

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 01234567	2 PAGE # 1 of 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Hon. FIRST: Albert MI: _____ NICKNAME: Judge Al LAST: Cercone SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 7525 Greenbier Dr Dallas, TX 75225-4514		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Jeffrey MI: _____ NICKNAME: Jeff LAST: Resnick SUFFIX: _____		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 6545 Blanche Circle Dallas, TX 75214		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 821-3161		
8 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/15/2015 01/15/2016		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Justice of the Peace 3-1 District 3	12 OFFICE SOUGHT (if known) Justice of the Peace 3-1 District 3	

FILED
 2015 JAN 17 AM 10:18
 JOHN F. WARREN
 COUNTY CLERK
 DALLAS COUNTY

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

13 C/OH NAME Cercone, Albert (Hon.)

14 ACCOUNT # (Ethics Commission filers)
01234567

15 NOTICE FROM POLITICAL COMMITTEE(S) .. This box is for notice of 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 50.00

CONTRIBUTION BALANCE

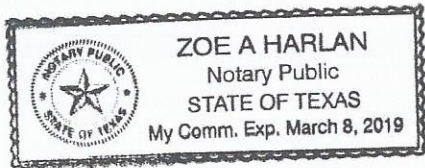
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 40,277.47

17 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Albert B Cercone
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Albert B Cercone, this the 19 day of January, 20 16, to certify which, witness my hand and seal of office.

Zoe Harlan Zoe Harlan Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath