# 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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY  Date Received
	NICKNAME LAST PATTERSON	SUFFIX	2022 BY-
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; PO BOX 140502 PALLAS, TX 75  AREA CODE PHONE NUMBER  (214) 632 3483	STATE; ZIP CODE	Date Hand of type and by Postmathed  Receipt # URR Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR  FIRST  CHAS  NICKNAME  PATTERS > 1	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#; POBOX 140502 DALLAS, TX 7521	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (214) 173 2125	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 22
11 ELECTION	Month Day Year  3	Runoff	General Special
12 OFFICE	JUDGE, CCC#1	13 OFFICE SOUGHT (if known)	cee±1
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name  Address / PO Box; Apt. / Suite #; City; State; Zip Cod	N ONLY IF THEY RECEIVE NOTIFICATIO	
additional pages	· Oly, Class, Epoco		
	GOTOPAG	E 2	

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

			COVER SHEET PG 2
15 C/OH NAME	N PAT	TRASON	16 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAKE OF A CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND AS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4200-
EXPENDITURE TOTALS	3. TOTAL P		
	4. TOTAL	POLITICAL EXPENDITURES	\$7021-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		\$ 1658 -
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$
MyN	TICKI L TUCK otary ID # 6398409	I swear, or affirm, under penalty of particle and correct and includes all information under Title 15, Election Code.	perjury, that the accompanying report is ormation required to be reported by me
Expires	February 25, 2023	Signature of Cano	didate or Officeholder
AFFIX NOTARY STAME		R	
Sworn to and subso	of junuary	e, by the said <u>San Patterso</u> , 20 <u>22</u> , to certify which, witness my	, this the y hand and seal of office.
Signature of officer adminis	Luck tering oath	Print name of officer administering oath	Totary Public  Title of officer administering oath

#### POLITICAL EXPENDITURES

## SCHEDULE F

	EXPENDITUR	E CATEGORIES FOR BOX	K 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Lat	bor Loan Repayment/R	eimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expe	ense Transportation Equi Expense	pment & Related
Consulting Expense	Food/Beverage Expense	Travel In District		
Event Expense Fees	Polling Expense	Travel Out Of District	Contributions/Donati Candidate/Office	holder/Political Committee
rees	Printing Expense	Office Overhead/Rental Expe	OTHER (enter a cate	egory not listed above)
	The Instruction Gui	de explains how to complete th	is form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT #	(Ethics Commission Filers)
4	DAN PATTE	LEON		
4 Date	5 Payee name			
8.7.21	DEM > CLACK	TOOLBOX		
6 Amount (\$)		tate; Zip Code		
• Amount (\$)			. 1	
000	SOUTH POTAL	COUNTY DON	Con Table	
	M-KINNEY.	7 X 2 7 7 507:	3	
8 PURPOSE	(a) Category (See categories listed at th	e top of this (b) Descri	ription (If travel outside of Tex	(as, complete Schedule T)
OF	schedule)			35
EXPENDITURE	CONSJUTING	LAP. Det	heck if Austin, TX, officeholder liv	ing expense
9 Complete ONLY if direct	Candidate / Officeholder nam		sought	Office held
expenditure to benefit C/		TECORICO CONTROL	Sought	Office field
Date	Payee name			
8.19.21	LHWR DEM	ocn 455		
Amount (\$)		tate; Zip Code		
	Po 964 (805			
3-	0	, 0		
17-	DACCES, 14	75218		*
PURPOSE	Category (See categories listed at the	top of this Descr	iption (If travel outside of Tex	as, complete Schedule T)
OF	schedule)	CH	7V1 51109	~
EXPENDITURE	EVENT EXP.	☐ Ch	eck if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office	sought	Office held
expenditure to benefit C/C			oodgiit	Office field
Date	Payee name			
9.27.21	DEMSCRACY	POLBOX		
Amount (\$)		ate; Zip Code		
	8552 ROYAL	COUNTY DO		
000 -	4164			
1000	MCKINNEN	TX 7507.	3	. <i>t</i>
PURPOSE	Category (See categories listed at the	top of this Descri	iption (If travel outside of Texa	as, complete Schedule T)
OF	schedule)			
EXPENDITURE	CONSJUTING 2	Chr	eck if Austin, TX, officeholder livin	ng expense
Complete ONLY if direct	Candidate / Officeholder name	office :	sought	Office held
expenditure to benefit C/C	H			-
Date	Payee name	7 0		
10.27.21	Democracy	TOOLBOX		
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
	8552 POTAL	COUNTY D	lows)	
1000-		TX 75070		
1000	MCKINNRY 7	1 180 13	).	
PURPOSE	Category (See categories listed at the	top of this Descri	iption (If travel outside of Texa	s, complete Schedule T)
OF	schedule)			
EXPENDITURE	CONSULTING	exp. Che	eck if Austin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office s	sought	Office held
expenditure to benefit C/C	Н		≥₹\\\	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDUL	E AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

## POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction (	Salaries/Wages/Contract Labor Solicitation/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expense Guide explains how to complete this f	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME PAT	TERSON	3 ACCOUNT # (Ethics Commission Filers
4 Date 11.29.21	5 Payee name PM >CLAC	y ToolBox	
6 Amount (\$) 450	7 Payee address; City; 8552 Roya MCKINN GY	State; Zip Code  L County Dou  Taxas 75070	NN
8 PURPOSE	(a) Category (See categories listed a schedule)	at the top of this (b) Descript	tion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXP	, Chec	k if Austin, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n	ame Office so	ought Office held
Date 11. 29. 21	Payee name	Y TOOLBOX	
Amount (\$) 250	Payee address; Poth 8552 Poth Mc HNNZN	State; Zip Code CONNTY Do TY 75070	wh have
PURPOSE OF	Category (See categories listed a schedule)		ion (If travel outside of Texas, complete Schedule T)
EXPENDITURE	EVENT EX	P. Check	k if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na	ame Office so	ught Office held
Date (2 · 1 · 21	Payee name OHVHS Cs.	Dem. CLATI	c Party
Amount (\$)	Payee address; City;	State; Zip Code	
2500-	Muss, TY	15204	
PURPOSE OF EXPENDITURE	Category (See categories listed at schedule)	FIL	On (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na		
Date	Payee name	9	
12.16.21	TX. COMMT	IN OF BLAZ	K DEM SCRATT
Amount (\$)		State; Zip Code	
200-	FT. WORTH	712 76161	
PURPOSE OF	Category (See categories listed at schedule)	1 4 _0	On (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na		if Austin, TX, officeholder living expense ught Office held

#### POLITICAL EXPENDITURES

#### SCHEDULE F

CVDENDITUDE	CATECODIEC	FOD	DOVO	
EXPENDITURE	CALEGURIES	FUR	BUX 8	aı

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling 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

	The Instruction Guide explains how to	complete this form.	iter a category not listed above)
1 Total pages Schedule F	2 FILER NAME PATTERS = N	3 AC	COUNT # (Ethics Commission Filers
4 Date 12.16.21	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code 17201 HOPEN 6L PALLYS, TX 1752		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		side of Texas, complete Schedule T)  J B eholder living expense
9 Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name CECORGE	Office sought	Office held
Date (2. な. 刈	Payee name Prestor House	DRMOCRAS	7
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 12 . 20 . 21	FAR NONTH PM	LAS Demo	CNATS
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	4	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name = Zip Code	Office sought	Office held
Date [2 · 2 · 21	Payee name PMT DALLAS DE	10CNATS	
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	1.10 01	ide of Texas, complete Schedule T)  holder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/o	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Advertising	Evnones
Accounting	1,000
Consulting	
Event Expe	nse
Fees	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

	The Instruction Guide explains how to c	omplete this form.	ER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME PATTERS N		3 ACCOUNT # (Ethics Commission Filer
4 Date 73.21	5 Payee name STONEWML PRMOCA	-475	
6 Amount (\$)	7 Payee address; City; State; Zip Code Po Box 1923 05 74 LLAS, TX at 7.5.21		
B PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		ovel outside of Texas, complete Schedule T)
EXPENDITURE	Fees		X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date 12.23.21	BABB BMS. BBO	2	
Amount (\$)	Payee address; City; State; Zip Code		1
3-0-	PALLES, TX 752	14	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	EVENT EXP.		X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date Amount (\$)	Payee name  Payee address; City; State; Zip Code		
		Description (If tra	rel outside of Texas, complete Schedule T)
Amount (\$) PURPOSE	Payee address; City; State; Zip Code  Category (See categories listed at the top of this		
Amount (\$)  PURPOSE OF	Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name at Atp Code		vel outside of Texas, complete Schedule T)
Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name at Atp Code	Check if Austin, T.	vel outside of Texas, complete Schedule T)  X, officeholder living expense
Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O	Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name & Zip Cota	Check if Austin, T.	vel outside of Texas, complete Schedule T)  X, officeholder living expense
Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF	Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name at Aip Code  H	Check if Austin, T.	vel outside of Texas, complete Schedule T)  X, officeholder living expense
Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)	Payee address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name at Air Code  H  Payee name  Payee address; City; State; Zip Code  Category (See categories listed at the top of this ——	Check if Austin, T. Office sought  Description (If trans	vel outside of Texas, complete Schedule T)  X, officeholder living expense  Office held

