

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 13						
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>					
		Dorotha							
NICKNAME	LAST	SUFFIX	Date Received						
	Ocker								
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE			
<input type="checkbox"/> Change of Address	111 W. Spring Valley Rd.	Ste. 250	Richardson	TX	78051				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked					
	(972 )	261-3698							
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$				
	Mr	Eric		Date Processed					
NICKNAME	LAST	SUFFIX	Date Imaged						
		Hanson							
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE				
	2340 E. Trinity Mills Rd Ste 300		Carrollton	TX	75006				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	(214 )	390-5715							
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)								
<b>10</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year		
	1	/	1		1	/	26	/	2018
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE					
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description			
	3	/	6	/	2018	<input type="checkbox"/> General <input type="checkbox"/> Special			
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)					
				Judge, County Court at Law #2					

**GO TO PAGE 2**



# SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b>	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$8,230.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$4,986.18
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$.00
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,296.11
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$400.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$74.30
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$525.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.00

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 7
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/02/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Michael Payma	<b>7</b> Amount of contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code 1126 N. Zang Dallas TX 75203	
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Payma, Kuhnel & Smith, PC		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ George Quesada	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd, Ste. Dallas TX 75219 1400	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Sommerman McCaffity & Quesada		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mohanad Kiser	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 3302 Parkhurst Lane Richardson TX 75082	
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 7
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/11/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jennifer Fukuto	<b>7</b> Amount of contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code 18175 Midway Road APT Dallas TX 75287 285	
<b>8</b> Contributor's principal occupation Tutor		<b>9</b> Contributor's job title Tutor
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Griffin Collie	Amount of contribution (\$) \$525.00
	Contributor address; City; State; Zip Code 2514 Boll Street Dallas TX 75204	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Collie Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jason January	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3030 LBJ Ste. 130 Dallas TX 75234	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Jason January PC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 7
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/11/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lawrence Praegar	<b>7</b> Amount of contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code 2608 State Street Dallas TX 75204	
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Praegar Law		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ted Lyon	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 18601 LBJ Ste. 525 Mesquite TX 75150	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Ted Lyon and Associates		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ John Stillwell	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2809 Mountain Laurel Plano TX 75093	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of John Stillwell		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 7
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/18/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Richard Smith	<b>7</b> Amount of contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code 5100 Verde Valley Lane 127 Dallas TX 75254	
<b>8</b> Contributor's principal occupation Publishing		<b>9</b> Contributor's job title Publisher
<b>10</b> Contributor's employer/law firm Sharyland Internet Partners		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lisa Blue	Amount of contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code 5950 Deloache Ave Dallas TX 75225	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rockwell Bower	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 3900 Vitruvian Way Addison TX 75001	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Polsinelli PC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 7
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/11/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Julie Johnson ..... <b>6</b> Contributor address; City; State; Zip Code 3990 Vitruvian Way Addison TX 75001	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Julie Johnson		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/11/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Hood ..... Contributor address; City; State; Zip Code 3633 Big Horn Trail Plano TX 75075	Amount of contribution (\$) \$250.00
Contributor's principal occupation Consultant		Contributor's job title Consultant
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 02/07/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lee Daugherty ..... Contributor address; City; State; Zip Code 4123 Cedar Springs 1425 Dallas TX 75219	Amount of contribution (\$) \$100.00
Contributor's principal occupation Owner		Contributor's job title Owner
Contributor's employer/law firm Alexandre's		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 7
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/16/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Paul Geneder ..... <b>6</b> Contributor address; City; State; Zip Code 200 Crescent Court Ste. 300 Dallas TX 75201	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Contributor's principal occupation Attorney		<b>9</b> Contributor's job title Attorney
<b>10</b> Contributor's employer/law firm Weil, Gotshal & Manges		<b>11</b> Law firm of contributor's spouse (if any) n/a
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jim Jagers ..... Contributor address; City; State; Zip Code P.O. Box 110732 Carrollton TX 75011	Amount of contribution (\$) \$200.00
Contributor's principal occupation Data Analyst		Contributor's job title Data Analyst
Contributor's employer/law firm St. Onge		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Andrew Clark ..... Contributor address; City; State; Zip Code 3632 Everett Street NE Washington DC 20008	Amount of contribution (\$) \$100.00
Contributor's principal occupation Accountant		Contributor's job title Accountant
Contributor's employer/law firm Ernst & Young		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: 7
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/22/18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Alexander Price	<b>7</b> Amount of contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code 11 Satterly Road East NY 11733 Satterly	
<b>8</b> Contributor's principal occupation Engineer		<b>9</b> Contributor's job title Engineer
<b>10</b> Contributor's employer/law firm Harris Corporation		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 <input type="checkbox"/> out-of-state PAC ID#: _____ ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 1	
<b>2</b> FILER NAME Dorotha Ocker		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
<b>5</b> Date 01/11/18	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Friedman	<b>8</b> Amount of Contribution \$ \$4,986.18	<b>9</b> In-kind contribution description Venue, Food, and Drink
<b>7</b> Contributor address; City; State; Zip Code 5301 Spring Valley Rd #200 Dallas TX 75254		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL) Attorney		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions) Attorney	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL) Friedman & Feiger, LLP		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Dorotha Ocker	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 01/10/18	<b>5</b> Payee name BB&T				
<b>6</b> Amount (\$) \$1,200.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 200 Wilson NC 27894				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 01/26/18	Payee name Stripe				
Amount (\$) \$96.11	Payee address; City; State; Zip Code 185 Berry Street Suite San Francisco CA 94107 550				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Dorotha Ocker	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$</b> \$0.00
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<b>5</b> Date 01/14/18	<b>6</b> Payee name Daniel Clayton
---------------------------	---------------------------------------

<b>7</b> Amount (\$) \$400.00	<b>8</b> Payee address; City; State; Zip Code 2400 S. Ervay Street Dallas TX 75201
----------------------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	--	--

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Dorotha Ocker	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ \$0.00
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<b>5</b> Date 01/11/18	<b>6</b> Payee name Checks Unlimited
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<b>7</b> Amount (\$) \$45.30	<b>8</b> Payee address; City; State; Zip Code 8245 N Union Blvd Colorado Springs CO 80920
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/16/18	Payee name CAMPAIGN PARTNER
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Amount (\$) \$29.00	Payee address; City; State; Zip Code PO Box 118 Still River MA 01467
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Dorotha Ocker	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/17/18	<b>5</b> Payee name Dash for the Beads	
<b>6</b> Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 711 W Canty St Dallas TX 75208	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/21/18	Payee name FNDRD	
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 795247 Dallas TX 75379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule L:  
1

**2** FILER NAME  
Dorotha Ocker

**3** Filer ID (Ethics Commission Filers)

LENDER INFORMATION

**4** Name of lender  
Dorotha Ocker

**5** Lender address; City; State; Zip Code  
111 W. Spring Valley Richardson TX 75081  
Rd., Ste. 250

GUARANTOR INFORMATION

**6** Name of guarantor

not applicable

**7** Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**