<b>CANDIDATE</b>	/	OFF	ICEH	<b>OLDER</b>
CAMPAIGN I	FII	NAN	CE R	<b>EPORT</b>

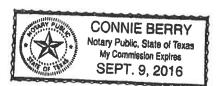
# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  MRS. JVDY  NICKNAME LAST  NEEDHAM	MI G Suffix	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; 7379 SVIFSIDE Dr., FH.W.  AREA CODE PHONE NUMBER (817) 732-0181	STATE; ZIP CODE  ORTH, TX 76135  EXTENSION	Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  MR.  STEVE  NICKNAME  LAST  SIKES	MI S suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;  AD S., FORT W	ZIP CODE DRTH, TX 76169
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (8/7) 924-7374	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 4
11 ELECTION	ELECTION DATE Month Day Year  5/8/10	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) DISTRICT 5 FORT WORTH ISD TRUSTEE	13 OFFICE SOUGHT (if known)	
	GOTOPA	GE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME TU	104 G.	NEEDHAM	ACCOUNT	# (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	ATE'S OR OFF	ACEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME  KELLY HART PAC  COMMITTEE ADDRESS	re o 1	TOP .		
	SPECIFIC	SPECIFIC COMMITTEE ADDRESS  201 MAIN STREET, SUITE 2500  FORT WORTH, TX 76102				
additional pages		Dee J. Kelly				
		201 Main Street, Su Fort Worth, TX 76	ite :	2500		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	6	480.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	26,680.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ZED \$			
	4. TOTAL	POLÍTICAL EXPENDITURES	\$	11,243.59		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$	15,837.38		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	s \$	0		
18 AFFIDAVIT				10 1000		



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering out

P.O. Box 12070

## SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
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)
///3/13 6 Contributor address; City; State; Zip Code 5605 Collin Wood Arc.	100.00
Ft. Worth, 7x 76107	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) , 10 Em	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
11/3/13 Contributor address; City; State; Zip Code 27 41 River Forest Driv	10000
F4. Worth, TX 76116	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:  Dr. Robt. W. Brown	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 4100 Clarke Ave.	10000
Fort Worth, TX 76107	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 500 W. 7th St., Ste. 600 Ft. Worth, TY 76/02	10000
1-4. WOWL, 13 10/02	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
11/4/13 Contributor address; City; State; Zip Code  4833 Bryce Ave.  F4. Worth, TX 76107	10000
F4. Worth, TX 76107	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	pployer (See Instructions)

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## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A: 24
2 FILER NAME	JUDY G. NEEDH.	AM	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_  M5. BECKY Delay		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/3/13	6 Contributor address; City; State; Zip Code 3923 W. 4th Street Ft. Worth, TX 7610		10000	
			(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	Dike	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/0//	1108 Shady Oaks	Dr.	10000	
	Ft. WORTH, TX 761	107.	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#_  Mr. And Mrs. Gene Do	zier	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3/13	Contributor address; City; State; Zip Code 4709 Crestline R	Coal	10000	
	F4. Worth, TX 7610	7	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#	Bachman	Amount of contribution (\$)	In-kind contribution description (if applicable)
1//4/13	Contributor address; City; State; Zip Code 1229 Shady Oaks F4. Worth, TX 7610	Lane	10000	
	Ft. World, TX 7610		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Mr. and Mrs. Gary H	lovener	contribution (\$)	description (if applicable)
11/2/13	Contributor address; City; State; Zip Code P. O. Box 121969		10000	1
	Ft. Worth, TX 76121		(If travel outside	of Tayas, complete Schodule T
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

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## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	JUDY G. NEEDHA.	M.	3 ACCOUNT # (E	thics 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)
	Dr. and Mrs. Lauren		M	( app.:.acci.c)
11/3/13	5500 (00111040041		10000	
	Ft. Worth, TX 7610	7	(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Mr. and Mrs. John /	Maddux	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/13	Contributor address; City; State; Zip Code 2120 Ridg mar Blud.	, Ste. 14	25000	
	Ft. Worth, TX 7611	6 .	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Dr. and Mrs. Scott Me		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/13	2448 Colonial PXI	vy,	10000	
	Ft. Worth, TX 76109		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ DR, wwd MRS. CLARK	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/24/13	2219 HUNTINGTON	LANE	1000	
	Ft. WORTH, TX 761	10	(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor aut-of-state PAC (ID#_ MR. and MRS. REED		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3/13	Contributor address; City; State; Zip Code 200 TEXAS HIGHW 1=4, WORTH, TX 761	AY	250 000	
Principal accur			<del></del>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
		·		