Austin, Texas 78711-2070

### SCHEDULE A (J)

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

The Instruction Guide explains how to complete this form.		1 Total pages Schedu	ale A(J):
2 FILER NAME		3 ACCOUNT # (Ethic	s Commission filers)
DAN PATTELSON			
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	)		8 In-kind contribution description(if applicable)
DWAYNE CORBE	77	contribution (\$)	description(ir applicable)
7. 14:71 6 Contributes addresses. City. State: 7in Cor	do		
7.16.71 6 Contributor address; City; State; Zip Coo. 9515 HEATHEN	211	500-	
2417	TALE	1	
DAMAS, TX 75	7243	(If travel outside of	Texas, complete Schedule T)
9 Contributor's principal occupation	10 Contributor's job to	itle	
11 Contributor's employer/law firm	12 Law firm of contrib	outor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#:	:)	Amount of	In-kind contribution
MANTHIELINA		contribution (\$)	description(if applicable)
WIANCITA DENDITE		1	
7.16.21 MANTH LENOIR Contributor address; City: State; Zip Contributor address; OAK LAWN	1 # 600	500	
DALLAS, TX 75			f Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job t	itle	
Contributor's employer/law firm	Law firm of contrib	outor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#	)	Amount of	In-kind contribution
DAMILLA KONA	1	contribution (\$)	description(if applicable)
7.23.21 Contributor address; City; State; Zip Contributor LBI FNY # 4			
BILL LB FNY # 4	<b>a</b> -	500-	
-	00		
VALUAS, 1 X 75	5251	(If travel outside of	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job		
Contributor's employer/law firm  Law firm of contributor's spouse (if any)		1	
Contributor's employer/law firm	Law iiiii of contri	outor's spouse (il arry	)
If contributor is a child, law firm of parent(s) (if any)			

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

#### SCHEDULE A (J)

,	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#_  FENNETH WRATH	7 Amount of contribution (S) 8 In-kind contribution description (if applicable)
7.23.21 6 Contributor address; City, State; Zip Code 3525 N. ST. PAUL DALLAS TR. 757	150-
DALLAS, TX 157	(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 In-kind contribution contribution (\$) description(if applicable)
8.1.21 Contributor address; City; State; Zip Code 130 N. CENTRAL + Reshauldson TX	25 -
Contributor's principal occupation ATTOLNE	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 contributorout-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description(if applicable)
7.2.21 Contributor address; City; State; Zip Code 4.3.2 5.2 AW L # 1 74 L L 45. T X 75.2	500 - (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)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

#### SCHEDULE A (J)

*	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAME DAN PATTERSON	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of contribution (S) 8 In-kind contribution description(if applicable)
7.28.21 6 Contributor address; City: State; Zip Coop POBOX 814483	de
DALLAS, TX 75	381 (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 In-kind contribution contribution (S) description(if applicable)
8.10.21 Contributor address; City: State; Zip Code Po Box 1222 FT. Warth, TX	761-1 (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 contributorout-of-state PAC (ID#	contribution (\$) description(if applicable)
3.26.21 Pick HANNIS-N Contributor address; City; State; Zip Code Po B = x 863	250-
FORNY TX 751	(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)	

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

#### SCHEDULE A (J)

1 Total pages Schedule A(J):
3 ACCOUNT# (Ethics Commission filers)
7 Amount of contribution (S) 8 In-kind contribution description (if applicable)
5 20   (If travel outside of Texas, complete Schedule T)
10 Contributor's job title
12 Law firm of contributor's spouse (if any)
Amount of contribution (S)  Amount of contribution (S)  In-kind contribution description(if applicable)  7. # 945  (If travel outside of Texas, complete Schedule T)
Contributor's job title
Law firm of contributor's spouse (if any)
Amount of contribution (S)  Amount of contribution (S)  In-kind contribution description(if applicable)
(If travel outside of Texas, complete Schedule T)
Contributor's job title
Law firm of contributor's spouse (if any)

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):		
DAN PATENSON			3 ACCOUNT # (Ethics Commission filers)	
Date 7 . 2   . 2	5 Full name of contributor out-of-state PAC (ID#  JEFF ROSEN F)  6 Contributor address; City; State; Zip Coo  7812 GLRNRAGUE  DAVLAS, TX	ELP de DP.	7 Amount of contribution (S)	8 In-kind contribution description(if applicable)
Contributor	's principal occupation	75248		of Texas, complete Schedule T)
VI:	SITING (RET.) JUDGE	- July	52	
Contributor's employer/law firm		12 Law firm of contr	12 Law firm of contributor's spouse (if any)	
If contribute	or is a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Cod		Amount of contribution (\$)	In-kind contribution description(if applicable)  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 contributo	r is a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID# Contributor address; City; State; Zip Code	•	Amount of contribution (S)	In-kind contribution description(if applicable)
Contributor's principal occupation		(If travel outside of Texas, complete Schedule T)  Contributor's job title		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED