CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		T a
The G/OH Instruction (Guide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI ROYMOND E. NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received ELECTION TA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE AREA CODE PHONE NUMBER EXTENSION	TARRANT COU 2016 FEB -8 PM ELECTIONS ADMINIS BY:
OFFICEHOLDER PHONE		Date Hand-delikered or Date Postmerked
6 CAMPAIGN TREASURER NAME	NS/MRS/MR FIRST MI VIRNEIDA NICKNAME LAST SUFFIX LEWIS	Receip \$ 70 Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 S0th day before election Runoff July 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month OI OI 16 THROUGH OI	Day Year (21/16)
# ELECTION	Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known)	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	DAMOND	WILL BY	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE MIDDLE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUNISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFURES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S FORMATION ONLY IF THEY RECEIVE NOTICE			
	COMMITTEE TYPE	COMMITTEE NAME	RRA FEB			
	SPECIFIC	COMMITTEE ADDRESS	NT COUNTRY AND ANTICOUNT			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	1 OS			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$					
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5494.88			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 0			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ &			
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. STATE OF TEXAS My Comm. Exp. May 16, 2018 Signature of Candidate of Officeholder						
AFFIX NOTARY STAMP		y the said RAMMIND Williby	, this the			
day of tilling	1.1	o certify which, witness my hand and seal of office.				
Signature of officer ac	dministering oath	ELAYNE 5- BUINS Printed name of officer administering oath	New Acco into			
,	-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Benking Consulting Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Travel In District Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee **Credit Card Payment** The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name JAN 1St 110 7 Payee address; FORT WORTH TX, 76112 (b) Description SET POLE'S AND SIGN Check if travel outside of Texas. Complete Schedule T. PURPOSE _ Check if Austin, TX, officeholder living expense OF Two day's work plus EXPENDITURE ECT-Office held Office sought 9 Complete ONLY If direct expenditure to benefit C/OH Dete Payee name ADMILL ADMILL 8 Amount (\$) City; State; Zip Code \subseteq Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Characters and company (art listed above)

Credit Card Payment	The instruction Guide explains how to co		ritor a Category (Tot listed above)
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4 Date	5 Payer name Fueh SHE//S B	GAS STATION	/
6 Amount (\$)	7 Payee address; City; State; Zip Code		
35,72	101 N CROWIEY Rd.	FORT WORT	<i>y</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GASOLINE FOR ELECTION	(b) Description Check if travel outside of Texe Check if Austin, TX, office	,
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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Amount (\$) \$331.25	Payee address; City; State; Alp Code 47/4 Poppy DRIVE EAST		
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Date	FREJRICK BROWN	ile	FILE RANT C EB -8
Amount (\$) 50.00	Payee address; City; State; Zlp Code HomeLESS		DUNTY DUNTY PM 1: 09 NISTRATO
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)								
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Consulting Expense Contributions/Donations Made By Polling Expense Printing Expens Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarles/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) Roymond Williey 41-13-16 \$47.08 LOVO S. HULEN FART WORTH TX 74/33 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. FUEL FOR ELECTION Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Susan Woodrow **1-83-14** City; State; Zip Code 50.00 FORT WORTH TX Homeless Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PASS OUT Flyer Check if Austin, TX, officeholder living expense EXPENDITURE plus Food to EAT Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 41-123-16 City; State; Zip Code HOMELESS FORT WORTH TR 7/0/04 _ Check if travel outside of Texas. Complete Schedule T. PURPOSE Pass out Flyer OF Check if Austin, TX, officeholder living expense EXPENDITURE Plus food to EAT Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expens Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Glft/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services 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) Raymond WILLIE TOHN LEROY City State; Zip Code 6 Amount (\$) 7 Payee address; HOMELESS FORT WORTH TR 76104 (b) Description 8 ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE PASS out Flyer _ Check If Austin, TX, officeholder living expense OF EXPENDITURE plus food to Eat 5 Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Johnsthan White Payee address; City; State; Zip Code W1-K3-16 Homeless Fort WORTH TR 50.00 76104 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** PASS out Flyer OF _ Check if Austin, TX, officeholder living expense EXPENDITURE PLUS FOOD to EAT Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Howeless Foet Worth Tx. 76104 Category (See Categories listed at the top of this schedule) Description PASS OUT FLYER PLUS FOOD to EAT Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

EXPENDITURE CATEGORIES FOR BOX 8(a)									
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Gredit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name FORT WORTH TX (b) Description 8 Check if travel outside of Te PURPOSE Check if Austin, TX, off OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date CONRAC TAY/OR ee address; City; State; Zip Code Amount (\$) HOMELESS FORT WORTH 76104 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Pass out Flyer Check if Austin, TX, officeholder living expense OF EXPENDITURE PLUS Food to Est Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name JASON SEILER Payee address; City; State; Zip Code FORT WORTH TX 76104 Homekess Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ASS out FLYER OF Check if Austin, TX, officeholder living expense **EXPENDITURE** food to EAT Candidate / Officeholder nam Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

EXPENDITURE CATEGORIES FOR BOX 8(a)									
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8	(a) Category	(See Categories liste	ed at the top of this sc	hedule)	(b) Description				
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EXPENDITURE CATEGORIES FOR BOX 8(a)											
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED											

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.	Splicitation/Fundrating Expense Travel in District Travel Officerict Other (entire a category not listed above)							
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4 Date 41-13-14	5 Payee name JohNAThAL	y white	INTY I: I							
6 Amount (\$) 450.		WORTH IX 7	16104							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this ed PUIL UP POLLS I WAS REMOVED FROM ELECT 13 A 110+	Check if travel outs	iside of Texas. Complete Schedule T. TX, officeholder Hving expense							
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Amount (\$) \$ 50.00	Homeless Fort	- WORTH 761	104							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ec I WAS REMOVED FROM ELECTION BALLOT REMOVED SIGNS & FOR	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense							
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Amount (\$) \$50.00	Payee address; City; State; Zip 4330 CRECK for	o Code AT WORTH II.	76123							
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

EXPENDITURE CATEGORIES FOR BOX 8(a)									
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8	1	(See Categories Hated at the top of the		(b) Description	utside of Texas. Complete Schedule T.				
PURPOSE OF	TE TAI	NA AHY FOR	1		n, TX, officeholder living expense				
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9 Complete ONLY if direct expenditure to benefit C/O	Candid	ate / Officeholder name		Office sought	Office held				
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EXPENDITURE CATEGORIES FOR BOX 8(a)								
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PURPOSE OF EXPENDITURE	ZIP K	OCK BAND WIF	<i>h</i>			Complete Schedule T. older living expense		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Benking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraleing Exp Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 81-16-16 6 Amount (\$) Check if travel outside of Tex Fuel FOR Election EXPENDITURE Office sought Candidate / Officeholder name Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name PAYLESS FUEL CENTER DES: City; State; Zip Code Payee address; 3101 AIRPORT FREEWAY FORT WORTH TR. Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH HomeLess FORT WORTH THE TUING Category (See Categories listed at the top of this schedule) Description PASS OUT FLYER Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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EXPENDITURE CATEGORIES FOR BOX 8(a)										
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

EXPENDITURE CATEGORIES FOR BOX 8(a)								
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