

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5097

FORM JC/OH COVER SHEET PG 1

The JCOH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed.

| | | | | | |
|---------------------------------|----------|-------|--------|-----------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | Date Received | DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS 02 MAR -4 AM 11:02 FILED |

Mr Carlton DAVID
 Hughs

| | | | | | |
|------------------------------------|------------------|---------------|------|-------|----------|
| 4 CANDIDATE / OFFICEHOLDER ADDRESS | ADDRESS / PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE |
|------------------------------------|------------------|---------------|------|-------|----------|

3808 S First St Austin Tx 78704

| | | | | |
|---------------------------|----------|-------|--------|----------------|
| 5 CAMPAIGN TREASURER NAME | TITLE | FIRST | MI | Receipt # |
| | NICKNAME | LAST | SUFFIX | HD / PM |
| | | | | Amount |
| | | | | Date Processed |

Ms. Charley B
 McNeil

| | | | | | |
|--|-----------------------------------|---------------|------|-------|----------|
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY | STATE | ZIP CODE |
|--|-----------------------------------|---------------|------|-------|----------|

3808 S. First St Austin Tx 78704

| | | | |
|----------------------------|-----------|--------------|-----------|
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
|----------------------------|-----------|--------------|-----------|

(512) 478-1041

| | | | | |
|---------------|-------------------------------------|--|---|--|
| 8 REPORT TYPE | <input 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 checked="" type="checkbox"/> 11th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Anach JC/OH - FR) |

| | | | | | | | |
|------------------|-------|-----|------|---------|-------|-----|------|
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
|------------------|-------|-----|------|---------|-------|-----|------|

2 / 11 / 02 THROUGH 3 / 1 / 02

| | | | | | | | |
|-------------|---------------|-----|------|---|---------------------------------|----------------------------------|----------------------------------|
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> General | <input type="checkbox"/> Special |

/ / / Primary

| | | |
|-----------|----------------------|-----------------------------|
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) |
|-----------|----------------------|-----------------------------|

County Clerk #17

| | | |
|---|--|--|
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure ** | |
| | Name | |
| | Address / PO Box Apt / Suite # City State Zip Code | |

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Alerts)

16 SUPPORTING POLITICAL COMMITTEE(S)

- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE:

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7859.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7190.00

CONTRIBUTION BALANCE

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

\$

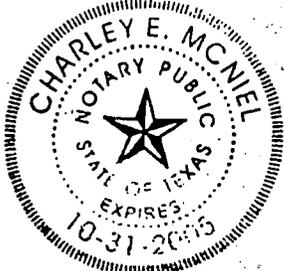
669.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



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

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charley McNiell-Eickes this the 1 day of March 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of office / administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/02

Hbt Tejano

\$1250.00

6 Payee address; City; State; Zip Code

Round Rock, TX

8 Purpose of payment (See instructions regarding type of information required.)

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

Radio Advertising

Date

Payee name

Amount (\$)

2/02

Channel 7

\$5340.00

Payee address; City; State; Zip Code

Austin TX

Purpose of payment (See instructions regarding type of information required.)

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

TU. Commercials

Date

Payee name

Amount (\$)

2/02

lucy leaf Designs

\$600.00

Payee address; City; State; Zip Code

2105 N. Mariposa St Round Rock TX 78664

Purpose of payment (See instructions regarding type of information required.)

.. Complete 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 payment (See instructions regarding type of information required.)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CARLTON D. HUGHES

Attorney At Law
3808 South First St
Austin, TX 78704
(512) 478-1021 (phone)
(512) 478-0086 (telephone)

March 1, 2002

Travis County Election Committee
POB 1748
Austin, TX 78767

Re: Carlton (David) Hughes County Court of Law #7

Enclosed is a copy of the Political Contributions that was contributed to Carlton David Hughes since January 15, 2002. Please be advise if you need additional information. As of March 1, 2002, the total contribution amount in the bank is \$7859.00.

Sincerely,



Charley McNiel Eckols
Treasurer for Carlton (David) Hughes

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/02

Hbt Tejano

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Candidate / Officeholder name Office sought Office held

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Candidate / Officeholder name Office sought Office held

TU. Commercials

Date

Payee name

Amount (\$)

2/02

Luce Leaf Designs

\$600.00

Payee address; City; State; Zip Code

2105 N. MAP St Round Rock TX 78664

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Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

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Candidate / Officeholder name Office sought Office held

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| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX | APT / SUITE # CITY STATE ZIP CODE |
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| | NICKNAME | LAST | SUFFIX |
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| 9 PERIOD COVERED | Month Day Year | | Month Day Year |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) | |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** | | |
| | Name | | |
| Address / PO Box Apt / Suite # City State Zip Code | | | |

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COMMITTEE NAME

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COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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CONTRIBUTION BALANCE

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\$

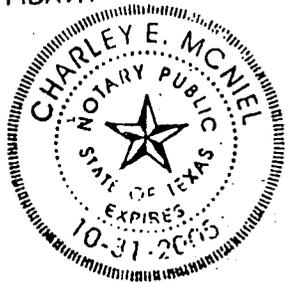
669.00

OUTSTANDING LOAN TOTALS

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\$

18 AFFIDAVIT



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[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charley McNiell-Eckles this the 1 day of March 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath