (J)

(TDD 1-800-735-2989)

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	ATTACH ADDITIONAL COPIES O	AC THIS COURSE !	AC NEEDED	

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

Th	ne Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A(J):	
2 FILER NAME		3 ACCOUNT # (E	Ethics Commission Filers)		
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If contributor	is a child, law firm of parent(s) (if any)				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED		