

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

FILED
TARRANT COUNTY
2016 FEB - 1 PM 2: 57
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 234.20

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 27,009.20

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 344.59

4. TOTAL POLITICAL EXPENDITURES

\$ 36,958.39

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 57,493.94

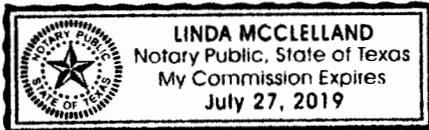
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



Bill Waybourn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Waybourn, this the 1ST day of February, 2016, to certify which, witness my hand and seal of office.

Linda McClelland
Signature of officer administering oath

Linda McClelland
Printed name of officer administering oath

notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|------------------------------|---|---|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS | NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 26,750 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3,800 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 36,613.80 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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2016 FEB - 1 PM 2:57
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
 BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
1/1/2016

5 Full name of contributor out-of-state PAC (ID#: _____)

Merri Easterly

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

516 Ashmede Ct. Arlington TX 76013

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

4 Date
1/1/2016

5 Full name of contributor out-of-state PAC (ID#: _____)

Joshua Dickey

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

503 Cunningham Dr. Arlington TX 76002

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
1/2/2016

5 Full name of contributor out-of-state PAC (ID#: _____)

Cynthia Miller

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

4301 Murwick Dr. Arlington TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
1/3/2016

5 Full name of contributor out-of-state PAC (ID#: _____)

Craig Driskell

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

2903 Burlwood Dr. Arlington TX 76016

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
CLEAT

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FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
BY: _____

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

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Bill Waybourn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/4/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Spaulding 6 Contributor address; City; State; Zip Code 812 Sabine Tr. Mansfield TX 76063 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| 4 Date 1/5/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvin Evans 6 Contributor address; City; State; Zip Code 598 N. Beach Street Fort Worth TX 76111 | 7 Amount of contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Melvin Evans Properties |
| 4 Date 1/6/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred & Gloria Morgan 6 Contributor address; City; State; Zip Code 2612 Lora King Ct. Arlington TX 76017 | 7 Amount of contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 Date 1/6/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurice & Faye Barksdale 6 Contributor address; City; State; Zip Code 2400 Table Rock Ct. Arlington TX 76006 | 7 Amount of contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

BY: _____
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Bill Waybourn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/6/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Carroll 6 Contributor address; City; State; Zip Code 1341 Hwy 287 South Mansfield TX 76063 | 7 Amount of contribution (\$) \$5,000.00 |
| 8 Principal occupation / Job title (See Instructions) Contractor | | 9 Employer (See Instructions) RJ Carroll Company |
| 4 Date 1/7/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Matura 6 Contributor address; City; State; Zip Code 3605 Shady Valley Dr., 200 Pantego TX 76013 | 7 Amount of contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Animal Control | | 9 Employer (See Instructions) |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet & Glen Hahn 6 Contributor address; City; State; Zip Code 2804 Heritage Hills Ct. Fort Worth TX 76109 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason & Kimberly Ray 6 Contributor address; City; State; Zip Code 2703 Pin Oak Ln. Arlington TX 76012 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date

1/8/2016

5 Full name of contributor

Isaih & Megan Johnson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

5804 River Meadows Pl. Fort Worth TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

1/8/2016

5 Full name of contributor

Brian & Melva Birdwell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1602 Catalina Bay Ct. Granbury TX 76048

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

1/8/2016

5 Full name of contributor

Kara Green

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

P.O. Box 900 Dripping Springs TX 78620

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

1/8/2016

5 Full name of contributor

Mona Bailey

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

6200 Lake Way N. Richland Hills TX 76180

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

BY: _____
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Bill Waybourn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerry & Raul Gonzalez 6 Contributor address; City; State; Zip Code 2211 Woodmont Ct. Arlington TX 76017 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Hamilton 6 Contributor address; City; State; Zip Code P.O. Box 10370 Liberty TX 77576 | 7 Amount of contribution (\$) \$10,000.00 |
| 8 Principal occupation / Job title (See Instructions) Baseball Player | | 9 Employer (See Instructions) Texas Rangers |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RLT Associates 6 Contributor address; City; State; Zip Code 1525 Merrimac Cir., Suite 104 Fort Worth TX 76107 | 7 Amount of contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Perry 6 Contributor address; City; State; Zip Code 404 Forest River Ct. Fort Worth TX 76112 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Bill Waybourn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Coons 6 Contributor address; City; State; Zip Code 5732 Redgum Dr. Keller TX 76244 | 7 Amount of contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Regional Manager | | 9 Employer (See Instructions) Sharp Electronics |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronda Griffin 6 Contributor address; City; State; Zip Code 8012 Ederville Cr. Fort Worth TX 76120 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Librarian | | 9 Employer (See Instructions) Arlington I.S.D. |
| 4 Date 1/8/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Harvison 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 Date 1/9/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Mary Reiting 6 Contributor address; City; State; Zip Code 5849 Forest River Dr. Fort Worth TX 76112 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Bill Waybourn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/11/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Driskell | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code 2903 Burlwood Dr. Arlington TX 76016 | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) CLEAT |
| 4 Date 1/13/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Gill | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code 1522 Highland Oaks Drive Keller TX 76248 | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |
| 4 Date 1/13/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. Miles Brissette | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 201 Main St., Suite 801 Fort Worth TX 76102 | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Law Office of D. Miles Brissette |
| 4 Date 1/13/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan & Christina Burton | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code 6908 Mesa Drive Fort Worth TX 76132 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Bill Waybourn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/13/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jannette Kurban 6 Contributor address; City; State; Zip Code 101 Hideaway Dr., Unit 5 Strawn TX 76475 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Kurban Chiropractic |
| 4 Date 1/13/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Yaw 6 Contributor address; City; State; Zip Code 3015 Woodside Dr. Arlington TX 76016 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| 4 Date 1/13/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Driskell 6 Contributor address; City; State; Zip Code 2903 Burlwood Dr. Arlington TX 76016 | 7 Amount of contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) CLEAT |
| 4 Date 1/13/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Brown 6 Contributor address; City; State; Zip Code 7425 Jamie Renee Ln. N. Richland Hills TX 76182 | 7 Amount of contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |

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 TARRANT COUNTY
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 ELECTIONS ADMINISTRATOR
 BY: _____

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Bill Waybourn | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/14/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Rodriguez | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code 5128 Golden Ln. Fort Worth TX 76123 | | |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) Nelrod Company |
| 4 Date 1/14/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Penland | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 2109 Briarwood Blvd. Arlington TX 76013 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| 4 Date 1/15/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Webber | 7 Amount of contribution (\$) \$750.00 |
| 6 Contributor address; City; State; Zip Code 3702 Coral Sands Ct. Grandbury TX 76049 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| 4 Date 1/18/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mona Bailey | 7 Amount of contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code 6200 Lake Way N. Richland Hills TX 76180 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |

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 ELECTIONS ADMINISTRATOR

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME <p style="text-align: center;">Bill Waybourn</p> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 3,800 | |
| 5 Date <p style="text-align: center;">1/8/2016</p> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Vince & Mona Puente</p> | 8 Amount of Contribution \$ <p style="text-align: center;">\$2,000</p> | 9 In-kind contribution description <p style="text-align: center;">Event Contributions</p> |
| 7 Contributor address; City; State; Zip Code <p style="text-align: center;">404 Forest River Cir., Fort Worth, TX 76111</p> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <p style="text-align: center;">Owner</p> | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) <p style="text-align: center;">Southwest Office Systems</p> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

| | | | |
|--|--|---|---|
| Date <p style="text-align: center;">1/13/2016</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Tommy Fengolio</p> | Amount of Contribution \$ <p style="text-align: center;">\$1,800</p> | In-kind contribution description <p style="text-align: center;">Event Food</p> |
| Contributor address; City; State; Zip Code | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <p style="text-align: center;">Owner</p> | | Employer (FOR NON-JUDICIAL) (See Instructions) <p style="text-align: center;">Bra-De Oil & Gas</p> | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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 ELECTIONS ADMINISTRATOR
 BY: _____

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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|--|-------------------------------|---------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Bill Waybourn | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 1/4/2016 | 5 Payee name NE Tarrant Co Tea Party | | | | |
| 6 Amount (\$) 25.00 | 7 Payee address; City; State; Zip Code 3617 Greenbriar Ct. Colleyville TX 76034 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (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 border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table> | | 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| 4 Date 1/5/2016 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) 19,256.33 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (b) Category (See Categories listed at the top of this schedule) Advertising Expense - Early Vote | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table> | | 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| 4 Date 1/5/2016 | 5 Payee name Cowtown Republican Club | | | | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code | | | | |
| 8 PURPOSE OF EXPENDITURE | (c) 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 border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table> | | 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |

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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 Bill Waybourn | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/6/2016 | 5 Payee name Constant Contact | |
| 6 Amount (\$) 85.12 | 7 Payee address; City; State; Zip Code www.constantcontact.com | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| 4 Date 1/8/2016 | 5 Payee name Academy Sports | |
| 6 Amount (\$) 172.76 | 7 Payee address; City; State; Zip Code 1101 W. Arbrook Blvd. Arlington TX 76015 | |
| 8 PURPOSE OF EXPENDITURE | (b) Category (See Categories listed at the top of this schedule) Event 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 |
| 4 Date 1/11/2016 | 5 Payee name Murphy Nasica | |
| 6 Amount (\$) 2,500.00 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (c) Category (See Categories listed at the top of this schedule) Consulting 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 |

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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| | | |
|------------------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Bill Waybourn | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/8/2016 | 5 Payee name Glory House Catering | |
| 6 Amount (\$) 1,455.96 | 7 Payee address; City; State; Zip Code 109 S. Main St. Irving TX 75060 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| 4 Date 1/11/2016 | 5 Payee name TCGOP | |
| 6 Amount (\$) 425.00 | 7 Payee address; City; State; Zip Code 7524 Mosier View Ct. Fort Worth TX 76118 | |
| 8 PURPOSE OF EXPENDITURE | (b) Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| 4 Date 1/19/2016 | 5 Payee name IHOP | |
| 6 Amount (\$) 57.31 | 7 Payee address; City; State; Zip Code 317 E. State Hwy 114 Southlake TX 76092 | |
| 8 PURPOSE OF EXPENDITURE | (c) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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| | | | | | |
|---|--|--|---|-------------------------------|---------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Bill Waybourn | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 1/19/2016 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) 6,835.91 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (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 border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| 4 Date 1/19/2016 | 5 Payee name Craig Ownby | | | | |
| 6 Amount (\$) 1,000.00 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (b) Category (See Categories listed at the top of this schedule) Polling Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| 4 Date 1/20/2016 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) 521.87 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (c) Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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|---|---|--|---|-------------------------------|---------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Bill Waybourn | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 1/20/2016 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) 1,000.00 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (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 border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| 4 Date 1/20/2016 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) 2,750.00 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (b) Category (See Categories listed at the top of this schedule) Consulting Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| 4 Date 1/21/2016 | 5 Payee name Murphy Nasica | | | | |
| 6 Amount (\$) 428.54 | 7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701 | | | | |
| 8 PURPOSE OF EXPENDITURE | (c) Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
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