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** Filer ID (Ethics Commission Filers)
	2 Total pages filed: 9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Dorotha MI	**OFFICE USE ONLY**
	NICKNAME LAST Ocker SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 111 W. Spring Valley Rd. Ste. 250 Richardson TX 78051

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 261-3698

Date Hand-delivered or Date Postmarked

Receipt #   Amount $

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Eric MI NICKNAME LAST Hanson SUFFIX

Date Processed

Date Imaged

7 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

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 390-5715

9 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)

10 PERIOD COVERED	Month Day Year 1 / 26 / 2018 THROUGH 2 / 24 / 2018

11 ELECTION	ELECTION DATE Month Day Year 3 / 6 / 2018 ☑ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE	OFFICE HELD (if any)
	13 OFFICE SOUGHT (if known) Judge, County Court at Law #2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 JC/OH NAME	**15** Filer ID (Ethics Commission Filers)
Dorotha Ocker	

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

[ ] Additional Pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$1,100.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$5,635.44
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$4,125.72
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$26,000.00

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.

53-B917-49BB-AC44-AC776
02/26/18 - 03:26:10

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____

day of _____, 20_____, to certify which, witness my hand and seal of office.

_____	_____	_____
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - JC/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	✔ SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	$1,100.00
2.	☐ SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$.00
3.	☐ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	$.00
4.	☐ SCHEDULE E(J): LOANS (JUDICIAL)	$.00
5.	✔ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$3,418.17
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$.00
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$.00
8.	✔ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$1,083.90
9.	✔ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$1,133.37
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$.00
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$.00
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$.00

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
2

2 FILER NAME
Dorotha Ocker

3 Filer ID (Ethics Commission Filers)

4 Date 02/01/18	**5** Full name of contributor ☐ out-of-state PAC ID#:_____) Sean Modjarrad	**7** Amount of contribution ($) $250.00
	6 Contributor address; City; State; Zip Code 212 West Spring Valley Road Richarson TX 75081	

8 Contributor's principal occupation
Attorney

9 Contributor's job title
Managing Shareholder

10 Contributor's employer/law firm
Modjarrad Abusaad Said Law Firm

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

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

Date 02/06/18	Full name of contributor ☐ out-of-state PAC ID#:_____) Sara Martinez	Amount of contribution ($) $100.00
	Contributor address; City; State; Zip Code 4227 Blackheath Road Dallas TX 75227	

Contributor's principal occupation
Judge

Contributor's job title
Judge

Contributor's employer/law firm
Dallas County

Law firm of contributor's spouse (if any)

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

Date 02/19/18	Full name of contributor ☐ out-of-state PAC ID#:_____) David Bower	Amount of contribution ($) $250.00
	Contributor address; City; State; Zip Code 10110 Andre Dr Irving TX 75063	

Contributor's principal occupation
Mgmt consultant

Contributor's job title
Mgmt consultant

Contributor's employer/law firm
Intelesystems

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:
2

2 FILER NAME
Dorotha Ocker

3 Filer ID (Ethics Commission Filers)

4 Date 02/06/18	**5** Full name of contributor ☐ out-of-state PAC ID#:_____) Paul Heller	**7** Amount of contribution ($) $500.00
	6 Contributor address; City; State; Zip Code 13806 Wooded Creek Drive Farmers Branch TX 75224	

8 Contributor's principal occupation
Retired

9 Contributor's job title
Retired

10 Contributor's employer/law firm
N/a

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

12 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 ($)
	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)

Date	Full name of contributor ☐ 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
2	Dorotha Ocker	

4 Date	**5** Payee name
02/22/18	Stripe

6 Amount ($)	**7** Payee address; City; State; Zip Code
$18.30	185 Berry Street San Francisco CA 94107

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Fees

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
02/12/18	Eco Latino

Amount ($)	Payee address; City; State; Zip Code
$350.00	2320 W. Davis St. Dallas TX 75208

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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
02/08/18	Executive Press

Amount ($)	Payee address; City; State; Zip Code
$850.57	1400 Presidential Drive Richardson TX 75081

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Printing Expense

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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

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.

1 Total pages Schedule F1: 2	**2** FILER NAME Dorotha Ocker	**3** Filer ID (Ethics Commission Filers)

4 Date 02/08/18	**5** Payee name Hunt Consulting

6 Amount ($) $1,500.00	**7** Payee address; City; State; Zip Code 411 N. Akard St. Dallas TX 75201

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Consulting Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

---

Date 02/16/18 | Payee name BB&T

Amount ($) $74.30 | Payee address; City; State; Zip Code 3939 BELT LINE RD STE 100   Addison   TX   75001

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Credit Card Payment

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

---

Date 02/08/18 | Payee name Executive Press

Amount ($) $625.00 | Payee address; City; State; Zip Code 1400 Presidential Dr   Richardson   TX   75081

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Printing Expense

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee

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.

1 Total pages Schedule F4: 3	2 FILER NAME Dorotha Ocker	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ $0.00

5 Date 02/21/18	6 Payee name Robodial.org

7 Amount ($) $49.68	8 Payee address; City; State; Zip Code 513 W BROAD ST Falls Church VA 22046

9 TYPE OF EXPENDITURE ☑ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Other(enter a category not listed above)

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

---

Date 02/16/18	Payee name Facebook

Amount ($) $250.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025

TYPE OF EXPENDITURE ☑ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

1 Total pages Schedule F4: 3	**2** FILER NAME Dorotha Ocker	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ $0.00

5 Date 02/15/18	**6** Payee name Caldwell Creative

7 Amount ($) $735.00	**8** Payee address; City; State; Zip Code 6640 Abrams Rd #822011 Dallas TX 75231

9 TYPE OF EXPENDITURE ☑ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

---

Date 02/15/18	Payee name Campaign Partner

Amount ($) $29.00	Payee address; City; State; Zip Code PO Box 118 Still River MA 01467

TYPE OF EXPENDITURE ☑ Political ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

1 Total pages Schedule F4: 3	**2** FILER NAME Dorotha Ocker	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD $ $0.00

5 Date 01/30/18	**6** Payee name Facebook

7 Amount ($) $20.22	**8** Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025

9 TYPE OF EXPENDITURE   [✔] Political   [ ] Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Advertising Expense

(b) Description
[ ] Check if travel outside of Texas. Complete Schedule T.
[ ] Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name

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

TYPE OF EXPENDITURE   [ ] Political   [ ] Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description
[ ] Check if travel outside of Texas. Complete Schedule T.
[ ] 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

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: 1	2 FILER NAME Dorotha Ocker	3 Filer ID (Ethics Commission Filers)

4 Date 02/22/18	5 Payee name Vistaprint

6 Amount ($) $1,009.41 [✔] Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description [ ] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense

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

Date 02/01/18	Payee name International Ministerial Association

Amount ($) $123.96 [✔] Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 242 Shell Lake WI 54871

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other(enter a category not listed above)	Description [ ] Check if travel outside of Texas. Complete Schedule T. [ ] 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 ($) [ ] 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 [ ] Check if travel outside of Texas. Complete Schedule T. [ ] 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 Rd., Ste. 250 Richardson TX 75081

GUARANTOR INFORMATION ☑ not applicable	**6** Name of guarantor
	7 Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code

LENDER INFORMATION	Name of lender
	Lender address; City; State; Zip Code

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor
	Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED