	FE/OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	nuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIBATE/ OFFICEHOLDER NAME	MB/MRS/MR FIRST RAYMOND NICKNAME LAST WILLIBY	MI E SUFFIX	OFFICE USE ONLY  Date Received  E. C.
4 CANDIDATE / OFFIGEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOND APT / SUITE #:	CITY: STATE: ZIP CODE	TARRANT COU  2016 FEB 22 AM  ELECTIONS ADMINIS  BY:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand deligned or base Positing rised
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  VIRNELSA  NICKNAME LAST  LEWIS	MI Z SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before	_	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 81 / 22 / 16	THROUGH &Z /	Day Year 20 / 10
11 ELECTION	Honth Day Year Primary	Description	
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	Raymond	E WILLIBY	5 Filer ID (	(Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR IN SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT MIDDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	THOUT THE CA	NDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS		TARRANT 2016 FEB 22 FRANK PH ELECTIONS ADD	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		ANT COL	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		COUNTY  AM IO: 33  HILLIPS  MINISTRATOR	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		<b>S</b>	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<b>S</b>	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$	8	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4	5,674.61	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST (	DAY \$	$\bowtie$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	K	
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 or Office holder					
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	A 1	by the said RAYMM 2. Williby to certify which, witness my hand and seal of office.	, this	s the <u>22</u>	
Zague 5	Burn	- ELAYNE S. BUINS	Ne	w Accounts	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of	officer administering oath	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Raymond E WILLIBY 5 Full name of contributor | out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) BUTTO SHEPHEN C. HORNING LOCKWOOD. 6 Contributor address; City; State; Zip Code 20 WoodLAND CH MANSFIELD TO 76063 ut-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) ERIC Mccullum Contributor address; City; State; Zip Code \$ 1,000.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) G1-18-16 CHESTER, LUCKEH Contributor address: City; State; Zip Code 4437 GRACE St EAST Chgo INL 46312 \$500,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:\_\_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	B [ 20 T	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundrating Expense Transportation Equipment & Related Expense Travel (In District Travel Out of District Travel Out Out of District Travel Out	
1 Total pages Schedule F1:	2 FILER NAME RAUMOND WI	ThiBy	Filer ID (Ethic Commission Filers)	
4 Date #2-45-/LE	5 Payee name Clyde Roo.	sevelt Sc.	1 Y : 34	
6 Amount (\$)	7 Payee address; City; State; : Homeless Fact	WORTH TO. TO	10101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Put-out-Flyck Plus Food to EAT	Check if travel ou Check If Austin	itside of Texas. Complete Schedule T. , TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 12-04-16	Payee name Veryou	Williams		
Amount (\$)		Zip Code		
\$45,00	HomelESS For	- WORTH - B	74104	
PURPOSE OF EXPENDITURE	PASS OUT HYER PLUS FOOD TO EAT	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
12-04-14	Payee name  Pake 1),1	lion		
Amount (\$) \$ 45-0	Payee address; City; State; Z	ap Gode FORT WORTH	76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s  PASS OUT Flyer  Plus Food to EA)	Check if travel outs	ide of Texas. Complete Schedule T. 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				

2.75 - 1.25 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov. Food/Beverage Expense Politing Expense Printing Expense	Expense Wages/Contract Labor Other (entring category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Raymond Will	18 Filer #D (Ethics Commission Filers)		
4 Date 281-22-16	5 Payee name Vimmy ALFOR,	D: 33		
6 Amount (\$)	7 Payee address; City, State; Zip Code	72		
145.00_	4304 MOUNTAIN CREST 1	FORT WORTH THE 76123		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Put Pole's INto GROUND	Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense		
EXPENDITURE	AND PLACE Election Signs			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
NI-22-16	ARTHUR CRENSha	w		
Amount (\$)	Payee address; City; State; Zip Code			
\$45.00	Homeless For Moci	TX 76104		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  PASS O4F Flyer  Frood to EAF	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			
01-22-16	GERAL LEWIS	•		
Amount (\$)	Payee address; City; State; Zip Code			
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  PASS out Hyer  Frond to East	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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4 Date 81-23-16	5 Payee nam	THE Home	e D	Epot	-	ATOR	<u>အ</u> -<
6 Amount (\$)	795	ress; City; State;  0	Zip Code Puth F	RWY FOR	+ war	TH	72 134
8 PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the top of this  9 U-Po-St  yy Duty		(b) Description  Check if travel o	utside of Texas. Co n, TX, officeholde	mplete Schedul	oT.
