# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

		7	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS MRS MR FIRST	MI	OFFICE USE ONLY
NAME	MRS. JUDY	SUFFIX	Date Received
	NEEDHA		RECEIVED  APR 9, 2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT/SUITE#; CITY; 7579 SUC-fside Dr.	CH. WOCHH, TX 76135	by Sama Sytton Deld Hand-delivered or Postmarked 4-9-15
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 817/732-018/	EXTENSION	Date Processed 4-9-15
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS. FIRST MOLLY	D,	Date Imaged 4-9-15
	NICKNAME LAST  HYRY	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  # 21 Blackhaw	CITY; STATE;	ZIP CODE \$ 76109
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 924-8091	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 Bth day before election	Exceeded \$500 [imit	(officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day <b>2</b> / <b>30</b> /	Year //S
11 ELECTION	Month ELECTION DATE Day Year Primary  5 / 0 9 / 15	Runoff G	eneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	FWISD Trustee, Dist. 5	FWISD TAU	ster, District 5
	GO TO PAG	GE 2	

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

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	TUDY G.	NEBDHAM	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	ig and a sense in a	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 375.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 375.00 \$ 17,425.00	
EXPENDITURE TOTALS	3. TOTAL P	MIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ /2,551.41			
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 20,512:97	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ -	
MY CO	AURA LITTON MMISSION EXPIRES June 23, 2016	is true and correct and includes a me under Title 15, Election Code.  July H. Y.	of perjury, that the accompanying report  I information required to be reported by  Classical accompanying report  I information required to be reported by  I indicate or Officeholder	
AFFIX NOTARY STAME	/ SEAL ABOVE	To do C As a do		
Sworn to and subs	of <u>April</u>	ne, by the said Judy G. Needha, 20 _15, to certify which, witness	my hand and seal of office.	
Laura J	etton	haura Litton	Board Asst.	
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath	

P.O. Box 12070

## SCHEDULE A

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	JUDY G. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:  Mr. Blian New B		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/15	Mr. Brian Newbo 6 Contributor address; City; State; Zip Codd 715 Jones Street		10000	 
-	FORT WORTH, TX 76	6102	(If travel outside	i of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#;  Mrs. Ann HVds:  Contributor address; City; State; Zip Code  55 Westover Terr		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	55 Westover Ter	race	10000	
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#,  Commissional J. D. J.  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Contributor address; City; State; Zip Code P. D. Boy 136021, Ff. C	WORTH, TX	10000	
Principal occup	eation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
		,		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Mr. and Mrs. Han Her Contributor address; City; State; Zip Code 1928 Berkeley Pla		10000	
	Ft. WORTH, TX 76110		(If travel outside of	Texas, complete Schedule T)
Princípal occupa	ation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor Quit-of-state PAC(ID#)		Amount of	In kind on with wine
	John H. Maddux Contributor address; City; State; Zip Code	*****	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	2120 Ridgmar Bln	l, #14	20000	
	Ft. WORTH, TV 76116			Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In	structions)	

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

## SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAM	JUDY G. WEEDHAM	il.	3 ACCOUNT # (E	ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Mr. and Mrs. Jeff W.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/15	5000 Bryce Ave.  Ft. WORTH, TX 7610		10000	
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Mrs. Ann Ruan		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	333 Kiverciest D	rive	10000	
	Ft. WORTHITX 761	07	(If travel outside o	if Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		recess, complete scriedale 1)
Date	Full name of contributor Out-of-state PAC (ID#:	`	Amount of	In-kind contribution
Date	Mr. and Mrs. Ben J		contribution (\$)	description (if applicable)
3/10/15	Contributor address; City; State; Zip Code 1901 Spanish Trai	; (	50000	
	FORT WORTH, TX 7			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Mr. Dan Lowrance			
3/10/15	Contributor address; City; State; Zip Code  2008 Four Oaks	Lane	50000	
	FORT WORYH, TX -	76107	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Toxas, complete deficable 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Contributor address; City; State; Zip Code 6221 Indian Cree	Off.	50000	The second secon
211-115	Ft. WORTH, TX 7610		j	
Principal occur	ation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
i iliopai occup	and the test mandellers,	Employer (58e II	iisti uctions)	

