

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS. NICKNAME	FIRST JUDY LAST	MI G. SUFFIX
	NEEDHAM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7579 SURFSIDE DRIVE FORT WORTH, TX 76135		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 732-0181		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. NICKNAME	FIRST MOLLY LAST	MI D. SUFFIX
	HYRY		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4221 BLACKHAW AVENUE FORT WORTH, TX 76109		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 924-8091		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 30 / 15 THROUGH 6 / 30 / 15		
11 ELECTION	ELECTION DATE Month Day Year 5 / 9 / 15		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) FWISD TRUSTEE, DISTRICT 5	13 OFFICE SOUGHT (if known) FWISD TRUSTEE, DISTRICT 5	

OFFICE USE ONLY

Date Received
**RECEIVED
JUL 15, 2015
Board of Education**

Date Hand-delivered or Date Postmarked
7-15-15

Receipt # Amount \$

Date Processed
7-15-15

Date Imaged
7-15-15

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JUDY G NEEDHAM

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ -

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

\$ 1600.00

EXPENDITURE
TOTALS

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

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 23,546.50

CONTRIBUTION
BALANCE

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

\$ 5,199.53

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 perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Judy G. Needham
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judy G. Needham, this the 15th day of July, 2015, to certify which, witness my hand and seal of office.

Laura Litton

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Board Asst.

Title of officer administering oath

SUBTOTALS - COH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME JUDY G NEEDHAM		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,600.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 23,546.50
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **JUDY G NEEDHAM**

3 Filer ID (Ethics Commission Filers)

4 Date
6/26/15

5 Full name of contributor out-of-state PAC (ID#: _____)
MR. + MRS. RICHARD D. STEED
6 Contributor address; City; State; Zip Code
3829 TRAILS EDGE, FT. WORTH, TX 76109

7 Amount of contribution (\$)
100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
6/26/15

Full name of contributor out-of-state PAC (ID#: _____)
DR. + MRS. JOHN W. FREESE
Contributor address; City; State; Zip Code
2221 COLONIAL PKWY., FT. WORTH, TX 76109

Amount of contribution (\$)
100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/26/15

Full name of contributor out-of-state PAC (ID#: _____)
MR. + MRS. LEB FREESE
Contributor address; City; State; Zip Code
112 RIVERCAST DRIVE, FT. WORTH, TX 76107

Amount of contribution (\$)
100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/26/15

Full name of contributor out-of-state PAC (ID#: _____)
MR. DAVID F. CHAPPELL
Contributor address; City; State; Zip Code
600 W. 6TH ST., STE. 300, FT. WORTH, TX 76102

Amount of contribution (\$)
500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

JUDY G NEEDHAM

3 Filer ID (Ethics Commission Filers)

4 Date

6/26/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

MR. + MRS. KEN SCHAEFER

6 Contributor address;

City; State; Zip Code

**2705 MANORWOOD TRAIL, FT. WORTH, TX
76109**

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/26/15

Full name of contributor

out-of-state PAC (ID#: _____)

CAROLINE M. DULLE

Contributor address;

City; State; Zip Code

1217 CLOVER LN., FT. WORTH, TX 76107

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/26/15

Full name of contributor

out-of-state PAC (ID#: _____)

MR. & MRS. J. DAVID TRACY

Contributor address;

City; State; Zip Code

**2734 COLONIAL PKWY., FT. WORTH,
TX 76109**

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/26/15

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID F. THORNTON

Contributor address;

City; State; Zip Code

P.O. BOX 471609, FT. WORTH, TX 76147

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

JUDY G NEEDHAM

3 Filer ID (Ethics Commission Filers)

4 Date

6/26/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

MR. + MRS. WILLIAM G. HALL

6 Contributor address:

City; State; Zip Code

**2308 MEDFORD CT. W., FT. WORTH, TX
76109**

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2** 2 FILER NAME: **JUDY G NEEDHAM** 3 Filer ID (Ethics Commission Filers)

4 Date: **5/19/15** 5 Payee name: **THE EPPSTEIN GROUP**

6 Amount (\$): **21,000.00** 7 Payee address; City; State; Zip Code: **4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TX 76109**

8 PURPOSE OF EXPENDITURE: **PRINTING, CONSULTING**

(a) Category (See categories listed at the top of this schedule)

(b) Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense
Direct mail & consulting

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **6/11/15** Payee name: **CECELIA SPEER CAMPAIGN**

Amount (\$): **2,000.00** Payee address; City; State; Zip Code: **3636 W. BIDDISON ST., FT. WORTH, TX, 76109**

PURPOSE OF EXPENDITURE: **CONTRIBUTION**

Category (See categories listed at the top of this schedule)

Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense
CAMPAIGN CONTRIBUTION

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **6/22/15** Payee name: **CAMPBELL SCHAEFER**

Amount (\$): **100.00** Payee address; City; State; Zip Code: **2705 MANORWOOD TRAIL, FT. WORTH, TX 76109**

PURPOSE OF EXPENDITURE: **CONTRACT LABOR**

Category (See categories listed at the top of this schedule)

Description: Check if travel outside of Texas, complete Schedule T
 Check if Austin, TX, officeholder living expense
SIGN DISTRIBUTION

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME JUDY G NEEDHAM	3 Filer ID (Ethics Commission Filers)
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4 Date 6/12/15	5 Payee name THE EPPSTEIN GROUP
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6 Amount (\$) 446⁰⁰	7 Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, STE. 600, FT. WORTH, TX 76109
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign materials
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED