P.O. Box 12070

CANDIDA' CAMPAIG	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 /	MS / MRS MR FIRST	V _{WI}	OFFICE USE ONLY			
OFFICEHOLDER NAME	Braddock NICKNAME LAST	H SUFFIX	Date Received			
<u>.</u>	Brad Schofield	d				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CI	ITY; STATE; ZIP CODE	Ī			
MAILING ADDRESS	409 Shumard oak Ti	R	Date Hand-delivered or Postmarked			
change of address	Kelleritx 76248		Receipt # Amount			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (8)7) 521 9427	EXTENSION	Date Processed			
PHONE						
6 CAMPAIGN TREASURER	MS/MRS(MB) Braddock	Ä	Date (maged			
NAME	NICKNAME LAST	SUFFIX				
	Brad Schofiel					
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE#; CITY; STATE;	ZIP CODE			
TREASURER ADDRESS	409 Shumard Oak TR					
(residence or business)	Keller, TX 76248					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 521 9427	EXTENSION				
9 REPORT TYPE	January 15 30th day before elect	tion Runoff	15th day after campaign treasurer appointment			
			(officeholder only)			
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Atlach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROU	GH 4 / 2	/12			
11 ELECTION	Month Clerk Year ELECTION TYPE Prixmery	Runoff 🔀	General Special			
12 OFFICE	OFFICE HELD (ff any)	13 OFFICE SOUGHT (If known	n)			
IZ OFFICE			oard of Trustees			
		Place	-			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT:

SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Bradd	ock A.S	schofield 15 A	CCOUNT #	(Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE	S FOR NOTICE OF POLITICAL CONTINUUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE E / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC		······································			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		· -		
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	Ø		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,500.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	50,00		
, , , <i>, , , ,</i> ,	4. TOTAL	POLITICAL EXPENDITURES	\$	50,00		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$	3,450.00		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	Ø		
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.						
Win for	My Comm. Exp. October	17, 2015 Signature of Candidat	e or Office	holder		
Sworn to and sub	scribed before	me, by the said Braddock A Shiff	eld nand an	, this the		
Signature of officer adm	inistering oath	Melba V. Lbawa Printed name of officer administering oath	/ Title of off	ficer 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:		
2 FILER NAME	dock A. Schofield		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (IDIK_		7 Amount of	8 In-kind contribution	
	and Jak a Schafold		contribution (\$)	description (if applicable)	
3/14/12	6 Contributor address; City; State; Zip Code 409 Shumard Ook TR		3,000,00		
	Keller TX 76248		(If travel outside o	f Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Accountant Acm					
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution	
_	Terry Thomas		contribution (\$)	description (if applicable)	
4/1/12	Contributor address; City; State; Zip Code		500.00	 	
	Trophy Club, TX 7626			of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Se)	mplaged		
Date	Full name of contributor out-of-state PAC (IDE)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	,			
Balanta Langu	pation / Job title (See Instructions)	Employer (See	<u>`</u>	of Texas, complete Schedule T)	
Principal occul	paron / Job title (Gee matrocoons)				
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			 	
·			#5 A	of Toward and Market Schoolule TV	
Principal occupation / Job title (See Instructions) Employer (See			Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	_		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code	•		1	
				<u></u>	
Defaulant norm	region / Joh title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Cimployer (Geo			
-					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.