

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

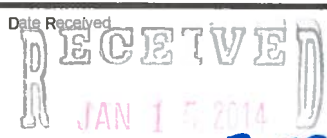
## FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

28

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
		MRS. JUDY	G	Date Received 		
		NEEDHAM				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	7579 Surfside Dr., Ft. Worth, TX 76135					
	<input type="checkbox"/> change of address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817)	732-0181				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged		
	NICKNAME	LAST	SUFFIX			
		MR. STEVE	S	3:30pm Connie Betty 1-15-14 1-15-14		
		SIKES				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	3908 WESTCLIFF ROAD S., FORT WORTH, TX 76109					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817)	924-7374				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	16	13	1	15	14
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
	5	8	10			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	DISTRICT 5 FORT WORTH ISD TRUSTEE					

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

**KELLY HART PAC**

## COMMITTEE ADDRESS

**201 MAIN STREET, SUITE 2500  
FORT WORTH, TX 76102**

## COMMITTEE CAMPAIGN TREASURER NAME

**Dee J. Kelly**

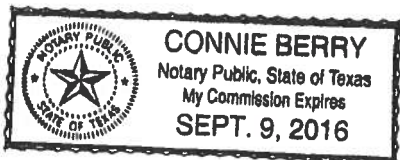
## COMMITTEE CAMPAIGN TREASURER ADDRESS

**201 Main Street, Suite 2500  
Fort Worth, TX 76102**☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 480.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,680.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
4. TOTAL POLITICAL EXPENDITURES	\$ 11,243.59
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,837.38
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

EXPENDITURE  
TOTALSCONTRIBUTION  
BALANCEOUTSTANDING  
LOAN TOTALS

## 18 AFFIDAVIT



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

*Judy G. Needham*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Judy G. Needham this the 15th day of January, 20 14, 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 oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## 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 # (Ethics Commission Filers)

4 Date

11/3/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Linda Barker

6 Contributor address; City; State; Zip Code

5605 Collinwood Ave.  
Ft. Worth, TX 761077 Amount of  
contribution (\$)

100.00

(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

11/3/13

Full name of contributor

☐ out-of-state PAC (ID#)

Julia and David Bloxom

Contributor address; City; State; Zip Code

2741 River Forest Drive  
Ft. Worth, TX 76116Amount of  
contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/3/13

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Robt. W. Brown

Contributor address; City; State; Zip Code

4100 Clarke Ave.  
Fort Worth, TX 76107Amount of  
contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/13

Full name of contributor

☐ out-of-state PAC (ID#)

Lee F. Christie

Contributor address; City; State; Zip Code

500 W. 7th St., Ste. 600  
Ft. Worth, TX 76102Amount of  
contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/13

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. Wm. P. Craniz

Contributor address; City; State; Zip Code

4833 Bryce Ave.  
Ft. Worth, TX 76107Amount of  
contribution (\$)

100.00

(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

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1 Total pages Schedule A:

24

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)

11/3/13

MS. BECKY Delaune

6 Contributor address; City; State; Zip Code

3923 W. 4th street  
Ft. Worth, TX 76107

100.00

(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)

11/3/13

Mr. + Mrs. Buddy Dike

Contributor address; City; State; Zip Code

1108 Shady Oaks Dr.  
Ft. 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)

11/3/13

Mr. and Mrs. Gene Dozier

Contributor address; City; State; Zip Code

4709 Crestline Road  
Ft. 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)

11/4/13

Mr. and Mrs. Arnold Gachman

Contributor address; City; State; Zip Code

1229 Shady Oaks Lane  
Ft. 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)

11/2/13

Mr. and Mrs. Gary Havenner

Contributor address; City; State; Zip Code

P.O. Box 121969  
Ft. Worth, TX 76121

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

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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)

11/3/13

Dr. and Mrs. Laurence Heineman

6 Contributor address; City; State; Zip Code

5300 Collinwood Avenue  
Ft. Worth, TX 76107100<sup>00</sup>

(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)

11/4/13

Mr. and Mrs. John Maddox

Contributor address; City; State; Zip Code

2120 Ridgmar Blvd., Ste. 14  
Ft. Worth, TX 76116250<sup>00</sup>

(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)

11/4/13

Dr. and Mrs. Scott Marlow

Contributor address; City; State; Zip Code

2448 Colonial Pkwy.  
Ft. Worth, TX 76109100<sup>00</sup>

(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)

11/4/13

DR. and MRS. CLARK MILLION

Contributor address; City; State; Zip Code

2217 HUNTINGTON LANE  
FT. WORTH, TX 76110100<sup>00</sup>

(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)

11/3/13

MR. and MRS. REED PIGMAN

Contributor address; City; State; Zip Code

200 TEXAS HIGHWAY  
FT. WORTH, TX 76106250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

24

2 FILER NAME

JUDY G. NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

MS. BETH RIVERS

7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

500.00

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

4900 Riverbend Drive  
Ft. Worth, TX 76109

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. and Mrs. Tom Rogers, Jr.

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

100.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

3821 Summercrest Drive  
Ft. Worth, TX 76109

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)

100.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

3952 THISTLE LANE  
FORT WORTH, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

MR. JOHN C. SNYDER

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

500.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

201 MAIN STREET, #1450  
Ft. WORTH, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Gretchen Denny and GEORGE BRISTOL

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

100.00

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

2717 MUSEUM WAY  
FORT WORTH, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>24</b>	
2 FILER NAME <b>JUDY G. NEEDHAM</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/5/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. TIM PETRUS</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3736 COUNTRY CLUB CIRCLE FT. WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/4/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS. PATRICIA H. SCHUTIS</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4701 WASHBURN FT. WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/4/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS. GAIL W. RAWL</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4 WESTOVER ROAD FT. WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. BUDDY PUENTE</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3824 BELLAIRE CIRCLE FT. WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/4/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. CHRIS CULVER</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2717 MANORWOOD TRAIL FT. WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>24</b>	
2 FILER NAME <b>JUDY G. NEEDHAM</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/5/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. J.R. WILLIAMS II</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2621 MUSEUM WAY FORT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DR. and MRS. JOHN FREESE</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2221 COLONIAL PKWY. FORT WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. JIM WHITTON</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4215 WARNOCK COURT FT. WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. JOE MARTIN</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6001 WESTOVER DRIVE FORT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KELLY HART PAC</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>201 MAIN STREET STE 2500 FORT WORTH, TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>24</b>	
2 FILER NAME <b>JUDY G. NEEDHAM</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/5/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. RAY DICKERSON</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3721 MONTICELLO DRIVE FORT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DR. and MRS. VICTOR BOSCHINI</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3861 BELLAIRE CIRCLE FORT WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. BILL MEADOWS</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3904 HAMILTON DRIVE FORT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS. MARY WYSONG</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>924 ROARING SPRINGS RD. FT. WORTH, TX 76114</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS. JILL GOFF</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3400 HAMILTON AVE. FT. WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## 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 # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS STEPHEN 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, FT WORTH, TX  
76107

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#)

MR VAL WILKIE

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

11/6/13

Contributor address; City; State; Zip Code

P.O. BOX 16514, FT WORTH, TX  
76162

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#)

MS. LOUISE B CARVEY

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

11/6/13

Contributor address; City; State; Zip Code

3601 OVERTON PARK DR EAST  
FORT WORTH, TX 76109

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#)

MR and MRS BRAD BARNES

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

11/6/13

Contributor address; City; State; Zip Code

~~3404 PARK HOLLOW~~ HARLEY  
FT WORTH, TX ~~76107~~ 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#)

MR. GUS BATES III

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

11/6/13

Contributor address; City; State; Zip Code

3404 PARK HOLLOW  
FT WORTH, TX 76109

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## 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 # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. and MRS. JOHN McCrane

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/5/13

6 Contributor address; City; State; Zip Code

3862 CANDLERITE LANE  
FORT WORTH, TX 76109200<sup>00</sup>

(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. TERRY WRIGHT

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/7/13

Contributor address; City; State; Zip Code

1605 ASHLAND  
FORT WORTH, TX 76107100<sup>00</sup>

(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#)

MS. JAN SIMUS CURRY

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/7/13

Contributor address; City; State; Zip Code

6125 PLUM VALLEY PLACE  
FORT WORTH, TX 76116100<sup>00</sup>

(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#)

MRS. BROOKE K. LIVELY

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/6/13

Contributor address; City; State; Zip Code

6125 MEARYMOUNT ROAD  
FORT WORTH, TX 76106250<sup>00</sup>

(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. TREY KOSTOMRZY

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/6/13

Contributor address; City; State; Zip Code

314 MAIN STREET, #250  
FORT WORTH, TX 76102100<sup>00</sup>

(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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>24</b>	
2 FILER NAME <b>JUDY G. NEEDHAM</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/7/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KAREN FORTSON DAVIS</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3813 HAMILTON AVE, FT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. Bill Bahan</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4915 Crestline RD., Ft. Worth TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>AMES FENDER and FERNANDO ANDRADE</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>201 S. Calhoun, St. 113C Ft WORTH, TX 76104</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS. ANN RYAN</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>333 RIVERCREST DR., Ft. WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/8/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JUDY MILLER</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2124 HIDDEN CREEK Ft. WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: <b>24</b>	
2 FILER NAME <b>JUDY Q. NEEDHAM</b>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/8/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MS. LINDA CHRISTIE</b>		7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>1129 PICASSO DR., FT. WORTH, TX 76107</b>			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>11/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. JEFF WENTWORTH</b>		Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>5020 BRYCE AVE., FT. WORTH, TX 76107</b>			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>11/6/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. LEE FREESE</b>		Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>112 RIVERCREST DR., FT. WORTH TX 76107</b>			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. JOHN V. ROACH II</b>		Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>2805 ALTON RD., FT. WORTH, TX 76109</b>			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>11/7/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. ROSS JONES</b>		Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>1816 HILLCREST ST. FT. WORTH, TX 76107</b>			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## 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 # (Ethics Commission Filers)

4 Date

11/8/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. and MRS. BILLY ROSENTHAL

6 Contributor address; City; State; Zip Code

604 E. 4th St., Ft. WORTH, TX  
761077 Amount of  
contribution (\$)

500.00

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

11/7/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR. and MRS. RICHARD MINKER

Contributor address; City; State; Zip Code

4258 ALTURA RD., 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

11/7/13

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 (\$)

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

11/8/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR. J. ANDY THOMPSON

Contributor address; City; State; Zip Code

3913 MONTICELLO DR.  
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)

Date

11/8/13

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 (\$)

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)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A: **24**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)

**11/7/13****MR. and MRS. BILL BOECKER**

6 Contributor address; City; State; Zip Code

**3566 HAMILTON AVE.  
FT. WORTH, TX 76107****250.00**

(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)

**11/7/13****MR. and MRS. DANNY NICHOLS**

Contributor address; City; State; Zip Code

**3724 WESTCLIFF RD. NORTH  
FT. WORTH, TX 76109****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)

**11/11/13****MR. and MRS. BEN J. FORTSON**

Contributor address; City; State; Zip Code

**1901 SPANISH TRAIL  
FT WORTH, TX 76107****1000.00**

(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)

**11/10/13****MR. and MRS. BRIAN NEWBY**

Contributor address; City; State; Zip Code

**715 JONES, STE. 201  
FORT WORTH, TX 76102****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)

**11/10/13****MR. and MRS. WES TURNER**

Contributor address; City; State; Zip Code

**2717 COLONIAL PKWY.  
FT. WORTH, TX 76109****100.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

JUDY G. NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/12/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS R. DEVNY ALEXANDER

6 Contributor address; City; State; Zip Code

2928 ALTON ROAD

FT. WORTH, TX 76109

7 Amount of  
contribution (\$)250<sup>00</sup>

(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

11/14/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR. JACK STEVENS

Contributor address; City; State; Zip Code

116 N BROADWAY ROAD

AZLE TX 76020

Amount of  
contribution (\$)250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR. and MRS. TOM HEGI

Contributor address; City; State; Zip Code

3740 ECHO TRAIL

FT WORTH TX 76109

Amount of  
contribution (\$)250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR. JAN FERSING

Contributor address; City; State; Zip Code

3500 TRAILWOOD LANE

FT WORTH, TX 76109

Amount of  
contribution (\$)100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/13

Full name of contributor

☐ out-of-state PAC (ID#)

DR AND MRS WM. B. SCROGGIE

Contributor address; City; State; Zip Code

4732 WASHBURN AVE

FT WORTH, TX 76107

Amount of  
contribution (\$)100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages Schedule A:

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2 FILER NAME

JUDY G. NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/12/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS BOB BENDA

6 Contributor address; City; State; Zip Code

608 PAINT PONY TRAIL N  
FT WORTH TX 761087 Amount of  
contribution (\$)250<sup>00</sup>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

11/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

MRS PAUL R RAR

Contributor address; City; State; Zip Code

1801 ELDRIDGE, FT WORTH, TX  
76107Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS SCOTT KLEBERG

Contributor address; City; State; Zip Code

301 COMMERCE ST, STE 1300  
FT WORTH, TX 76102Amount of  
contribution (\$)250<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS DOUG BLACK

Contributor address; City; State; Zip Code

2031 WARD PKWY, FT WORTH  
FORT WORTH TX 76110Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS DAVID DOZIER

Contributor address; City; State; Zip Code

3824 MONTICELLO DR  
FT WORTH TX 76107Amount of  
contribution (\$)500<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

24

2 FILER NAME

JUDY G. NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/12/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS LUKE ELLIS

6 Contributor address; City; State; Zip Code

1205 MISTLETOE DR  
FT WORTH, TX 761107 Amount of  
contribution (\$)100<sup>00</sup>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

11/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

MS SHEILA B JOHNSON

Contributor address; City; State; Zip Code

4636 HARLEY AVE  
FT WORTH, TX 76107Amount of  
contribution (\$)500<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS HOWARD KATZ

Contributor address; City; State; Zip Code

5916 CYPRESS POINT  
FT WORTH, TX 76132Amount of  
contribution (\$)250<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR DAVID ROBERTS

Contributor address; City; State; Zip Code

2116 BRADFORD PARK  
FT WORTH TX 76107Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR. MICHAEL DALLAS

Contributor address; City; State; Zip Code

6138 CAMP BOWIE BLVD  
FT WORTH, TX 76116Amount of  
contribution (\$)100<sup>00</sup>In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A: **24**

2 FILER NAME

**JUDY G NEEDHAM**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**11/13/13**

5 Full name of contributor

☐ out-of-state PAC (ID#)**MR and MRS GREG WILEMON**

6 Contributor address; City; State; Zip Code

**PO BOX 100025  
FT WORTH TX 76185**

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

**11/12/13**

Full name of contributor

☐ out-of-state PAC (ID#)**MR JEFF A DAVIS**

Contributor address; City; State; Zip Code

**2325 MISTETOE DR  
FT WORTH TX 76110**

Amount of contribution (\$)

**150.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/12/13**

Full name of contributor

☐ out-of-state PAC (ID#)**MR RALPH DUGGINS**

Contributor address; City; State; Zip Code

**600 W. SIXTH ST, STE 300  
FT WORTH TX 76102**

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

**11/13/13**

Full name of contributor

☐ out-of-state PAC (ID#)**DR LEE S ANDERSON**

Contributor address; City; State; Zip Code

**2617 COLONIAL PKWY  
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

**11/13/13**

Full name of contributor

☐ out-of-state PAC (ID#)**MR and MRS RANDY GIDEON**

Contributor address; City; State; Zip Code

**3812 MONTICELLO DR  
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)

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

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>24</b>	
2 FILER NAME <b>JUDY G NEEDHAM</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/13/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR FRED DISNEY</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1320 S. UNIVERSITY DR, STE 1014 FT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>11/18/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR and MRS TERRY <del>AND</del> MONTESI</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2101 BRADFORD PARK FT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS. LUCY DARDEN</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2107 SPANISH TRAIL FT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR JOHN MOLYNEAUX</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4017 EDGE HILL RD FT WORTH, TX 76116</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>11/18/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS CLAY CUMMINS</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>620 ROARING SPRINGS ROAD FT WORTH, TX 76114</b>		(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:

24

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)

11/18/13

MR and MRS GARY WILSON

6 Contributor address; City; State; Zip Code

509 PECAN ST, #201  
FT WORTH, TX 76102100<sup>00</sup>

(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)

11/18/13

MRS. RUSS FLEISCHER

Contributor address; City; State; Zip Code

1504 THOMAS PLACE  
FT WORTH TX 76107100<sup>00</sup>

(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)

11/18/13

LINEBARGER GOGGAN ETAL

Contributor address; City; State; Zip Code

100 THROCKMORTON ST, #300  
FT WORTH, TX 761021000<sup>00</sup>

(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)

11/18/13

MRS BOURKE HARVEY

Contributor address; City; State; Zip Code

4316 RIDGEHAVEN COURT  
FT WORTH TX 76116100<sup>00</sup>

(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)

11/18/13

DR PATRICIA LINARES

Contributor address; City; State; Zip Code

4705 CINNAMON HILL  
FT WORTH, TX 76133100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

24

2 FILER NAME

JUDY G NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/18/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS ISAAC MANNING

7 Amount of  
contribution (\$)

500.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

2217 WINDSOR PLACE  
FT WORTH TX 76110

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/18/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR JOHN H WILLIAMS

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

4731 LAFAYETTE AVE  
FT WORTH TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

12000

Date

11/18/13

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. SUZY S. WILLIAMS

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

5404 E1 Campo Ave  
Ft. Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. Madelon L. Bradshaw

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2120 Ridgmar Blvd., #2  
FORT WORTH, TX 76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. and Mrs. Alan Hegi

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1928 Berkeley Place  
FORT WORTH, TX 76110

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

24

2 FILER NAME

JUDY G. NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

MRS. ELLEN MESSMAN

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/16/13

6 Contributor address; City; State; Zip Code

6000 WESTOVER DRIVE  
FORT WORTH, TX 76107

100.00

(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#)

MRS. PAULETTE CRUMLEY

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/18/13

Contributor address; City; State; Zip Code

1317 CLOVER LANE  
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#)

MR. and MRS. MIKE BERRY

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/18/13

Contributor address; City; State; Zip Code

6217 GENOA ROAD  
FORT WORTH, TX 76116

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#)

MR. GARY PACE

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/19/13

Contributor address; City; State; Zip Code

420 THROCKMORTON ST., #710  
FORT WORTH, TX 76102

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#)

MR and MRS RALPH COX

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/19/13

Contributor address; City; State; Zip Code

501 SAMUELS AVE, Ste. 640  
FORT WORTH, TX 76102

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## 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 # (Ethics Commission Filers)

4 Date

11/20/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

MRS. TOM E PURVIS, JR.

6 Contributor address; City; State; Zip Code

4121 ROWAN DR  
FORT 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

11/20/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS J DAVID TRACY

Contributor address; City; State; Zip Code

2734 COLONIAL PKWY  
FORT 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

11/23/13

Full name of contributor

☐ out-of-state PAC (ID#)

MS. LINDY HUDSON

Contributor address; City; State; Zip Code

4713 OAK TRAIL  
FORT WORTH, TX 76109Amount 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

11/25/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR and MRS DVERNAGNER JR

Contributor address; City; State; Zip Code

1902 SPANISH TRAIL  
FORT 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)

Date

11/26/13

Full name of contributor

☐ out-of-state PAC (ID#)

MR DAN E. LOWRANCE

Contributor address; City; State; Zip Code

2008 ~~FOR~~ FOUR OAK LN  
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: <b>24</b>	
2 FILER NAME <b>JUDY GNEEDHAM</b>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/27/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MRS. MARGARET P SYKES</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <b>2000 SPANISH TRAIL FORT WORTH, TX 76107</b>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <b>11/27/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. SAM BROUS</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>301 COMMERCE, # 2040 FT WORTH, TX 76102</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/5/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR DAVID F THORNTON</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>PO BOX 471609 FORT WORTH, TX 76147</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR and MRS JOHN TUCKER</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>2604 COLONIAL PKWY FT WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>12/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MR. and MRS. RICHARD STEED</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <b>3829 TRAILS EDGE FORT WORTH, TX 76109</b>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

24

2 FILER NAME

JUOY G NEEDHAM

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

MCDONALD, SANDERS, 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  
FORT WORTH, TX 76102

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#)

VIRGINIA S. SMITH

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

1/14/14

Contributor address; City; State; Zip Code

612 ROARING SPRINGS RD  
FT WORTH, TX 76114

500.00

(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#)

MR. and MRS. MORTON L. HERMAN

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

1/14/14

Contributor address; City; State; Zip Code

600 W. SIXTH ST., STE. 300  
FORT WORTH, TX 76102

500.00

(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)

Contributor address; City; State; Zip Code

(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 travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>JUDY G NEEDHAM</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>7/23/13</b>	5 Payee name <b>ASHLEY PAZ CAMPAIGN</b>	
6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>1614 College Avenue FORT WORTH, TX 76104</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution</b>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>ASHLEY PAZ</b>		
Office sought <b>FWISD SCHOOL BD. TRUSTEE</b> Office held <b>—</b>		
Date <b>9/3/13</b>	Payee name <b>ASHLEY PAZ CAMPAIGN</b>	
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code <b>1614 College Avenue FORT WORTH, TX 76104</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <b>ASHLEY PAZ</b>		
Office sought <b>FWISD SCHOOL BD. TRUSTEE</b> Office held <b>—</b>		
Date <b>9/8/13</b>	Payee name <b>Citizens Supporting Classroom Excellence</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>777 Taylor St., Ste. 900, Ft. Worth, TX 76102</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought Office held		
Date <b>12/5/13</b>	Payee name <b>The Eppstein Group</b>	
Amount (\$) <b>10,693.59</b>	Payee address; City; State; Zip Code <b>4055 INTERNATIONAL PLAZA, STE. 600 FORT WORTH, TX 76109</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought Office held		

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>2</b>	<b>JUDY G. NEEDHAM</b>	
<b>4</b> Date	<b>5</b> Payee name	
<b>1/12/14</b>	<b>LAURA MACKEY</b>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>200.00</b>	<b>1200 WADE HAMPTON ST. BENBROOK, TX 76126</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
	<b>OTHER - SECRETARY EXP.</b>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		