P.O. Box 12070 FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 ACCOUNT# 2 PAGE # The C/OH INSTRUCTION GUIDE explains how to complete this form. (Ethics Commission filers) 1 of 9 00012345 3 CANDIDATE / MS/MRS/MR FIRST М **OFFICE USE ONLY** OFFICEHOLDER Roy Charles NAME Date Received LAST SUFFIX NICKNAME **Brooks** ADDRESS / PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE CANDIDATE / OFFICEHOLDER MAILING **ADDRESS** Date Change of Address Rec **CAMPAIGN** MS/MRS/MR FIRST М **TREASURER** Norma NAME Date Imaged LAST NICKNAME SUFFIX Roby 6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE **TREASURER** ADDRESS (Residence or business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Exceeded \$500 limit July 15 8th day before election Final report (Attach C/OH - FR) PERIOD Day Year Month Month Day Year COVERED THROUGH 01/01/2015 06/30/2015 10 ELECTION ELECTION DATE ELECTION TYPE Month Day Primary Runoff General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)

GO TO PAGE 2

; Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2	2070	(512)463-580	00 TDD 1-8	00-735-2989
CANDIDATE A		OLDER REPORT	-:		FORM (R SHEET	
13 C/OH NAME Brook	s, Roy Charles (Mr	.)		14 ACCOUNT # 00012345	(Ethics Comm	nission filers)
15 NOTICE FROM	have been made with	ice of political expenditures by politic out the candidate's or officeholder's k y receive notice of such expenditures	nowledge or consent. Candidate	didate / office#older s and officeholders	. These expended	tures may eport Das
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			ONS ADD	RANT
	GENERAL	COMMITTEE ADDRESS			AM 10: 4:	Y I MOO
specific additional pages		COMMITTEE CAMPAIGN TREASURER	NAME		10g	- ₹
		COMMITTEE CAMPAIGN TREASURER	ADDRESS			
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$5 S, LOANS, OR GUARANTEES OF L		\$		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	1.	,250.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$10	0 OR LESS, UNLESS ITEMIZED	\$	1	,257.29
	4. TOTAL I	POLITICAL EXPENDITURES		\$	6	,878.33
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINT Y OF THE REPORTING PERIOD	AINED AS OF THE	\$	37	,142.82
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTS Y OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$		0.00
S ∰ MY C	ANETTE MARTINEZ OMMISSION EXPIRES January 28, 2017	is tra	ear, or affirm, under penalty ue and correct and includes a under Title 15, Election Code	all information req	uired to be rep	• .

AFFIX NOTARY STAMP / SEAL ABOVE

administering oath

Sworn to and subscribed before me, by the said ____Roy_Charles Brooks

, 20_15___, to certify which, witness my hand and seal of office.

Jeanette Martinez

Print name of officer administering oath

14th day

, this the

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

Douglas, Sharon (Ms.) Douglas, Sharon (Ms.) Contribution (\$) description							
4 Date 5 Full name of contributor							
Douglas, Sharon (Ms.) Douglas, Sharon (Ms.) Contribution (\$) description	nission filers)						
9 Principal occupation / Job title (See Instructions) Date Full name of contributor Hazlewood, Gary (Mr.) Contributor address: 1000 Texan trail, Suite 200 Grapevine, TX 76051 Date Full name of contributor Hazlewood, Gary (Mr.) Contributor address: 1000 Texan trail, Suite 200 Grapevine, TX 76051 Date Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Swift, Gordon (Mr. & Mrs.) Contributor address; City: State; Zip Code 4309 Ridge N. Road Fort Worth, TX 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) description (If travel outside of Texas, complete Sciolo (If travel outside of Texas, complete	contribution n (if applicable)						
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) description Contributor address; 1000 Texan trail, Suite 200 Grapevine, TX 76051 Out-of-state PAC (ID# Amount of contribution (\$) description Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) description O2/25/2015							
President Date	e Schedule T)						
Hazlewood, Gary (Mr.) Contribution (\$) description							
1000 Texan trail, Suite 200	contribution n (if applicable)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	e Schedule T)						
Swift, Gordon (Mr. & Mrs.) Contribution (\$) description (If travel outside of Texas, complete Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor							
Swift, Gordon (Mr. & Mrs.) Contribution (\$) description (If travel outside of Texas, complete Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor							
4309 Ridge N. Road Fort Worth, TX 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Ware, Wyntress (Ms.) O4/20/2015 Contributor address; City; State; Zip Code 6332 Warwick Hill Drive Fort Worth, TX 76132 (If travel outside of Texas, complete	contribution (if applicable)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#							
Date Full name of contributor Out-of-state PAC (ID#) Amount of Contribution (\$) Amount of Contributio	e Schedule T)						
Ware, Wyntress (Ms.) Contributor address; City; State; Zip Code 6332 Warwick Hill Drive Fort Worth, TX 76132 Contributor address; City; State; Zip Code (If travel outside of Texas, complete							
6332 Warwick Hill Drive Fort Worth, TX 76132 (If travel outside of Texas, complete	l contribution on (if applicable)						
	te Schedule T)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
ELECTIONS ADMINISTRATOR BY:	TARRANT COUNTERING STORE THE STORE T						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

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 OTHER (enter a category not listed above)

Polling Expense Printing Expense Travel Out Of District OTHER (enter a category not listed above) Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Brooks, Roy Charles (Mr.) Schedule: 1/6 Report: 4/9 00012345 5 Payee name Date 03/24/2015 Brooks, Roy C. (Mr.) Amount (\$) Pavee address City; State; Zip Code 5032 Highland Meadow Drive \$200.00 Fort Worth, TX 76132 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Travel Out Of District Washington, DC - County Issues **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 03/18/2015 Cass, Wendell (Mr.) Amount (\$) Payee address City; State; Zip Code 2129 Ridgeview Street \$65.00 Fort Worth, TX 76119 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Campaign Activities Campaign Activities OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date 03/19/2015 Cesar Chavez Committee City; State; Zip Code Payee address Amount (\$) 2203 W. Greenspoint \$100.00 Arlington, TX 76001 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Contribution **OF** Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 02/06/2015 Day Resource Center Amount (\$) Payee address City; State; Zip Code IRRA P.O. Box 0871 \$200.00 Fort Worth, TX 76101 (If travel outside of Texas templete Schedule 1) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contributions/Donations Made By Contribution Candidate/Officeholder/Political Committee EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: direct expenditure

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial 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 OTHER (enter a category not listed above)

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel Out Of District
Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Brooks, Roy Charles (Mr.) 00012345 Schedule: 2/6 Report: 5/9 5 Payee name Date 03/27/2015 Delta Sigma Theta Sorority, Inc. Amount (\$) Payee address City; State; Zip Code P.O. Box 1911 \$65.00 Fort Worth,, TX 76101 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Contribution Candidate/Officeholder/Political Committee EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/30/2015 East Fort Worth Business Association Amount (\$) Payee address City; State; Zip Code P.O. Box 8861 \$115.00 Fort Worth, TX 76124 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - 2015 Membership Dues 2015 Membership Dues OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/17/2015 Gifts by Gail Amount (\$) Payee address City; State; Zip Code P.O. Box 122771 \$50.34 Fort Worth, TX 76121 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Gifts/Awards/Memorials Expense Floral Arrangement - Student Congratulations OF EXPENDITURE ARRA Complete ONLY if Candidate / Officeholder name Office sought: Office held direct expenditure to benefit C/OH 굸 ਰ Date Payee name 2 01/01/2015 Grace LIPS Payee address Amount (\$) \overline{C} City; State; Zip Code \overline{c} \$2,439.99 777 Main Street Ē Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description f Texas, mplete Medule T) (If travel outside of **PURPOSE Event Expense** Community Event **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

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 HATROCHON GOIDE EXPIRITS IN	or to complete this form.	
1 PAGE# Schedule: 3/6 Re	port: 6/9	2 FILER NAME Brooks, Roy Charles (Mr.)		3 ACCOUNT # (TEC filers) 00012345
4 Date	5 Pavee name			
01/12/2015	MLK Holiday			
6 Amount (\$)	7 Payee address	s City; State; Zip Code		
\$50.00	P.O. Box 33 Fort Worth,			
8 PURPOSE OF EXPENDITURE	Contributions	e Categories listed at the top of this schedule) s/Donations Made By fficeholder/Political Committee	(b) Description (If travel outside Awards Banquet	of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name	Committee		
01/13/2015	MLK Holiday	······································		
Amount (\$)	Payee addres	• • •		
\$50.00	P.O. Box 33 Fort Worth,			
B.1.D.		Categories listed at the top of this schedule)	· · ·	of Texas, complete Schedule T)
PURPOSE OF		s/Donations Made By	1/4 page ad	
EXPENDITURE	Candidate/O	fficeholder/Political Committee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
01/13/2015	MLK Holiday	Committee		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$5.00	P.O. Box 33 Fort Worth,			
PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top of this schedule) s/Donations Made By fficeholder/Political Committee	Description (If travel outside Parade Registration	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
03/11/2015	NECTX Cha	·		RR. JUL
Amount (\$)	Payee addres	•		AR - A
\$250.00	P.O. Box 79			나 무로 더 어디
	Kennedale,,	TX 76060		AM COC
	Category (Se	e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, carriolete Sandule 11.
PURPOSE		s/Donations Made By	Contribution	1 3 2
OF EXPENDITURE	Candidate/C	officeholder/Political Committee		og 5 ≺
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	nse Gifts/Awards/Memorial Expense ing Legal Services nse Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Salaries/Wages/Con Solicitation/Fundraisi Travel In District Travel Out Of District Office Overhead/Rer Guide explains how to	tract Labor Loan Fing Expense Transs Control Cartel State Expense OTHE	Repayment/Reimbursement portation Equipment & Related Expense putions/Donations Made By adidate/Officeholder/Political Committee R (enter a category not listed above)
1 PAGE# Schedule: 4/6 Re	2 FILER NAME Brooks, Roy Charle	es (Mr.)		3 ACCOUNT # (TEC filers) 00012345
4 Date	5 Payee name			1 00012040
01/30/2015 6 Amount (\$)	Pentecostal Ministers' Union 7 Payee address City; State;	Zip Code		
\$60.00	2800 East Loop 820 S. Fort Worth, TX 76119	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Contributions	outside of Texas, complete Schedule T) Annual Prayer Breakfast		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			A
06/29/2015	Ramon Romero Campaign			A CONTRACTOR OF THE CONTRACTOR
Amount (\$) \$50.00	Payee address City; State; 421 Conner Avenue Fort Worth, TX 76105	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Contributions	·	Description (If travel Contribution	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date	Payee name			
06/20/2015	Staples			
Amount (\$) \$56.28	Payee address City; State; 5650 Overton Ridge Blvd. Fort Worth, TX 76132	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of OTHER - Office Supplies	of this schedule)	Description (If travel Printer Cartridges	outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office helen ARR
Date	Payee name			AD AD
01/13/2015	Tarrant County Democratic Party	Zi- Code		3-6
Amount (\$) \$50.00	Payee address City; State; 2806 Race Street Fort Worth, TX 76011			D OUNTY IM 10: 4 ISTRATO
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political Cor	,	Description (If travel Contribution	outside of Texas complete Schedule T)

Office held:

Office sought:

SCHEDULE F

VDE	NOT	HDE	CAT	'EC	DIES

Advertising Expense

Gifts/Awards/Memorial Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Consulting Exper Event Expense Fees	ravel In District Polling Expense Service Office Overhead The Instruction Guide explains here Frond/Beverage Expense Travel In District Travel Out Of District Overhead Office Overhead Out	t C District d/Rental Expense C	ransportation Equipment a Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 PAGE # Schedule: 5/6 Re	2 FILER NAME Brooks, Roy Charles (Mr.)		3 ACCOUNT # (TEC filers) 00012345
	port. 0/3		1 00012343
4 Date 03/19/2015	5 Payee name Texas Crime Prevention		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$75.00	5216 Cameron Road, Apt. 350 Fort Worth, TX 76132		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If I	ravel outside of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Contribution	
EXPENDITURE	Candidate/Officeholder/Political Committee		
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought	: Office held:
to benefit C/OH			
Date	Payee name		
05/31/2015	Texas Wesleyan University		
Amount (\$)	Payee address City; State; Zip Code		
\$250.00	1201 Wesleyan Street Fort Worth, TX 76105		
	,		
	Category (See Categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Contribution	_
EXPENDITURE	Candidate/Officeholder/Political Committee		·
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	: Office held:
direct expenditure	Payee name	Office sought	: Office held:
direct expenditure to benefit C/OH Date 06/16/2015		Office sought	: Office held:
direct expenditure to benefit C/OH Date 06/16/2015 Amount (\$)	Payee name The Tavern Payee address City; State; Zip Code	Office sought	: Office held:
direct expenditure to benefit C/OH Date 06/16/2015	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen	Office sought	: Office held:
direct expenditure to benefit C/OH Date 06/16/2015 Amount (\$)	Payee name The Tavern Payee address City; State; Zip Code	Office sought	: Office held:
direct expenditure to benefit C/OH Date 06/16/2015 Amount (\$)	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen		
Date 06/16/2015 Amount (\$) \$189.43	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109	Description (If	travel outside o∰exas,(co mplete Spit edule T) ☐
Date 06/16/2015 Amount (\$) \$189.43	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule)	Description (If	travel outside o∰exas,(co mplete Spit edule T) ☐
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense	Description (if Meeting with Co	travel outside offexas, complete seedule T)
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule)	Description (If	Iravel outside offexas, complete spedule T) Donstituents Child of S Heath AR
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense	Description (if Meeting with Co	travel outside offexas, complete seedule T)
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name	Description (if Meeting with Co	Iravel outside offexas, complete spedule T) Donstituents Child of S Heath AR
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation	Description (if Meeting with Co	travel outside of exas, complete statedule T) Onstituents Children's Heath ARR Office held:
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015 Amount (\$)	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation Payee address City; State; Zip Code	Description (if Meeting with Co	travel outside of exas, complete statedule T) Onstituents Children's Heath ARR Office held:
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation	Description (if Meeting with Co	travel outside of exas, complete statedule T) onstituents Children's Hearth ARR
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015 Amount (\$)	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation Payee address City; State; Zip Code 612 E. Lamar Blvd.	Description (if Meeting with Co	travel outside of exas, complete statedule T) Onstituents Children's Heath ARR Office held:
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015 Amount (\$) \$300.00	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation Payee address City; State; Zip Code 612 E. Lamar Blvd.	Description (if it Meeting with Co	travel outside of exas, complete statedule T) Onstituents Children's Heath ARR Office held:
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015 Amount (\$) \$300.00	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation Payee address City; State; Zip Code 612 E. Lamar Blvd. Arlington, TX 76011 Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Description (if it Meeting with Co	constituents Child on Semplete
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015 Amount (\$) \$300.00	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation Payee address City; State; Zip Code 612 E. Lamar Blvd. Arlington, TX 76011 Category (See Categories listed at the top of this schedule)	Description (If it Meeting with Co	constituents Child on Semplete
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015 Amount (\$) \$300.00 PURPOSE OF EXPENDITURE	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation Payee address City; State; Zip Code 612 E. Lamar Blvd. Arlington, TX 76011 Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (if it Meeting with Contribution (if it Contribution	onstituents Child on State of Texas, complete spedule T) Child on State of Texas, complete spedule T) Child on State of Texas, complete Schedule T) Child on State of Texas, complete Schedule T) Child on State of Texas, complete Schedule T)
Date 06/16/2015 Amount (\$) \$189.43 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/17/2015 Amount (\$) \$300.00 PURPOSE OF	Payee name The Tavern Payee address City; State; Zip Code 2755 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Event Expense Candidate / Officeholder name Payee name THR Foundation Payee address City; State; Zip Code 612 E. Lamar Blvd. Arlington, TX 76011 Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Description (If it Meeting with Co	onstituents Child on State of Texas, complete spedule T) Child on State of Texas, complete spedule T) Child on State of Texas, complete Schedule T) Child on State of Texas, complete Schedule T) Child on State of Texas, complete Schedule T)

(512)463-5800 TDD 1-800-735-2989

POI	ITICAL	EXPEN	IDITU	RES

SCHEDULE F

Advertising Expense	Gifts/Awards/Mer
Accounting/Banking	Legal Services
Consulting Expense	Food/Beverage E

Advertising Expe Accounting/Bani Consulting Expe Event Expense Fees	ring Legal S nse Food/B Polling	wards/Memorial Expense iervices everage Expense Expense Expense	Salaries/Wages/Cc Solicitation/Fundra Travel In District Travel Out Of Distr Office Overhead/R Guide explains how	ntract Labor sing Expense ct ental Expense	Loan Repayme Transportation Contributions/E Candidate/C OTHER (enter	Equipn Conation Officeho	nent & Rela ns Made By Ider/Politica	ited Expe / al Comm	ittee
1 PAGE#		2 FILER NAME				3 A	CCOUNT	# (TE	C filers)
Schedule: 6/6 Re	eport: 9/9	Brooks, Roy Char	les (Mr.)			0	001234	5	
4 Date 03/30/2015	5 Payee name USS Fort w	orth Support Committe	e e						
6 Amount (\$)	7 Payee address	ss City; State	; Zip Code						
\$1,000.00	Fort Worth,			· · · · · · · · · · · · · · · · · · ·					
8 PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top ns/Donations Made By Officeholder/Political Co		(b) Description Anchor Club	(If travel outside	of Texa	as, complet	e Sched	ule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sou	ight:		Office he	ld:	
						BY:	ELECTIONS ADMINISTRATOR	2015 JUL 15 AM 10: 46	TARRANT COUNTY