

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: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> <div> NICKNAME <i>MRS.</i> </div> <div> LAST <i>JUDY</i> </div> <div> SUFFIX <i>G</i> </div> </div> <div style="text-align: center; margin-top: 10px;"> <i>NEEDHAM</i> </div>			OFFICE USE ONLY Date Received <div style="text-align: center; color: pink; font-size: 1.2em;"> RECEIVED MAY 1, 2015 Board of Education <i>by Laura Litton</i> </div>	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;"> <i>7579 Surfside Drive</i> <i>FORT WORTH, TX 76135</i> </div> <input type="checkbox"/> Change of Address			Date Hand-delivered or Date Postmarked <div style="text-align: center; color: blue; font-size: 1.2em;"> <i>5-1-15</i> </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;"> <i>(817) 732-0181</i> </div>			Receipt # Amount \$ Date Processed <div style="text-align: center; color: blue; font-size: 1.2em;"> <i>5-1-15</i> </div> Date Imaged <div style="text-align: center; color: blue; font-size: 1.2em;"> <i>5-1-15</i> </div>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> <div> NICKNAME <i>MRS.</i> </div> <div> LAST <i>MOLLY</i> </div> <div> SUFFIX <i>D.</i> </div> </div> <div style="text-align: center; margin-top: 10px;"> <i>HYRY</i> </div>			Receipt # Amount \$ Date Processed <div style="text-align: center; color: blue; font-size: 1.2em;"> <i>5-1-15</i> </div> Date Imaged <div style="text-align: center; color: blue; font-size: 1.2em;"> <i>5-1-15</i> </div>	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;"> <i>4221 Blackhaw Fort Worth, TX 76109</i> </div> (Residence or Business)			Receipt # Amount \$ Date Processed <div style="text-align: center; color: blue; font-size: 1.2em;"> <i>5-1-15</i> </div> Date Imaged <div style="text-align: center; color: blue; font-size: 1.2em;"> <i>5-1-15</i> </div>	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;"> <i>4221 Blackhaw Fort Worth, TX 76109</i> </div> (Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;"> <i>(817) 924-8091</i> </div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="text-align: center; font-size: 1.5em;"> <i>3 / 31 / 15</i> </div> </div> <div> THROUGH </div> <div> Month Day Year <div style="text-align: center; font-size: 1.5em;"> <i>4 / 29 / 15</i> </div> </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;"> <i>5 / 09 / 15</i> </div> </div> <div> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div> </div> </div>				
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;"> <i>FWISD Trustee, District 5</i> </div>		13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;"> <i>FWISD Trustee, District 5</i> </div>		

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 450.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,366.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,146.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 1st day of May, 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

Brd. 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	\$ 11,550.00
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	\$ 5,366.94
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: 9
2 FILER NAME JUDY G NEEDHAM		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. and MRS. JOSEPH E. HAARGROVE	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5520 EL CAMPO, FT. WORTH, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. and MRS. DAVID DOZIER	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3824 MONTICELLO DR., FT. WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland A. Hodges	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 306 W. 7th St., #701, Ft. Worth, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca T. DeLaune	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3923 W. 4th St., Ft. Worth, TX 76107		
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: 9
2 FILER NAME JUDY G NEEDHAM		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. and MRS. WADE NOWLIN	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 510 HAZEL WOOD, FT. WORTH, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARA and RICHARD GARVEY	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 6316 CURZON AVENUE, FT. WORTH, TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAIL W. RAWL	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4 WESTOVER RD., FT. WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. and MRS. RAY DICKERSON	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 3721 MONTICELLO DR., FT. WORTH, TX 76107		
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: 9

2 FILER NAME JUDY G NEEDHAM

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT M. LANSFORD

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4099 Hidden River Circle, Ft. Worth, TX
76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/15

Full name of contributor

☐ out-of-state PAC (ID#:

MR. and MRS. PAUL R. RAY

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

5914 EL CAMPOAVE, FT. WORTH, TX
76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

Full name of contributor

☐ out-of-state PAC (ID#:

MR. and MRS. DARRELL DIAL

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

28 MONT DRIVE, FT. WORTH, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. CECIL Y. RAY

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2501 MUSEUM WAY, #817, FT. WORTH,
TX 76107

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: 9
2 FILER NAME JUDY G NEEDHAM		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MRS. HOLT HICKMAN	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5800 MERRYMOUNT RD., FT. WORTH, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. and MRS. STEWART HENDERSON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3501 SAGECREST TERR., FT. WORTH, TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. and MRS. HOWARD KATZ	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5916 CXPRESS POINT, FT. WORTH, TX 76132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. and MRS. DAVID HULL	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3958 SARITA PARK, FT. WORTH, TX 76109		
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: 9
2 FILER NAME JUDY G. NEEDHAM		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee F. Christie	7 Amount of contribution (\$) \$ 250⁰⁰
6 Contributor address; City; State; Zip Code 500 W. 7th ST., #600, FT. WORTH, TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. and MRS. SAM BROUS	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 4305 CRESTLINE RD., FT. WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN NEWBY	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 715 JONES ST., FT. WORTH, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAXOR BETSY PRICE	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code P.O. BOX 100066, FT. WORTH, TX 76185		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME JUDY G NEEDHAM		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN E. LOWRANCE	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 2008 FOUR OAKS LANE, FT. WORTH, TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. ROBERT W. BROWN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4100 CLARKE AVE., FT. WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER, GOGGAN, BLAIR & SAMPSON	Amount of contribution (\$) \$ 2,500.00
Contributor address; City; State; Zip Code 100 TH ROCKMORTON ST., FT. WORTH, TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIRGINIA S. SMITH	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 612 ROARING SPRINGS RD., FT. WORTH TX 76114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

JUDY G NEEDHAM

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JAMES WEBB

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

4955 RIVER BEND, FT. WORTH, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/27/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CANTEY & HANGER

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

600 W. 6TH ST., STE. 300, FT. WORTH, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HAYDN H. CUTLER

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3825 CAMP BOWIE BLVD, FT. WORTH TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MRS. ESTIL VANCE

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3901 MOCKINGBIRD LANE, FT. WORTH TX 76109

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: **9**

2 FILER NAME **JUDY G NEEDHAM**

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4/27/15

MR. and MRS MIKE BERRY

6 Contributor address; City; State; Zip Code
6217 GENOA RD., FT. WORTH, TX 76116

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/27/15

RICHARD DeBERRY

Contributor address; City; State; Zip Code
1932 ROCKRIDGE TERR., FT. WORTH, TX 76110

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/27/15

GREATER FT. WORTH ASSN. OF REALTORS PAC

Contributor address; City; State; Zip Code
2650 PARKVIEW DR., FT. WORTH, TX 76102

\$2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/27/15

GOOD GOVERNMENT FUND

Contributor address; City; State; Zip Code
201 MAIN ST., STE. 2500, FT. WORTH, TX 76102

\$500.00

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: 9
2 FILER NAME JUDY G NEEDHAM		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT KLEBERG	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 301 COMMERCE ST., #1300, FT. WORTH, TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNEY HOLLAND	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code P.O. BOX 1260, FT. WORTH, TX 76101-1260		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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
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)

4 Date **4/8/15** 5 Payee name **NOE NIETO**

6 Amount (\$) **\$528.50** 7 Payee address; City; State; Zip Code **6121 Walraven Circle, Ft. Worth, TX 76133**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Contract Labor** (b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense **Sign work**

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

Date **4/16/15** Payee name **Ken Schaefer**

Amount (\$) **\$100.00** Payee address; City; State; Zip Code **2705 Manorwood Trail, Ft. Worth, TX 76109**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Contract labor** 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

Date **4/23/15** Payee name **The Eppstein Group**

Amount (\$) **\$1,488.44** Payee address; City; State; Zip Code **4055 International Plaza, Ste. 600, Ft. Worth, TX 76109**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Advertising** Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense **signs**

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)
4 Date 4/23/15	5 Payee name Dennis Shingleton Campaign	
6 Amount (\$) \$1500	7 Payee address; City; State; Zip Code 8600 Crosswind Dr., Ft. Worth, TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(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 contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4/29/15	Payee name The Epstein Group	
Amount (\$) \$3100	Payee address; City; State; Zip Code 4055 International Plaza, Ste. 600, Ft. Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER-	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense telephone services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED