

# 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>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8							
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr.</b>	FIRST <b>Russell</b>	MI <b>J</b>	<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p><b>FILED FOR RECORD</b> AT <b>1:15 PM</b> <b>OCT 29 2018</b></p> <p><b>KARA SANDS</b> CLERK, COUNTY COURT AT LAW, CORPUS CHRISTI, TEXAS BY <i>[Signature]</i></p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
NICKNAME		LAST	SUFFIX							
<b>Manning</b>										
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>										
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5302 Fox Glove Ln Corpus Christi, TX 78413</b>										
<input type="checkbox"/> Change of Address										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>										
AREA CODE <b>( 361 )</b>		PHONE NUMBER <b>888-8041</b>	EXTENSION							
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr.</b>	FIRST <b>Gene</b>	MI							
	NICKNAME		SUFFIX							
<b>Ward</b>										
<b>7 CAMPAIGN TREASURER ADDRESS</b>										
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>711 N. Carancahua St. Ste 1800 Corpus Christi, TX 78401</b> <small>(Residence or Business)</small>										
<b>8 CAMPAIGN TREASURER PHONE</b>										
AREA CODE <b>( 361 )</b>		PHONE NUMBER <b>888-8041</b>	EXTENSION							
<b>9 REPORT TYPE</b>										
<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
<b>10 PERIOD COVERED</b>										
Month    Day    Year <b>10 / 07 / 2018</b>		THROUGH	Month    Day    Year <b>10 / 29 / 2018</b>							
<b>11 ELECTION</b>										
ELECTION DATE Month    Day    Year <b>11 / 06 / 2018</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
<b>12 OFFICE</b>		<b>13 OFFICE SOUGHT (if known)</b>								
OFFICE HELD (if any)		<b>Judge, County Court at Law No. 1</b>								

**GO TO PAGE 2**

# 2018-125

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME **Russell Manning** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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:  GENERAL  SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS


Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,034.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,169.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,325.38

18 AFFIDAVIT

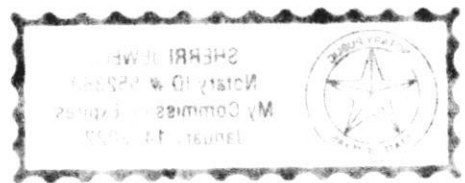
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Russell Manning*  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Russell Manning, this the 29th day of October, 2018, to certify which, witness my hand and seal of office.

Jewell Signature of officer administering oath  
Sherrri Jewell Printed name of officer administering oath  
Notary Public Title of officer administering oath



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>1</b>
2 FILER NAME <b>Russell J. Manning</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/09/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Sherri Jewell</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>5202 Texana Drive #519 San Antonio, TX 78249</b>		
8 Contributor's principal occupation <b>Paralegal</b>		9 Contributor's job title <b>Paralegal</b>
10 Contributor's employer/law firm <b>Cotten Schmidt LLP</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/29/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jack and Claire Johnson</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>113 Vinca Dr. Georgetown, TX 78633</b>		
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>NA</b>
Contributor's employer/law firm <b>NA</b>		Law firm of contributor's spouse (if any) <b>NA</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#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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)		

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