

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)
2 Total pages filed:

19

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS.

JUDY

G

NEEDHAM

OFFICE USE ONLY

Date Received

RECEIVED

APR 9, 2015

Date Hand-delivered or Postmarked

4-9-15

Receipt #

Amount

Date Processed

4-9-15

Date Imaged

4-9-15

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7579 Surfside Dr. Ft. Worth, TX
76135☐ change of address
**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817)

817/732-0181

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS.

MOLLY

D.

HYRY

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4221 Blackhawk

Ft Worth TX 76109

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817)

924-8091

9 REPORT TYPE☐ January 15☒ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☐ July 15☐ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)
**10 PERIOD
COVERED**

Month

Day

Year

1 / 10 / 15

THROUGH

Month

Day

Year

3 / 30 / 15

11 ELECTION

Month

ELECTION DATE

Day

Year

5 / 09 / 15

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special**12 OFFICE**

OFFICE HELD (if any)

FWISD Trustee, Dist. 5

13 OFFICE SOUGHT (if known)

FWISD Trustee, District 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME **JUDY G. NEEDHAM**

15 ACCOUNT # (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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

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

\$ **375.00**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ **17,425.00**EXPENDITURE
TOTALS

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

\$ **—**

4. TOTAL POLITICAL EXPENDITURES

\$ **12,551.41**CONTRIBUTION
BALANCE

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

\$ **20,512.97**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 9th day of April, 20 15, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

JUDY G. NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mr. Brian Newby

6 Contributor address; City; State; Zip Code

715 Jones Street
FORT WORTH, TX 761027 Amount of
contribution (\$)100⁰⁰8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. Ann Hudson

Contributor address; City; State; Zip Code

55 Westover Terrace
FORT WORTH, TX 76107Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Commissioner J. D. Johnson

Contributor address; City; State; Zip Code

P.O. Box 136021, Ft. Worth, TX
76136Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. Alan Hegi

Contributor address; City; State; Zip Code

1928 Berkeley Place
Ft. Worth, TX 76110Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

John H. Maddux

Contributor address; City; State; Zip Code

2120 Ridgmar Blvd, #14
Ft. Worth, TX 76116Amount of
contribution (\$)200⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15

2 FILER NAME

JUDY G. WEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/10/15

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

Mr. and Mrs. Jeff Wentworth

6 Contributor address; City; State; Zip Code

5000 Bryce Ave.
Ft. WORTH, TX 761077 Amount of
contribution (\$)100⁰⁰8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

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

Mrs. Ann Ryan

Contributor address; City; State; Zip Code

333 Rivercrest Drive
Ft. WORTH, TX 76107Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

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

Mr. and Mrs. Ben J. Fortson

Contributor address; City; State; Zip Code

1901 Spanish Trail
FORT WORTH, TX 76107Amount of
contribution (\$)500⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

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

Mr. Dan Lowrance

Contributor address; City; State; Zip Code

2008 Four Oaks Lane
FORT WORTH, TX 76107Amount of
contribution (\$)500⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

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

Mr. James Rainbolt

Contributor address; City; State; Zip Code

6221 Indian Creek
Ft. WORTH, TX 76107Amount of
contribution (\$)500⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. Carter Havellyn

6 Contributor address; City; State; Zip Code

3535 W. 7th St.
Ft. Worth, TX 761077 Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Robert I. Fernandez

Contributor address; City; State; Zip Code

2305 Colonial Pkwy.
Ft. Worth, TX 76109Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. Pat Purvis

Contributor address; City; State; Zip Code

4121 Rowan Dr.
Ft. Worth, TX 76116Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. Earle Shields

Contributor address; City; State; Zip Code

2501 Museum Way, #1002
Ft. Worth, TX 76107Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. Joe R. Martin

Contributor address; City; State; Zip Code

6001 Westover Road
Ft. Worth, TX 76107Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. Mike Reilly

6 Contributor address; City; State; Zip Code

1017 F.M. Road 5
Aledo, TX 76008

7 Amount of
contribution (\$)

100⁰⁰

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. G. Thomas Boswell

Contributor address; City; State; Zip Code

3700 Potomac Ave.
Ft. Worth, TX 76107

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

F. Howard Walsh, Jr.

Contributor address; City; State; Zip Code

500 W. 7th St., #1007
Ft. Worth, TX 76102

Amount of
contribution (\$)

2000⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Julie Wilson

Contributor address; City; State; Zip Code

4140 E. Renfro St.
Burleson, TX 76028

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. Wm. W. Meadows

Contributor address; City; State; Zip Code

3904 Hamilton Ave.
Ft. Worth, TX 76107

Amount of
contribution (\$)

250⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. and MRS. KEN SCHAEFER

6 Contributor address; City; State; Zip Code

2705 MANORWOOD TRAIL
FT. WORTH, TX 761097 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Dee J. KELLY, JR.

Contributor address; City; State; Zip Code

417 Rivercrest
FT. WORTH, TX 76107Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Haydn H. Cutler, Jr.

Contributor address; City; State; Zip Code

3825 Camp Bowil Blvd.
FT. WORTH, TX 76107Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Madelon L. Bradshaw

Contributor address; City; State; Zip Code

2120 Ridgmar Blvd., #12
FT. WORTH, TX 76116Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Hon. Charlie Geren

Contributor address; City; State; Zip Code

P.O. Box 1440
FT. WORTH, TX 76101Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

MRS. JO MERIER

6 Contributor address; City; State; Zip Code

190 CONCHO TRAIL
FT. WORTH, TX 761087 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Leland A. Hodges

Contributor address; City; State; Zip Code

306 W. 7th St., #701
FT. WORTH, TX 76102Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Scott Kleberg

Contributor address; City; State; Zip Code

301 Commerce St., Ste. 1300
FT. WORTH, TX 76102Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Carol and Darrell Dial

Contributor address; City; State; Zip Code

28 Mont Dr.
FT. WORTH, TX 76132Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. CECIL Y. Ray

Contributor address; City; State; Zip Code

2501 MUSEUM WAY, #817
FT. WORTH, TX 76107Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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. BRECK RAY

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3/10/15

6 Contributor address; City; State; Zip Code

1401 Thomas Place
Ft. WORTH, TX 76107100⁰⁰

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

MR. and MRS. JOHN V. ROACH

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/10/15

Contributor address; City; State; Zip Code

2805 ALTON ROAD
FT. WORTH, TX 76109100⁰⁰

(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#:

MR. and MRS. JIM ROSENTHAL

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/10/15

Contributor address; City; State; Zip Code

3952 THISTLE LANE
FT. WORTH, TX 76109100⁰⁰

(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#:

MR. ROB KELLY

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/10/15

Contributor address; City; State; Zip Code

301 VIRGINIA PLACE
FT. WORTH, TX 76107100⁰⁰

(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#:

MR. and MRS. DAVID BLOXOM

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/10/15

Contributor address; City; State; Zip Code

2741 River Forest Dr.
FT. WORTH, TX 76116100⁰⁰

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Will A. Courtney

6 Contributor address; City; State; Zip Code

6220 GENOA RD.
FT. WORTH, TX 761167 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

DR. and MRS. TOM ROGERS

Contributor address; City; State; Zip Code

3821 SUMNERCREST DR.
FT. WORTH, TX 76109Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Ann and Bill Greenhill

Contributor address; City; State; Zip Code

1608 Ashland Ave.
FT. WORTH, TX 76107Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. Ronald Clinkscale

Contributor address; City; State; Zip Code

301 Commerce St., Ste. 2350
FT. WORTH, TX 76102Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

MR. JAMES S. DUBOSE

Contributor address; City; State; Zip Code

1200 SHADY OAKS LANE
FORT WORTH, TX 76107Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. and Mrs. Donald Reynolds

6 Contributor address; City; State; Zip Code

4204 Ridgelyaven Ct.

Ft. WORTH, TX 76116

7 Amount of
contribution (\$)100⁰⁰8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

MR. WES TURNER

Contributor address; City; State; Zip Code

2717 Colonial Pkwy.

Ft. WORTH, TX 76109

Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. JANE FERGUSON

Contributor address; City; State; Zip Code

4065 MOULIN AVE.

Ft. WORTH, TX 76107

Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. and Mrs. Victor Boschini

Contributor address; City; State; Zip Code

3861 Bellair Circle

Ft. WORTH, TX 76109

Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. Steve Berry

Contributor address; City; State; Zip Code

PO Box 101384

FORT WORTH, TX 76185

Amount of
contribution (\$)100⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/15

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

MRS. SARAH C. RAY

6 Contributor address; City; State; Zip Code

1801 ELDRIDGE

FT. WORTH, TX 76107

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

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

MR. and MRS. PAUL RAY

Contributor address; City; State; Zip Code

5914 EL CAMADO

FT. WORTH, TX 76107

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

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

MR. and MRS. SCOTT MOORING

Contributor address; City; State; Zip Code

3710 AVIEMORE Drive

FT. WORTH, TX 76109

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

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

KEN THURMOND

Contributor address; City; State; Zip Code

3901 LENOX DRIVE

FT. WORTH, TX 76107

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

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

MRS. SARAH WALLS

Contributor address; City; State; Zip Code

4505 RIDGEHAVEN DR.

FT. WORTH, TX 76116

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/2015

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

Suzanne + John Tucker

6 Contributor address; City; State; Zip Code

2604 Colonial Parkway
Fort Worth, TX 76109

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/2015

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

Carol + Richard Minker

Contributor address; City; State; Zip Code

2865 Manorwood Dr.
Fort Worth, TX 76109

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

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

Judy Miller

Contributor address; City; State; Zip Code

2124 Hidden Creek Rd
Fort Worth, TX 76107

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

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

Kathy Webster

Contributor address; City; State; Zip Code

4800 Lafayette Ave.
Fort Worth, TX 76107

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

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

Sheik B. Johnson

Contributor address; City; State; Zip Code

4636 Harky Ave.
Fort Worth, TX 76107

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/2015

5 Full name of contributor

☐ out-of-state PAC (ID#)

Carol and Denny Alexander

6 Contributor address; City; State; Zip Code

2928 Alton Rd.
Fort Worth, TX 76109

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Bennett + Melissa Mitchell

Contributor address; City; State; Zip Code

2429 Rogers
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Sara + Buddy Dike

Contributor address; City; State; Zip Code

1108 Shady Oaks Ln.
Fort Worth, TX 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Brad Barnes

Contributor address; City; State; Zip Code

4450 Harley Ave.
Fort Worth, TX 76107

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Dot + Harold Muckevoy

Contributor address; City; State; Zip Code

3455 Ranch View Ct.
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/2015

5 Full name of contributor

☐ out-of-state PAC (ID#)

O.P. Leonard Jr

6 Contributor address; City; State; Zip Code

P.O. Box 1718
Fort Worth, TX 76101

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Carla + Kelly Thompson

Contributor address; City; State; Zip Code

28 Valley Ridge Rd.
Fort Worth, TX 76107

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Elaine and Tim Petrus

Contributor address; City; State; Zip Code

3736 Country Club Circle
Fort Worth, TX 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Vic Tinsley

Contributor address; City; State; Zip Code

6421 Camp Bowie, #302
Fort Worth, TX 76116

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Margaret + David Sykes

Contributor address; City; State; Zip Code

2000 Spanish Trail
Fort Worth, TX 76107

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3/10/2015

John C. Snyder

Contributor address; City; State; Zip Code
2000 Four Oaks Lane
Fort Worth

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/10/2015

Gary Pace

Contributor address; City; State; Zip Code
1414 Shady Oaks Ln.
Fort Worth, TX 76107

\$250.00

(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 contribution (\$)

In-kind contribution description (if applicable)

3/10/2015

Judy and Gary Havenner

Contributor address; City; State; Zip Code
P.O. Box 121969
Fort Worth, TX 76121

\$100.00

(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 contribution (\$)

In-kind contribution description (if applicable)

3/10/2015

Beth and Randy Gideon

Contributor address; City; State; Zip Code
3812 Monticello Dr.
Fort Worth, TX 76107

\$100.00

(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 contribution (\$)

In-kind contribution description (if applicable)

3/10/2015

Lezlie Cuper

Contributor address; City; State; Zip Code
2717 Manorwood Tr.
Fort Worth, TX 76109

\$150.00

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/2015

5 Full name of contributor

☐ out-of-state PAC (ID#)

Hendy and David Crowley

6 Contributor address; City; State; Zip Code

1805 Carleton Ave.
Fort Worth, TX 76107

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Robert M. Brown

Contributor address; City; State; Zip Code

4100 Clarke Ave
Fort Worth, TX 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Cinda Barker

Contributor address; City; State; Zip Code

5605 Collinwood
Fort Worth, TX 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Patsy Cantrell

Contributor address; City; State; Zip Code

P.O. Box 277
Cresson, TX 76035

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Marshall + Dick Moncrief

Contributor address; City; State; Zip Code

301 Commerce St. Suite 3600
Fort Worth, TX 76102

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

3/10/2015

5 Full name of contributor

☐ out-of-state PAC (ID#)

Malcolm Cowden

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

500 W. 7th St. Suite 1007
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Lindy Hudson

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4713 Oak Trail
Fort Worth, TX 76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Teresa + Luther King

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

301 Commerce St Suite 1600
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Ralph and Barbara Cox

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

501 Samuels Ave. Ste. 640
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2015

Full name of contributor

☐ out-of-state PAC (ID#)

Carol D. Sweeney

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2444 Stonebridge Pl.
Fort Worth, TX 76110

(If travel outside of Texas, complete Schedule T)

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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME JUDY G. NEEDHAM		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/27/15		5 Payee name Betsy Price Campaign			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code P.O. Box 100066 Fort Worth, TX 76185			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Mayor Betsy Price		Office sought Mayor	
Date 2/6/15		Payee name Tobi Jackson			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 2108 Yosemite Court, Fort Worth, TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution		Description (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 Trustee Tobi Jackson		Office sought FWISD Trustee	
Date 3/2/15		Payee name The Eppstein Group			
Amount (\$) \$2151.41		Payee address; City; State; Zip Code 4055 International Plaza, Suite 600, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (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	
Date 3/2/15		Payee name The Eppstein Group			
Amount (\$) \$10,000.00		Payee address; City; State; Zip Code 4055 International Plaza, Suite 600, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>1</u>		2 FILER NAME <u>JUDY G. NEEDHAM</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>1/27/15</u>		5 Payee name <u>Betsy Price Campaign</u>			
6 Amount (\$) <u>\$150.00</u>		7 Payee address; City; State; Zip/Code <u>P.O. Box 100066, Fort Worth, TX 76185</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Contribution</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Campaign Contribution</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>2/10/15</u>		Payee name <u>TOBI JACKSON</u>			
Amount (\$) <u>\$250</u>		Payee address; City; State; Zip Code <u>2108 YOSEMITE COURT, FT. WORTH, TX 76112</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contribution</u>		Description (If travel outside of Texas, complete Schedule T) <u>Campaign Contribution</u> <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
Date <u>3/2/15</u>		Payee name <u>The Epstein Group</u>			
Amount (\$) <u>\$2151.41</u>		Payee address; City; State; Zip Code <u>4055 International Plaza, Suite 600, Ft. Worth, TX 76109</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Campaign material</u> <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
Date <u>3/13/15</u>		Payee name <u>The Epstein Group</u>			
Amount (\$) <u>\$10,000.00</u>		Payee address; City; State; Zip Code <u>4055 International Plaza, Ft. Worth, TX 76109 Suite 600</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Consulting Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Campaign Consulting</u> <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