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## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	JUDY G. NEEDHAN	1	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#  M.S. BETH RIVER	5	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/3/13	6 Contributor address; City; State; Zip Code 4900 RIVerbend	Drive	50000	
	Ft. WORH, TX 7616	9	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_Dr, and Mrs. Tom Ra	egers, Tr.	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3/19		+ Drive	10000	
	Ft. WORth, TX 7610	9	(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor	SENTHAL	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/13	Contributor address; City; State; Zip Code 3952 THISTLE L	4NE	10000	
	FORT WORTH, TX	76/09	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  MR, TOHN C, SNYDE	R	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/13	201 MAIN STREET, 4		20000	
	Ft. WORTH, TX 76102		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC(ID#_ Gretchen Denny and GEO)	RGE BRISTOL	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/3/13	Gretchen Denny and GEOR  Contributor address; City; State; Zip Code  27/7 MUSE UM WAX		10000	
,	FORT WORTH, TV 76	107	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or radio, complete Golfedore ()
<del></del>				

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## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	JUDY GINEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
	MR. and MRS. TIM PE	TRUS	contribution (\$)	description (if applicable)
11/5/13	6 Contributor address; City; State; Zip Code 37 36 COVNTRY CLVB	CIRCLE	50000	
	Ft. WORTH, TY 76109	)	(If travei outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	MRS. PATRICIA H. SCH	UTIS	contribution (\$)	description (if applicable)
11/4/13	Contributor address; City; State; Zip Code 4701 WASHBURN		10000	
	Ft. WORTH, TX 76107	•	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
	MRS. GAIL W. RAWL		contribution (\$)	description (if applicable)
16/4/13	Contributor address; City; State; Zip Code 4 WESTOVER ROP		25000	
	Ft. WORTH, TY 76	107	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
, ,	MR. and MRS. BUDDY 1		contribution (\$)	description (if applicable)
11/5/13	Contributor address; City; State; Zip Code 3814 BELLAIRE CA	RCLE	10000	 
	Et. WORTH, TX 7610	9		<u> </u>
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i mopa occup	ration, son the (occ mondential)	Linployer (Gee		
Date	Full name of contributor out-of-state PAC (ID#	~ +44 · /= =	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/4/13	MR. and MRS. CHR/S Contributor address; City; State; Zip Code 2717 MANDR WOOD	GULVER	1000	
11/4/13			100-	!
	Ft. WORTH, TX 7610	7	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		

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## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 24
2 FILER NAME	JUDY G. NEEDHA	.M <sub>3</sub>	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	LLIAMSIT	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/5/13	6 Contributor address; City; State; Zip Code 26 MUSEUM W		100.00	
	FORT WORTH, TX	76107	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  uut-of-state PAC (ID#:	1	Amount of	In-kind contribution
	DR. and MRS, JOHN	FREESE	contribution (\$)	description (if applicable)
11/5/13	Contributor address; City; State; Zip Code  2221 COLONIAL P	KWY.	100,00	
	FORY WORTH, TY ?		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	MR. and MRS. IIM	whitton	contribution (\$)	description (if applicable)
11/5/13	Contributor address; City; State; Zip Code 4215 WARNOCK	COURT	250,00	<del> </del>
	FT. WORTH, TX 76	109	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#  MR, and MR5, JOE /	MARTIN	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/5/13	Contributor address; City; State; Zip Code		250,00	
	FORT WORTH, TY		(If travel outside	of Texas, complete Schedule T)
' Principal occup	pation / Job title (See Instructions)	Employer (See		or rada, complete curiodita 1)
Date	Full name of contributor		Amount of	In-kind contribution
- Cut	Full name of contributor out-of-state PAC (ID#_	<u> </u>	contribution (\$)	description (if applicable)
	KELLY HARI PI	HG		
11/5/13	Contributor address; City; State; Zip Code	STE	_	
כין ביווו	Contributor address; City; State; Zip Code  201 MAIN STP.	EE / 2500	500.00	
	FORT WORTH, T	× 76102		of Toyon, complete Schodule To
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	-			

