Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

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 4

FILED
2018 OCT 22 PM 4:36
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
BY _____ DEPUTY

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Hon. FIRST: Albert MI:
NICKNAME: Judge Al LAST: Cercone SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7525 Greenbier Dr
Dallas, TX 75225-4514
☐ Change of Address

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
☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED
Month Day Year: 07/16/2018 THROUGH Month Day Year: 10/08/2018

10 ELECTION
ELECTION DATE Month Day Year: 11/06/2018
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ 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

GO TO PAGE 2

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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
☐ GENERAL	COMMITTEE ADDRESS
☐ 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)	$ 588.64
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 150.00
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	$ 86,020.47

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.

NOTARY PUBLIC STATE OF TEXAS
ZOE A HARLAN
Notary Public
STATE OF TEXAS
My Comm. Exp. March 8, 2019

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Albert B. Cercone, this the 22 day of Oct., 2018, 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
Zoe Harlan	ZOE HARLAN	NOTARY

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 3/4

2 FILER NAME Cercone, Albert (Hon.)

3 ACCOUNT # (Ethics Commission filers) 01234567

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/02/2018	Apartment Association of Greater Dallas 6 Contributor address; City; State; Zip Code 5728 LBJ Frwy Suite 100 Dallas, TX 75240	$88.64	Contribution (If travel outside of Texas, complete Schedule T) ☐

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer / law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2018	Dalton, Samuel (Mr.) Contributor address; City; State; Zip Code 4315 Overhill Dr Dallas, TX 75205	$250.00	Contribution (If travel outside of Texas, complete Schedule T) ☐

Contributor's principal occupation

Contributor's job title

Contributor's employer / law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
09/10/2018	Dickman, Dale (Mr.) Contributor address; City; State; Zip Code 10828 Caprock Circle Dallas, TX 75218	$250.00	Contribution (If travel outside of Texas, complete Schedule T) ☐

Contributor's principal occupation

Contributor's job title

Contributor's employer / law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 1/1 Report: 4/4	Cercone, Albert (Hon.)	01234567

4 Date	5 Payee name
10/03/2018	Irving Republican Women

6 Amount ($)	7 Payee address City; State; Zip Code
$150.00	812 Murl Dr % Elena Blake Irving, TX 75062

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) ☐
	Event Expense	Table Donation ☐ Check if Austin, TX, officeholder living expense

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