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## SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 16
2 FILER NAME JUDY G. Needham	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID# Mr., and Mrs. Carter Llawella	
3/10/15 6 Contributor address; City; State; Zip Code 3535 W. 745  Ft. Worth, TX 76107	10000
	(If travel outside of Texas, complete Schedule T) r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:  Robert I, Fernandez	Amount of In-kind contribution contribution (\$) description (if applicable)
3/10/15 Contributor address; City; State; Zip Code  2305 Colonial PKWY.  Ft. WORTH, TX 76109	/OO       (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/10/15 Contributor address; City; State; Zip Code 4121 Rowan Dr. Ft. WORTH, TY 76116	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/10/15 Contributor address; City; State; Zip Code 250/ Museum Wey, #1002 Ft. WORTH, TX 76/07	
	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/10/15 Contributor address; City; State; Zip Code 6001 Westover Road FH. WORTH, TX 76107	10000
	(If travel outside of Texas, complete Schedule T) (See Instructions)

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P.O. Box 12070

## SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAMI	JUDY G. NEEDHA	-M	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	Reilly	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/15	101/11/11/10/12	)	1000	1 
	Aledo, TX 76008	energy of a supplied the second	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	as Bosall	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	3700 Potomacki		10000	
	Ft. WORTH, 4x 7610	) (	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_  F. Howard Wolsh, Contributor address; City; State; Zip Code	Γ.	Amount of contribution (S)	In-kind contribution description (if applicable)
3/10/15	500 W. 7th St., #100	ァフ	200000	
	F4. WORTH, TX 76102		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Tylie Wilson		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Contributor address; City; State; Zip Code 4140 E. Renfro St		50°°	
	Burleson TX 760	28	(If travel outside o	f Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#_ Mr. and Mrs. Wm. W. Mea	dous	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Mr. and Mrs. Wm. W. Mea. Contributor address; City; State; Zip Code 3904 Hamilton A	ve.	25000	
	Ft. WORTH, TX 761	0/	(If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	

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P.O. Box 12070

## SCHEDULE A

The Instruction Guide explains how to complete this	form.	Total pages Sche	dule A: 16
JUDY G. NEEDHAI	M	ACCOUNT # (Eth	nics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	SCHAEFER	Amount of contribution (S)	8 In-kind contribution description (if applicable)
3 10 15 6 Contributor address; City; State; Zip Code 2705 MANDR WOOD		25000	
F+. WORTH, TX 7610	9	(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Inst	tructions)	
Date Full name of contributor out-of-state PAC (ID#_  Dee J, KE LLY, JR.	· · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15 Contributor address; City; State; Zip Code #417 Rivercres+		25000	
Ft. WORTH. TX 7610;	7	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Inst		TOXAGE GOTTING COLLEGE TY
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
Haydn H. Cutler, Jr.	C	ontribution (\$)	description (if applicable)
3/10/15 Contributor address; City; State; Zip Code 3825 Camp Bowil		25000	
Et. WORTH, TX 76107	7	(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instr	ructions)	
Date Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Madelon L. Bradshe Contributor address; City; State; Zip Code	aw	ontribution (\$)	description (if applicable)
3/10/15 2120 Ridgmar Bli	14., -1-	25000	
Ft. WORTH, 4x 76116		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instr	ructions)	
Date Full name of contributor ☐ out-of-state PAC (ID#:		Amount of	In-kind contribution
Hon. Charlie Geren	CC	ontribution (\$)	description (if applicable)
3/10/15 Contributor address; City; State; Zip Code P.O. Box 14-40	ć	25000	
Et. WORTH, TX 76101		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instr		ionas, complete acriedure ()

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## SCHEDULE A

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A: 16
2 FILER NAME	JUDY G. NEEDHAM		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:_  MRS, JO MERCER		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
3/10/15	1 10 0010 1101		100 €	[
	FT. WORTH, TX 76108	,	(If travel outside	I of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Leland' A. Hudges  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	306 W. 7le St., #701		2500	
	Ft. WORTH, TX 76102		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		
Date 3 /m/	Full name of contributor out-of-state PAC (ID#_  Scott Klebag  Contributor address; City; State; Zip Code		Amount of contribution (S)	In-kind contribution description (if applicable)
3/10/15	301 Commerce St., S	te, 1300	25000	
	Ft. WORTH, TX 7810	2	(If travel outside o	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#_	al	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Contributor address; City; State; Zip Code  28 Mont Dr.  Ft. Worth, TX 76(32		10000	
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	250/ MUSEUM WAY, #	817	1000	
Principal occupat	tion / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	, (222	Cubioses (966 III)	an doublia)	

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P.O. Box 12070

## SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A: 16
2 FILER NAME	JUDY G. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_ MR. and MRS, BRE	CKRAY	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/15	1 110mas Plan	ce	10000	
	Ft. WORTH, TX 761	107	(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:  MR and MRS, JOHN Contributor address; City; State; Zip Code	JV, ROACH	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	2805 ALTON ROA	Ð	10000	
	PH. WORTHITY 7616	29	(If travel outside o	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  out-of-state PAC (ID#:_  MR. and MRS. TIM	ROSENTHAL	Amount of contribution (\$)	In-kind contribution description (if applicable)
711	Contributor address; City; State; Zip Code		1	
3/10/15	3952 THISTLE L	ANE	10000	
	Ft. WORTH, TX 761	109	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	MR, ROB KELLY Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
3/10/15	301 VIRGINIA PLA	4CE	10000	
	FT. WORTH, TX 761	07	(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	MR. and MAS. PAVID Blo Contributor address; City; State; Zip Code	xom	contribution (\$)	description (if applicable)
3/10/15	Contributor address; City; State; Zip Code  2741 River Forcest	Pr	10000	
	Ft. WORTH, TX 76	116	(If travel outside of	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In		Series ourisday 1)

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## SCHEDULE A

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A: 16
2 FILER NAME	TUDY G, NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)  Will A. Courtney	•	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/15	6 Contributor address; City; State; Zip Cod 6220 GENOA RD. FY: WORTH, TY 76116		1000	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
		To Employer (See	mati dedons)	
Date	Full name of contributor out-of-state PAC (ID#)  DR. canel MRS. Tom R  Contributor address; City; State; Zip Code	0GERS	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	3821 SUMMERCAS FLWORTHITE 7610	ST DR.	10000	
Principal occur	pation / Job title (See Instructions)	T		f Texas, complete Schedule T)
· mopal oour	Section 7 000 time (OBB INSTRUCTIONS)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#  Ann and Bill Green	hill	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	1608 Ashland Ave.		50000	
	Ft. WORTH, TX 76107	7	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Mr. and Mrs. Ronald Cl. Contributor address; City; State; Zip Code	inkscale		
3/10/15	301 Commerce Still	Ste, 2358	10000	
	Ft. WORTHITY 761	02	(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		, compete de location i j
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
3/10/15	MR. JAMES S. DUBO Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	1200 SHADY OAKS	(II)	50000	
	FORT WONTHITX 76	107	(If travel outside of	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In		The second of
			355 <del>(                                  </del>	

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## SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	hedule A: 16
2 FILER NAM	JUDY G. NEEDHAM		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
27.07.0	4204 Kidgehaver	1 Ct.	10000	<u> </u>
	PH WORTH, TX 761	16	(If travel outside	of Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/1s	Contributor address; City; State; Zip Code 2717 Colonial F RAT WORTH, TX 76	KWY.	10000	
	1 WORLD, 1× 16	107	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor  out-of-state PAC (ID#:_ MRS. JANE FERGI	rson	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Combributor addresses - City Obsta, Zin Code		10000	
	Ft. WORTH, TX 76	107	/If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		r roxus, sompleto concedire Ty
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Dr. and Mas. Victor Bo Contributor address; City; State; Zip Code	schini	contribution (\$)	description (if applicable)
3/10/15	3861 Bellaire Circ	221	10000	
	Ft. WORTH, TY 76109	1	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Mr. Steve Berry Contributor address; City; State; Zip Code Po Box 101384		10000	
	FORT WORTH, TX 76	(87)	(If travel outside of	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	

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## SCHEDULE A

The	Instruction Guide explains how to complete the	is form.	1 Total pages Sci	nedule A: 16
2 FILER NAME	JUDY G. NEEDHAM		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#  MRS. SARAH C. R.	AY	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/15	6 Contributor address; City; State; Zip Cod 1801 ELPRIPSE	9	1000	[
	Ft. WOR+H.TX 76107		(If travel outside	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
Date 3/10/15	Full name of contributor  out-of-state PAC (ID#  MR. awl MRS. PAUL R  Contributor address; City; State; Zip Code	AY	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/10/15	5914 EL CAMPO		1000	
	PH.WORTH,TX76107		(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of	In-kind contribution
3/10/15	MR. and MR 5. SCOTT MC Contributor address; City; State; Zip Code	ORING	contribution (S)	description (if applicable)
	37/0 AVIEMORE Dri	re	100-	
Principal occupa	Ff. WoRTH, TX 76/09 ation / Job title (See Instructions)	Employer (Co. )		f Texas, complete Schedule T)
	and the less manuscripts	Employer (See In	istructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	77	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Contributor address; City; State; Zip Code 390/ LENOX DRI	Ve	2500	
	Ft. WORTHITX 76	107	(If traval outside of	Texas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See In		rexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
21	MRS, SARAH WAS	45	contribution (\$)	description (if applicable)
3/10/15	4505 RIDGEHAY		2500	
	Ft. WORTH, TX 7	6116	(If travel outside of	Texas, complete Schedule T)
Principal occupat	ion / Job title (See Instructions)	Employer (See In		

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# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A: 16	
2 FILER NAME	JUDY G. NEEDH	AM	3 ACCOUNT # (E	thics Commission Filers)
3/10/2015	5 Full name of contributor out-of-state PAC (ID#:_  SUZANNE + John Tucker  6 Contributor address; City; State; Zip Code  Was 260+ Colonial Par-Kury  Fort Worth, Ty  pation / Job title (See Instructions)	6/09 10 Employer (See		8 In-kind contribution description (if applicable)
	,			
Date 3/10/2015	Full name of contributor out-of-state PAC (ID#_Carol + Richard Minke Contributor address; City; State; Zip Code 2565 Manorwood Dr	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Fort Worth, TX 76,	1099	Ì	
Principal occur	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Timopar doda	parter ( ass the (ass manachana)	Employer (See 1	nati dello ilaj	
5/10/2015	Full name of contributor out-of-state PAC(ID#_  TVdy Miller  Contributor address; City; State; Zip Code  2124 Hidden Greek Rd	)	Amount of contribution (S)	In-kind contribution description (if applicable)
	Fort Worth, TX 7607		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		,
Date 3/10/2015	Full name of contributor out-of-state PAC(ID#_  ICATHY Webster  Contributor address; City; State; Zip Code  4800 Lafayette Ave,  Fort Worth, TX 761	07	Amount of contribution (\$)	In-kind contribution description (if applicable)  Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
Date 3/10/2015	Full name of contributor out-of-state PAC (ID#:  Sheif F. Juhnson Contributor address; City; State; Zip Code  Fort Worth, Tx 76/0;	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In		- Complete Outloade 11

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## SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A;
2 FILER NAME JUDY 6 NEEDHAM	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)  #250, co  (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	
Date  Full name of contributor out-of-state PAC (ID#:  Michael Bennett + Melissa Mitchell  Contributor address; City; State; Zip Code  2429 Rayers	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date  Full name of contributor   out-of-state PAC (ID#:)  Ara + TS-bely Dife  Contributor address; City, State; Zip Code  1108 Shady Oaks Ln.  Fort Worth, TX 76/07	Amount of contribution (S)    In-kind contribution description (if applicable)   H/OO (2)   (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date  Full name of contributor out-of-state PAC (ID#)  Svad Barnes  Contributor address; City; State; Zip Code  4450 Harley Ave.  Fort Worth, TX 76/07	Amount of contribution (\$) In-kind contribution description (if applicable)  #/ 200, 100  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date  Full name of contributor out-of-state PAC (ID#:)  Dat + Hard H Mucke voy  Contributor address; City; State; Zip Code  3455 Ranch View Ct.  Fat worth, TX 76109	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See I	
The state of the s	

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## SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	JUDY G. WEED	HAM	3 ACCOUNT # (E	thics Commission Filers)
4 Date \$\\ \  \  \  \  \  \  \  \  \  \  \  \  \	5 Full name of contributor □ out-of-state PAC (ID#)  O. P. Leanard Tr  6 Contributor address; City; State; Zip Code  P.O. Box 1718	7	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
	Fort Worth, TX 76/01	/	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
Date 3/10/2015	Full name of contributor out-of-state PAC (ID#_Ca-la+Kelly Thompsov Contributor address; City; State; Zip Code Zib Valley Ridge Red.	- 8 - 2 - 4 - 4 - 4 - 4	Amount of contribution (\$)	In-kind contribution description (if applicable)
Scientian conve	Fortworth, TX 76/0	7		f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 3/10/2015	Full name of contributor out-of-state PAC (ID#:_  Flaine and Tim Fetre  Contributor address; City; State; Zip Code  3736 Country Club Ci	rcle	Amount of contribution (S)	In-kind contribution description (if applicable)
	Fort Worth, TX 7	6109	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		Tokas, somplete Corrodate 17
Date 3/10/2015	Full name of contributor out-of-state PAC(ID#_  Vic Tins/ey  Contributor address; City; State; Zip Code  6421 Camp Bowie, #  Fort Worth, TX 76	L302 116	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See In	nstructions)	
Date 3/10/2015	Full name of contributor out-of-state PAC (ID#:_  Margaret + Dav d Syk  Contributor address; City; State; Zip Code  2000 Spanish Trail  Fort Worth, TX 16	les 107	Amount of contribution (\$)  #250,00	In-kind contribution description (if applicable)  Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Toxas, complete scriedule 1)

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## SCHEDULE A

		A-10 200-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
The Instruction Guide explains how to complete ti	his form.	1 Total pages Schedule A:	
2 FILER NAME TUDY G. NEED,	HAM	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID#)  70/0/Cox 6 Contributor address; City: State; Zip Code  2000 FOUR Daks Cane  Fort (4)		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
7 micipal occupation / Job file (See instructions)	10 Employer (See I	nstructions)	
Date Full name of contributor out-of-state PAC (ID#  3/10/2015 Contributor address; City; State; Zip Cod  1444 Shady Dath		Amount of contribution (\$)	In-kind contribution description (if applicable)
Fort Worth, TX 7	6107	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		r toxas, complete scriedule 1)
Date  Full name of contributor   out-of-state PAC(ID#  JUdy and Gury Have  Contributor address; City; State; Zip Code  P.O. Box 121969  Fort Worth TX 76	ener	Amount of contribution (\$)  ### (W) (If travel outside o	In-kind contribution description (if applicable)  f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		30
Date  Full name of contributor out-of-state PAC(ID):  Seth and Randy Gid  Contributor address; City; State; Zip Code  3812 Monticello Dr.	ean	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See In	The state of the s	Texas, complete Schedule T)
Date  Full name of contributor out-of-state PAC (ID#)  S/10/2015 Contributor address; City; State; Zip Code  2717 Manor word 7  Fort worth, 7x 7	V. 109	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	

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## SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:	
2 FILER NAME JUDY 6 NEEDHAM	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:  Newly and David Crawley  6 Contributor address; City; State; Zip Code  1805 Carleten Ave.	7 Amount of contribution (S) 8 In-kind contribution description (if applicable)	
For Worth, 1x 76/0/	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	nstructions)	
Date  Full name of contributor out-of-state PAC (ID#:)  Robert W. Sirence  Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)	
Fort worth, TX 76107	\$100,00   (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See In		
Date  Full name of contributor out-of-state PAC (ID#:  Circle Factor  Contributor address; City; State; Zip Code  -5605 Collin wood	Amount of contribution (\$) In-kind contribution description (if applicable)	
Fort worth, TX 76/07	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)	
Date Full name of contributor out-of-state PAC(ID#)  Patsy cuntrell Contributor address; City; State; Zip Code F.O. VS CX 2-17  Cresson, TX 76035	Amount of contribution (\$)    In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Employer (See In	structions)	
Date  Full name of contributor out-of-state PAC(ID#:  Mirs/and + Dick Moncrief  Contributor address; City; State; Zip Code  301 Commerce St. Suite 3600  Fort Worth, TX 76102	Amount of contribution (\$) In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		

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## SCHEDULE A

The Instruction Guide explains how to complete the	his form.	1 Total pages Sch	hedule A: 16
2 FILER NAME JUDY 6 NEEDY	HAM	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID#  MICOLIN Course)  6 Contributor address; City; State; Zip Cod  SOO W. 7t St. Suite  Fort Worth, Tx 7610	de 1007	7 Amount of contribution (\$)  #200, 00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date  Full name of contributor out-of-state PAC (ID#  Lindy Hodson  Contributor address; City; State; Zip Code  4713 Oak TVail  Tan + 41 a H.		Amount of contribution (\$) #/00.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date  Full name of contributor out-of-state PAC (ID#)  Teresca + Luther Ki  Contributor address; City; State; Zip Code  SOI Cammerce St Su  Fort Worth TX	19	Amount of contribution (\$)  #/50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date  Full name of contributor out-of-state PAC (ID#)  Ralph and Far by race  Contributor address; City; State; Zip Code  501 Sanvels Ave State  Fort Warth, TX  Principal occupation / Job title (See Instructions)	Cerc		In-kind contribution description (if applicable) ) f Texas, complete Schedule T)
Date  Full name of contributor out-of-state PAC (ID#:  S/10/2015 Carol D. Sweeney  Contributor address; City; State; Zip Code  2444 Stanebridge Pl  Fort worth, TX 7(410)	V 15 10 %	Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		Tokas, compete contection,

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# POLITICAL EXPENDITURES

## SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense Transportation Equipment & Related Expense Solicitation/Fundraising Expense Accounting/Banking Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Food/Beverage Expense Consulting Expense Travel Out Of District Polling Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F: UDY G. NEEDHAM 4 Date Betsy Price Campaign 7 Payee address; City; State; Zib Code 6 Amount (\$) P.O. Boy 100066 Fort Worth, TX 76185 \$15000 (b) Description (If travel outside of Texas, complete Schedule T) Cautribution **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Betsy Price expenditure to benefit C/OH Payee name Amount (\$) 2108 Yosemite Court, Font WorthyTX 76112 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** Contribution EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Trusfee Tobi Jackson ISDTrusfee Complete ONLY if direct expenditure to benefit C/OH The Eppstein Group Payee address; City; State; Zip Code 3/2/15 4055 International Plaza, Svite 600, Foet Worth, T. #2151.41 Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expence Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name The Eppstein Group Payee address; City; State; Zip Code Plaza, Suite 600, For Worth, TX 76109 3/2/15 Amount (\$) \$10,000.00 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE Consulting Expence EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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Austin, Texas 78711-2070

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking	EXPENDITURE Gift/Awards/Memorials Expense Legal Services	CATEGORIES FOR Salaries/Wages/Cont Solicitation/Fundraisi	ract Labor Loa	n Repayment/Reimbursement	opense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Cor	ntributions/Donations Made By Candidate/Officeholder/Political Cor	
Fees	Printing Expense	Office Overhead/Ren	ntal Expense OTI	HER (enter a category not listed ab	ove)
	The Instruction Guide	explains how to co	mplete this form.		
1 Total pages Schedule F:	2 FILER NAME TUDY G. NEE	EDHAM		3 ACCOUNT # (Ethics Commission	on Filers)
4 Date 1/27/15	5 Payee name Betty Price	Pampaign	u		
6 Amount (\$)	7 Payee address: City; Sta	ate; Zip/Code			
\$15000	POBOY 10006				
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tre	evel outside of Texas, complete Schedule T	)
OF EXPENDITURE	Contributio	2	Campau Check if Austin	La Courrellution, TX, officeholder living expense	row
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
Date <b>2/6//</b> 5	Payee name TOBI TACK	30 N			
Amount (\$)	Payee address; City; St	ate; Zip Code			
7250	2108 YOSEM(	TE COUR	T, FT. No	eth, TP 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		Compa	1	·.
				o, TX, officeholder living expense Office held	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held	
3/2/15	Payee name The Eppste	in Group	7		
# 2151, 41	Payee name  The Eppste  Payee address; City; Sta  4055 Intervation	ate: Zip Code	a, Suite Co	00, Fr. Worth, 7 76109	7
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		Cana	avel outside of Texas, complete Schedule T	2_
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Date 3/13/15	Payee name  The Eppstein  Payee address; City; St.	Group			
Amount (\$)	Payee address; City; St. 4055 Interna	ate; Zip Code	ge, Ft. Woo	Th. TY 76/09	
PURPOSE OF	Category (See categories listed at the to		Description (If to	avel outside of Texas, complete Schedule T	D
EXPENDITURE	Consecting Exp	were.	Check if Austi	n, TX, officeholder living exper	

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Office held

Office sought

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