

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 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Hon. Albert
NICKNAME LAST SUFFIX
Judge Al Cercone

OFFICE USE ONLY

Date Received
BY **JOHN F. WILKINSON**
COUNTY CLERK
DALLAS COUNTY
DEPUTY
2018 JUL 12 AM 10:23
Date Hand-delivered or Date Postmarked

FILED

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
7525 Greenbier Dr
Dallas, TX 75225-4514

Change of Address

Receipt # Amount
Date Processed
Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Jeffrey
NICKNAME LAST SUFFIX
Jeff Resnick

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 THROUGH Month Day Year
03/01/2018 07/15/2018

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/06/2018

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

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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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) \$ 1,550.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 335.00

CONTRIBUTION BALANCE

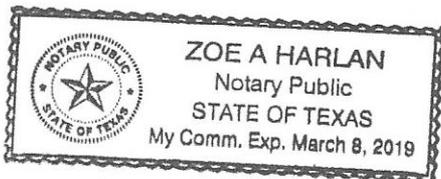
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.



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 11 day of July, 20 18, to certify which, witness my hand and seal of office.

Zoe Harlan
Signature of officer administering oath

Zoe Harlan
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G UIDE explains how to complete this form.

1 PAGE #

Schedule: 1/2 Report: 3/7

2 FILER NAME Cercone, Albert (Hon.)

3 ACCOUNT # (Ethics Commission filers)
01234567

4 Date
03/09/2018

5 Full name of contributor out-of-state PAC (ID# _____)
Johnson, Eric W. (Mr.)

6 Contributor address; City; State; Zip Code
P O Box 141021
Dallas, TX 75214-1021

7 Amount of
contribution (\$)
\$500.00

8 In-kind contribution
description (if applicable)
Campaign 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
03/01/2018

Full name of contributor out-of-state PAC (ID# _____)
Nicholas, Nick (Mr.)

Contributor address; City; State; Zip Code
8150 N Central Expwy #835
Dallas, TX 75206

Amount of
contribution (\$)
\$250.00

In-kind contribution
description (if applicable)
Campaign 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
06/10/2018

Full name of contributor out-of-state PAC (ID# _____)
Park Cities Republican Women's Club

Contributor address; City; State; Zip Code
www.parkcitiesrepublicanwomen.org
25 Highland Park Village
Dallas, TX 75205-2789

Amount of
contribution (\$)
\$200.00

In-kind contribution
description (if applicable)
Campaign 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)

LOANS (JUDICIAL)**SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 5/7

2 FILER NAME Cercone, Albert (Hon.)**3** ACCOUNT # (Ethics Commission filers)
01234567**4** TOTAL OF UNITEMIZED LOANS: ⇔⇔⇔⇔⇔

\$

5 Date of loan
03/01/2018**7** Name of lender
CERCONE, Albert (Hon.) out-of-state PAC(ID# _____)**9** Loan Amount (\$)
\$86,020.47**6** Is lender a
financial Institution?
No**8** Lender address; City; State; Zip Code
7525 Greenbrier Dr.
Dallas, TX 75225-4514**10** Interest rate
0**11** Maturity date**12** Lender's Principal Occupation**13** Lender's Job Title**14** Lender's Employer/Law Firm**15** Law Firm of lender's spouse (if any)**16** If lender is child, law firm of parent(s) (if any)**17** Description of Collateral none**18** Check if personal funds were deposited into political account**19** GUARANTOR
INFORMATION**20** Name of guarantor**22** Amount Guaranteed (\$) not applicable**21** Guarantor address; City; State; Zip Code**23** Guarantor's Principal Occupation**24** Guarantor's Job Title**25** Guarantor's Employer/Law Firm**26** Law Firm of guarantor's spouse (if any)**27** If guarantor is 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 # Schedule: 1/1 Report: 6/7	2 FILER NAME Cercone, Albert (Hon.)	3 ACCOUNT # (TEC filers) 01234567
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4 Date 03/12/2018	5 Payee name Golden Corridor Republican Women
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6 Amount (\$) \$250.00	7 Payee address City; State; Zip Code 6505 West Park Blvd., Ste 306 #269 % Matt Patrick Plano, TX 75093
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 1/4 page AD Sen 16 Program Booklet <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: _____ Office held: _____
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Date 04/26/2018	Payee name Golden Corridor Republican Women
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Amount (\$) \$25.00	Payee address City; State; Zip Code 6505 West Park Blvd., Ste 306 #269 Plano, TX 75093
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Dues	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: _____ Office held: _____
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Date 03/23/2018	Payee name Texas Association of Counties
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Amount (\$) \$60.00	Payee address City; State; Zip Code P O Box 2131 Austin, TX 78768-2131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Dues	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Membership Dues <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: _____ Office held: _____
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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 7/7

2 FILER NAME Cercone, Albert (Hon.)

3 ACCOUNT # (Ethics Commission filers)
01234567

LENDER INFORMATION

4 Name of lender
CERCONE,, Albert (Hon.)

5 Lender address; City; State; Zip Code
7525 Greenbrier Dr.
Dallas, TX 75225-4514

GUARANTOR INFORMATION

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

not applicable