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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	JUDY G. NEZDHA	m	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	MR. and MRS. RAX 1	OICKERSON	contribution (\$)	description (if applicable)
11/5/13	Sittly in white the		250,00	!   
	FORT WORTH, IX 7	6107	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
, ,	DR. and MRS. VICTOR Contributor address; City; State; Zip Code	BOSCHIVI	contribution (\$)	description (if applicable)
11/5/13	3861 BELLAIREC	IRCLE	100.00	
	FURT WORTH, TX 7	6109	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  M.R. aud M.R.S. BILL	MEADOWS	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/6/13	Contributor address; City; State; Zip Code 3904 HAMILTON	DRIVE	250.00	
	FORT WORTH, TX	16107	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#_	NG	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/6/13	Contributor address; City; State; Zip Code 924 ROARING SI	ARINGS PO	100,00	
	FT. WORTH, TX	76114	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of	In-kind contribution
	MRS. IILL GOFF		contribution (\$)	description (if applicable)
1.1.1	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	10-	
11/5/13	3400 HAMILTONA		100,00	
	FT. WORTH, TX 76	<del>\                                    </del>	•	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

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## SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 24	
2 FILER NAME	JUDY GNEEDHAM		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#	N BUTT	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
11/6/13	6 Contributor address; City; State; Zip Code 912 ALTA DR, FTUDR		500.00		
	/4	0107	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/6/13	Contributor address; City; State; Zip Code P.O. BOX 16514, FTW	PRTH,TX	250.00	 	
	76	162	(If travel outside	I of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		s. rodo, compete condede 1)	
Date	Full name of contributor  out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/6/13	Contributor address; City; State; Zip Code 3601 OVERTON PARK DS	MEAST	250.00	 	
	FORT WORTH, TX 76	109	(If traval outside	of Toyas, complete Schodule T	
Principal occur	pation / Job title (See Instructions)	Employer (See	<del> </del>	of Texas, complete Schedule T)	
1 Till Cipal Occup	readily 300 due (Oce maddedons)	Linployer (Gee	instructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
	MR and MR5 BRA Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)	
11/6/13	3/104 PARK HOLLO	HARLEY	250,00		
	FT WORTH, TX 3	76107	(15 terrus) sustaids	of Towns conversate Cabadyle To	
` Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Date	Full name of contributor   out-of-state PAC (ID#:	1	Amount of	In-kind contribution	
	MR. GUS BATES TH		contribution (\$)	description (if applicable)	
11/6/13	3404 PARK HOLLEN		100,00		
	FT WORTH, TX 761	09	(If traval autoids	of Toyon, complete Schodule 7	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
			<del></del>		

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### SCHEDULE A

The Instruction Guide ex	plains how to complete this f	form.	1 Total pages Sch	edule A:
2 FILER NAME JUDY	G. NEEDHAI	M	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contri	butor out-of-state PAC (ID#	McClane	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1	s; City; State; Zip Code  CANDLELITE		2000	
FORT	WORTH, TX 76	109	(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See In	estructions)	10 Employer (See I	nstructions)	
1 1 . 1 .	MRS, TERRY	WRIGHT	Amount of contribution (\$)	In-kind contribution description (if applicable)
///7/13 Contributor address	ASHLAND		10000	
FORT	WORTH, TX 76	107	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Ir	nstructions)	Employer (See I		
Date Full name of contri		ery	Amount of contribution (\$)	In-kind contribution description (if applicable)
///7//3 Contributor addres 6/25	SAN SIMUS CURS; City; State; Zip Code PLUM VALLS	RY PLACE	10000	 
	WORTH, TX 7			of Texas, complete Schedule T)
Principal occupation / Job title (See In	nstructions)	Employer (See I	nstructions)	
Date Full name of contr	ibutor out-of-state PAC (ID#:	/ELY	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor addres	SS; City; State; Zip Code  MEARYMOUNT		250°°	 
FORT	WORTHITX 76	106	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See I	nstructions)	Employer (See I	nstructions)	
Date Full name of control MR. TRE	X KOSTOMRYZ		Amount of contribution (\$)	In-kind contribution description (if applicable)
	ss; City; State; Zip Code 1		10000	<u> </u>
FORT	WORTHIN 7610	<b>ル</b>	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See I	nstructions)	Employer (See	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 24
2 FILER NAME	JUDY G. NEEDHAN	1	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_  KAREN FORTSON	DAVIS	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11(7//3	6 Contributor address; City; State; Zip Code 3813 HAMILTONAVE, F	4 WORTH	50000	
	74 -	76107		of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I		or rexas, complete scriedale 17
o i incipal occup	ration 7 300 the (See manuchons)	10 Employer (See I	ristructions)	
Date	Full name of contributor  out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	MR. and MRS. DI/1 Ba	han	33	dood, phon (ii applicable)
11/7/13	Contributor address; City; State; Zip Code		50000	
•	MR. and MRS. Bill Ba. Contributor address; City; State; Zip Code 4915 Crestline RD., Fu.	WORTHTX	200	
	7	6107		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		2		
Date	Full name of contributor   out-of-state PAC (ID#_AMES FENDER and FERNAN)	700 11/000	Amount of	In-kind contribution description (if applicable)
			Containsulation (b)	description (ii applicable)
11/8/13	Contributor address; City; State; Zip Code 2015, Calhovn, St. //	3 C	25000	1
	T-+ WORTH, TX 76104	;	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or reads, complete corrected ty
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
1.1	MRS, ANN RYAN  Contributor address; City; State; Zip Code  333 RIVERCREST DI		contribution (\$)	description (if applicable)
[[/8/13	Contributor address; City; State; Zip Code	<b>.</b>		
	l .	-	100,00	
	Ft. WORTH, TX 761	107	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or reads, complete ourieurie 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
101	JUDY MILLER		contribution (\$)	description (if applicable)
1/8/13	Contributor address; City; State; Zip Code		500,00	
,	Contributor address; City; State; Zip Code 2124 HIDDEN CREEK	•	300,00	
	Pt. WORTH, TY 761	07	(16 temperal mental de	of Toyon complete Calculate T
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 24
2 FILER NAME TUD	Y O. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ MS, LINDA CHRISTI	E	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/8/13	6 Contributor address; City; State; Zip Code 1/29 PICASSO DR., Ff.	WORTH,TX	100.00	
	70	, - /	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ MR. Gwd MRS, JEFF			In-kind contribution description (if applicable)
11/6/13	Contributor address; City; State; Zip Code 5020 BRYCE AVE, F4.	WORTH, TX	10000	
	7	610.7		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor  ut-of-state PAC (ID#:	1	Amount of	In-kind contribution
Date	MR. and MRS. LEE FRE	ESE	contribution (\$)	description (if applicable)
11/4/13	Contributor address; City; State; Zip Code  112 RIVERCREST DR.	FI. WORTH	10000	
	TX 7	6107	*****	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/7/13	2805 ALTON RDIJET. WO	RTH ITX	25000	
	761	09		
			·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of	In-kind contribution
	MR. Mul MRS. ROSS JON	E-S	contribution (\$)	description (if applicable)
11/7/13	Contributor address; City; State; Zip Code		7 200	
(4 (11)	Contributor address; City; State; Zip Code 1816 HILLCREST ST.		9770-	
	Rt. WORTH, TX 76107		(If tony on a substitute	of Toyon, complete Cabadyle To
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
Filicipal occup	Selion / 300 title (See Histocions)	Employer (See	maducuons)	

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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	TUDY G. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	NTHAL	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
11/8/13	6 Contributor address; City; State; Zip Code 604 E. 4 <sup>th</sup> St., Ft. WORT		500,00		
		107	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See			
Date	Full name of contributor out-of-state PAC (ID#_ MR. and MRS. RICHARD		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/7/13		Ft. WORTH,	10000		
	74,76109	•	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor	1017	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/7/13	Contributor address; City; State; Zip Code	K	50000		
	F4. WORTH, TY 7610	07	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#_  M.R. J. ANDY THOM	1PSON	Amount of contribution (\$)	In-kind contribution description (if applicable)	
[1/8/13	Contributor address; City; State; Zip Code  3913 MONTICELLO  F+, WORTH, YX	DR. 76107	10000	!   	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/8/13	Commissioner J.D. JOHNS Contributor address; City; State; Zip Code P.O. BOX 136021, Ft. Work		1000		
	76130			of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
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## SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A:
2 FILER NAME	JUDY G. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	OECKER	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1117/13	6 Contributor address; City; State; Zip Code 3566 HAMILTON AVE,		25000	
	Ft. WORTH, TX 7610	7	(If travel outside o	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  MR. and MRS. DAN)	NY NICHOLS	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/7/13	Contributor address; City; State; Zip Code 3724 WESTCUFF	RD, NORTH	10000	
	PT, WORTH. TX 76.	109.	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor   out-of-state PAC (ID#_ MR. and MRS. BEN J.	FORTSON	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/11/13	Contributor address; City; State; Zip Code 1901 SPANISH TRAIL		100000	
	FI WORTH, TX 761	07	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ MR. and MRS. BRIAN	NEWRY	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/10/13	Contributor address; City; State; Zip Code 715 JONES / STE, Zol	_	2500	
	FORT WORTH, TX	76102	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ MR. cwcl MRS WGS TVR		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/10/13	Contributor address; City; State; Zip Code 2717 COLONIAL PKG	WY,	10000	 
	Ft. WORTH, TX	16109	(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	1 Total pages Schedule A:	
2 FILER NAME	DY G. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	\ \ \	7 Amount of	8 In-kind contribution	
	MR and MRS R. DE UNY AL	EXANDER	contribution (\$)	description (if applicable)	
11/12/13	6 Contributor address; City; State; Zip Code 2928 ALTON ROAD		2500		
	Ft. WORTH, TO 7610	9	(If travel outside o	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution	
leader	MR. JACK STEVEL		contribution (\$)	description (if applicable)	
11/14/13	116 N BROADWAY RO	AD	25000		
	A2LE TX 76020		!		
Drinning to a second				of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor	)	Amount of	In-kind contribution	
. 1. 1	MR. and MRS. TOM H	16GI	contribution (\$)	description (if applicable)	
17/12/13	Contributor address; City; State; Zip Code				
•	3740 ECHO TRAIL		25000		
	FY WORTH TY 7610	9	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
	· · · · · · · · · · · · · · · · · · ·				
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution	
	MA THAT SEASING	:	contribution (\$)	description (if applicable)	
1.1.1.	MR.JAW FERSING Contributor address; City; State; Zip Code			1	
11/14/13	3500 TRALWOOD LANE		1000	: 	
i	FT WORTH, TX 76109				
Principal coor	pation / Job title (See Instructions)	Employer /See		of Texas, complete Schedule T)	
Principal occup	Janon / Job title (See Instructions)	Employer (See	instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	OR AND MRS WM. B. S	CROGGIE	contribution (\$)	description (if applicable)	
	Contributor address: City State: Zin Code			1	
11/14/13	Contributor address; City; State; Zip Code 4732 WASHBURN	4VE	100-	1	
• ,				1	
	FT WORTH, TX 761		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	<del></del>		

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## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME	VOY G. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_  MR and MRS BOB BE	-	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/12/13	6 Contributor address; City; State; Zip Code 608 PAINT PONY TRA	ILN	25000	
	RT WORTH TX 76108		(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#_  MRS PAUL R RAR		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/12/13	Contributor address; City; State; Zip Code  / 80/ ELDR/DGE,FHW  76/07	ORTH, TX	10000	
	( + ( - /	•	(If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ MR and MRS SCOTT K	LEBERG	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/12/13	Contributor address; City; State; Zip Code 301 COMMERCE ST,	STE 1300	25000	
	F+ WORTH, TX 7610	2	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1		
Date	Full name of contributor out-of-state PAC (ID#_  MR and MRS DOVE E  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/12/13	2031 WARD PKWY, I FORT WORTH TX 7	FHWORTH	10000	
Principal occup	pation / Job title (See Instructions)	Employer (See	<del></del>	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_  MR and MR5 DAVID Do		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/12/13	Contributor address; City; State; Zip Code 3824 MONTICELLO L F+ WORTH TX 7610		2000	1   
Principal occuj	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
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## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	JUDY G. NEEDHAM		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/10/10	MR and MRS LUKE	ELUS	1000	
1111413	6 Contributor address; City; State; Zip Code  / 205 MISTLETOE DR	•	10000	
	ET WORTH, TX 7611		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#_	)	Amount of	In-kind contribution
	MS SHEILAB JOHNSON	<b>V</b>	contribution (\$)	description (if applicable)
11/12/13	Contributor address; City; State; Zip Code 4636 HARLEY AVE		50000	 
	FT WORTH, TX 76107	7 .	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Toxas, somplete sometime ()
Date	Full name of contributor	)	Amount of	In-kind contribution
	MR and MRS HOWARD	KATZ	contribution (\$)	description (if applicable)
11/13/13	Contributor address; City; State; Zip Code 5916 CYPRESS POIN	T	25000	
	FT WORTH, TX 76132		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / 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)
	MR DAVID ROBERT			I coostipuon (ii appinasio)
11/13/13	Contributor address; City; State; Zip Code 2116 BRADFORD PA		10000	 
	F+ WORTH TY 7610	97	(If traval outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or reass, complete ochequie 1)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	MR. MICHAEL DALL	A-5	contribution (\$)	description (if applicable)
11/13/13	Contributor address; City; State; Zip Code	<b>A</b>	10000	
,,	6138 CAMP BOWIE BO	2.VO	10000	
	FT WORTH, TX 76116		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		1)
		1		

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### SCHEDULE A

Th-	Instruction Guida avalains how to complete this	form	1 Total pages Schedule A:	
ine	Instruction Guide explains how to complete this	iorm.	24	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
<b>-</b>	TUOY G NEEDHAM			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	MR and MRS GREG	WILEMON	contribution (\$)	description (if applicable)
1111	l <del></del>			
11/13/13	6 Contributor address; City; State; Zip Code POBOX 100025		25000	
	FTWORTH TX 76185	_		
			<u> </u>	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  out-of-state PAC (ID#		Ame::-4-5	In kind or stalk all a
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
,,,,,	MR JEFF A DAVIS			<b>!</b> !
11/12/13	Contributor address; City; State; Zip Code	)	1500	1
	LOZS MISIEIOE DI	•	15000	
	FT WORTH TX 76110		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	MR RALPH DUGGIA	15	CONTRIBUTION (4)	description (il applicable)
11/12/13	Contributor address; City; State; Zip Code	<del>-</del>		1
11/10/12	600 W. SIXTH ST, STE	300	25000	
	FT WORTH TX 7610	2	(If travel autoida	of Towar complete Schodule T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
	DR LEE 5 ANDERSON		contribution (\$)	description (if applicable)
11/12/1-	Contributor address; City; State; Zip Code			
11/13/13	2617 COLONIAL PKN	174	10000	1
	FT WORTH TX 76109	-	• • -	
Principal accur		Employer /See		of Texas, complete Schedule T)
Finicipal occup	pation / Job title (See Instructions)	Employer (See	maduciions)	
Date	Full name of contributor	1	Amount of	In-kind contribution
	MR and MRS RANOY	= 105-1	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	OIDEON		
11/13/13	3812 MONTICELLO D	R	10000	İ
1.0//5	FT WORTH TX 76107			· 
			<del></del>	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
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## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
			3 ACCOUNT # (Ethics Commission Filers)	
2 FILER NAME	JUDY GNEEDHAM		3 ACCOUNT# (E	inics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	MR FRED DISNEY		contribution (\$)	description (if applicable)
11(13/13	6 Contributor address; City; State; Zip Code		10000	
	13205. UNIVERSITY DA	P, STE 1014		
	FT WORTH TX 76107		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	
Date 、	Full name of contributor	)	Amount of	In-kind contribution
	MR and MRS TERRY A	MONTES!	contribution (\$)	description (if applicable)
11/10/10	Contributor address; City; State; Zip Code		5000	
11/18/13	2101 BRADFORD PAK	K	300-	
	F+ WORTH, TX 7610,			of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_		Amount of	In-kind contribution
	MAS. LUCX DARDER	N	contribution (\$)	description (if applicable)
11/18/13	Contributor address; City; State; Zip Code 2/07 SPANISH TRI	4/4	25000	
	FT WORTH TX 76107		200	
		T	L	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC(ID#		Amount of	In-kind contribution
	MR JOHN MOLY WEAUX	(	contribution (\$)	description (if applicable)
11/10/-	Contributor address; City; State; Zip Code			
11/18/13	4017 EDGE HILL RD		25000	1
	FT WORTH, TX 76116			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Filicipal occu	pation / Job tile (See Institutions)	Limployer (occ		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	MRS CLAY CUMMINS		contribution (\$)	description (if applicable)
11/18/13	Contributor address; City; State; Zip Code		•	
	Contributor address; City; State; Zip Code	uss road	1000	
	F4 WORTH, TX 76114			1
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Filicipal occu	pation 7 dos title (dee mandations)	Linployer (Gee		

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## SCHEDULE A

The I	nstruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	JUDY G NEEDHAM	4	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_  MR and MR5 GARY	WILSON	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/18/13	6 Contributor address; City; State; Zip Code 509 PECAN ST, #20		1000	 
	FT WORTH, TX 76102		(If travel outside	of Texas, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor	CHER	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/18/13	Contributor address; City; State; Zip Code  1504 THOMAS PLACE	€	100 %	
	FT WORTH TX 7616	7	(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#	AL	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/18/13	Contributor address; City; State; Zip Code		100000	
	ET WORTH, TX 76102		(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/18/13	Contributor address; City; State; Zip Code 43/6 RIDGEHAVEN COUNTY	et	1000	
	FT WORTH TX 76/16		(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See		or resident desiredate ()
Date	Full name of contributor out-of-state PAC(ID#_ DR PATRICIA LINAR	ES	Amount of contribution (\$)	In-kind contribution description (if applicable)
/1/18/13	Contributor address; City; State; Zip Code 4705 CINNAMON HILL	-	10000	1
	FT WORTH, TX 76133	3	(If traval autoid-	of Toyon complete Cahadula Ti
Principal occup	ation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

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## SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	1 Total pages Schedule A: 24	
2 FILER NAME	JUDY GNEEDHAM		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID# MR and MRS SAR_ M	NANNING	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
/1/18/13	24/	ε	50000		
	FT WORTH TX 76110		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See 1	nstructions)		
Date	Full name of contributor	ns	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/18/13	4731 LAFAYETTE AV	/E	25000		
	FT WORTH TY 76107		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		12.000	
Date	Full name of contributor   out-of-state PAC (ID#:_	am5	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/18/13	Contributor address; City; State; Zip Code 5404 E/ Campo		100.00	 	
	Ft. Worth, TX 7616	/		of Texas, complete Schedule T)	
Principal occup	pation / 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)	
11/16/13	Contributor address; City; State; Zip Code  2120 Ridgmar Blv	1.,#2	250,00		
	FORT WORTH, TX 7611	16	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor out-of-state PAC (ID#_	'egi	Amount of contribution (\$)	In-kind contribution description (if applicable)	
11/16/13	Contributor address; City; State; Zip Code 1928 Berkeley & FORT Worth, TX 76	Place 6/10	250.00	 	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	

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P.O. Box 12070

### SCHEDULE A

			····	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A: 24
2 FILER NAME	JUDY G.NEEDHAN		3 ACCOUNT # (EI	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	BMAN	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/16/13	6 Contributor address; City; State; Zip Code 6000 WESTOVER DI		100.00	
	FORT WORTH, TX 74	107	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor	eumze x	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/18/13	Contributor address; City; State; Zip Code  /3/7 CLOVE/R LAM		100.00	
	PORT WORTHITY TO	6107	(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_  MR. aud MRS, MIKE	BERRY	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/18/13	Contributor address; City; State; Zip Code 62/7 GENOA ROAD		250.00	
	FORT WORTH, TX 7	6/16	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ MR. GARY PACE	2	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/19/13	Contributor address; City; State; Zip Code  420 THROCKMURTO  FORT WORTH, TX 76	W 5T, 4710	250.00	
	FOR WHETH, 17 74	102	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_  MR and MRS RALP		Amount of contribution (\$)	In-kind contribution description (if applicable)
/1/19/13	Contributor address; City; State; Zip Code 501 SAMUELS A	VE, 5tz. 64	0 250.00	 
	FORT WORTH, TX 7		<del></del>	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	

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## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 24	
2 FILER NAME	JUDY G NEEDHAM		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	IS, TR.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
H[20[13	6 Contributor address; City; State; Zip Code 4121 ROWAN DR		10000	
	FORT WORTH, TX 76	116	(If travel outside o	f Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#_  MR and MRS J DA	VID TRACY	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/13	LIST SONORING		100.00	
	FORT WORTH, TX 761	109	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/23/13	MS. LINDY HUDSON Contributor address; City; State; Zip Code 4713 OAK TRAIL		25090	description (ii applicable)
	FORT WORTHITY 76	109	(If travel outside o	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 DVER NAG)	VER JR	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/25/13	Contributor address; City; State; Zip Code  / 902 SPANISH TRAD		10000	
	FORT WORTH, TX 7610	7	(If travel outside o	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)
14/26/13	Contributor address; City; State; Zip Code 2008 FORF FOUR OF		50000	(ii applicable)
	PORT WORTH, TX 7	· ·		
Delegation to				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	

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P.O. Box 12070

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	JUDY GNEEDHAM		3 ACCOUNT # (E	thics 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)
11/27/13	27//3 6 Contributor address; City; State; Zip Code 2000 SPANISH TRAIL		2500	
	FORTWORTH, TX 7610	7	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	MR. SAM BROUS		contribution (\$)	description (if applicable)
11/27/13	Contributor address; City; State; Zip Code 301 COMMERCE, # Z	*	25000	
	FT WORTH, TX 7610	<b>Z</b> .	(If travel outside (	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or lexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
	MR DAVID F THORNTO	DN	contribution (\$)	description (if applicable)
12/5/13	Contributor address; City; State; Zip Code  POBOX 471609		10000	
	FORT WORTH, TX 761	47	(If traval outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See 1		or rexas, complete Schedule 1)
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date	Full name of contributor out-of-state PAC(ID#_	)	Amount of	In-kind contribution
	MR and MRS JOHN TO	ICKER	contribution (\$)	description (if applicable)
12/11/13	Contributor address; City; State; Zip Code 2604 COLONIAL PK	<w>×</w>	10000	
	FT WORTH, TX 761	09	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
14 1 1.	MR. and MRS, RICHARD	STEED	contribution (\$)	description (if applicable)
12/11/13	Contributor address; City; State; Zip Code 3829 TRAILS EDGE		10000	
	FORT WORTHITY 761	109	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	

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### SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME	FILER NAME TUOY GNEEDHAM		3 ACCOUNT # (Ethlcs Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#	,et al	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/10/14 6 Contributor address; City; State; Zip Code 777 MAIN ST., STE. 1300		500.00		
	FORT WORTH, TX 7610	2	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I		,
Date	Full name of contributor   out-of-state PAC (ID#_VIRGINIA S. SMITH	<u>/</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/14/14	Contributor address; City; State; Zip Code 612 ROARING SPR	INGS RO	500,00	
	FT WORTH, TX 761	114.	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#	L. HERMAN	Amount of contribution (\$)	In-kind contribution description (if applicable)
1 (14/14	Contributor address; City; State; Zip Code 600 W. 51XTH ST., ST		5000	 
	FORT WORTH, TY 7616	/ <b>_</b>	(If travel outside	of 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)
	Contributor address; City; State; Zip Code			1
	•		(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)
	Contributor address; City; State; Zip Code		(If traval outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			or rowes, complete sociedate 1)	

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### **POLITICAL EXPENDITURES**

SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Gift/Awards/Memorials Expense **Legal Services** 

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/F	
	The instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME DY G NEEDHA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/23/13	ASHLEY PAZ CAI	MPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code 16:4 College Avenu FORT WORTH, TX 76	_
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Lonfri bution	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name  ASHLEY PAZ	Office sought FWISD Office held  SCHOOL BD. TRUSTEE
Pate 9/3/13	Payee name ASHLEY PAZ CA	MPAIGN
Amount (\$)	Payee address; City; State; Zip Code	
150.00	1614 College Ave FORT WORTH, TX 76	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contribution	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH ASHLEY PAZ	Office sought Office held  FWISD SCHOOL BD. TRUSTEE
Pate 9/8//3	Payee name Citizens Supporting	g Classroom Excellence
Amount (\$)	Payee address; City; State; Zip Code	
100.00	777 Taylor St., Ste. 9	00, Ft. WORMH, TX 76102
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 12/5//3	Payee name The Eppstein Grow	P
Amount (\$)	Payee address; City; State; Zip Code	DIAZA STE GOO
10,693.59	4055 INTERNATION FORT WORTH, TX	NAC PLAZA, STE. 600 76/09
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXPENSE	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
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## **POLITICAL EXPENDITURES**

# SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

**Advertising Expense** Accounting/Banking Consulting Expense **Event Expense** 

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/R  The Instruction Guide explains how to	•	HER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME JUDY G. NEEDHAI		3 ACCOUNT # (Ethics Commission Filers)	
4 Date //2/14	5 Payee name  LAURA MACKEY			
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code  / 200 WAOE HAMP  BENBROOK, TX 7	TON 5T.		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  DTHER - SECRETARY EXP.		avel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	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 (If tra	avel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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 (If tra	avel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name		9	
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tre	avel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
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