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Date	Payee nam	8					
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Date	Payee nam	8					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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1 Total pages Schedule F1:	2 FILER NAME Roymond Lu	"ILLIBY" 3 Filer	ID (Ethics Commission Filers)		
4 Date	5 Payee name		178 G:		
051-24-16	THE Home	DEPOL-	A ω ≺		
6 Amount (\$)	7 Payee address; City; State; Z 2013 Hwy 377	ip Coder	248		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s  BRACKE - Sign Hole	Check if travel outside of Texas			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
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50.00	Homehess For	I WORTH IX 7	404		
PURPOSE OF EXPENDITURE	PASS out Hyer  Plus Feed	Description Check if travel outside of Texas. Check if Austin, TX, officeho			
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Date	Payee name	••			
01-26-16	PASS OUT JOH	N HENSLEY			
Amount (\$) \$450.00	Payee address; City; State; Zity  HomeLess Follows	T WORTH TX 70	10104		
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	EXPENDITURE CA	ATEGORIES FOR BOX 8(a)	70 20 EL B	
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1 Total pages Schedule F1:	2 FILER NAME NOYMON	Id WilliBy 3	Filer ID (Ethics Commession Filers)	
4 Date A1-27-16	5 Payee name BJ /	MEZ	34 ATOR	
6 Amount (\$)	7 Payee address; City; State	e; Zip Code		
\$40.00	Homeless F	out west to the	710104	
8	(a) Category (See Categories listed at the top of			
PURPOSE	PASS OUT HYER		e of Texas. Complete Schedule T. X, officeholder living expense	
EXPENDITURE	Plus Food to		and a second string deposits	
9 Complete <u>ONLY</u> If direct expenditure to benefit C/Oi	Gandidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
A1-28-16	LEON POL	K		
Amount (\$)	Payee address; City; State	; Złp Code		
445.00	Homeless Fi	ont Worth I	X 76104	
PURPOSE OF EXPENDITURE	PASS OUT FLYER Plus Food to E	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense	
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expenditure to benefit C/OF	1			
Date	Payee name			
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41.09	35418/101 5	ycomore Schoo	L. Rd. Wolt4	
	Category (See Categories listed at the top of	,		
PURPOSE OF EXPENDITURE	Fuel FOR ELEC,	片。	of Texas. Complete Schedule T. , officeholder living expanse	
	VEHICLE.			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
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1 Total pages Schedule F1:	2 FILER NAME RAYMOND	Millsby 3 File	ID (Ethics Complesion Flors)	
4 Date 01-29-14	5 Payee name David Co	roper	D: 3L	
6 Amount (\$)	7 Payee address; City; State; Z	Code	70	
\$ 50.00	Homeless For	T WORTH TX	76104	
8 PURPOSE	(a) Category (See Categories listed at the top of this s	Check if travel outside of Tec		
OF EXPENDITURE	plus Food to Ess	Check if Austin, TX, office	eholder living expense	
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Date	Payee name			
\$1-30-14 Amount (\$)	Payee address; City; State; Z			
\$ 36.38	4313 EAST BE	ERRY FORT WOR	TH TX 74119	
PURPOSE OF EXPENDITURE	Fe of For Steel  Supporter	Description Check if travel outside of Text Check if Austin, TX, office		
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Date	Payee name	/		
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\$50,00	Homeless FOR	I Wastit IX T	16104	
	Category (See Categories listed at the top of this so			
PURPOSE OF EXPENDITURE	PASS out Flyer	Check if Austin, TX, office		
	Plus food to Est			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
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4 Date 82-01-14	5 Payee name RACE TRAC.		NT C		
\$ Amount (\$) \$32,38	7 Payee address; City; State; Z	ip Code L FORL WORTH	AM 10: 31		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s  Fuel For Elect	(b) Description  Check if travel or	uside of Texas. Complete Schedule T.  TX, officeholder Bying expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
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1,423.75	4900 SE Loop 820 SA	ite 204			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s 35 BIG YARD SIGNS FROM BACK WITH PICTURE 100 BIG YARD SIGN F	HAND Check if travel out	tside of Texas, Complete Schedule T. TX, officeholder living expense		
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Date &2-16	Payee name  JESSIE VAL	der "			
Amount (\$) \$45.00	Payee address; City; State; Zi	•	76104		
PURPOSE OF EXPENDITURE	PASS out Flyer  Plus Food to EAt	Check if travel out	side at Texas. Complete Schedule T. TX, officeholder living expanse		
Complete ONLY if direct expenditure to benefit G/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
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4 Date #2-183-16.	5 Payee name GUIKTR 7 Payee address; City; State	e: Zip Code	NT COU	
\$ Amount (s) 78¢			RA. C:	
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8 PURPOSE OF EXPENDITURE	Fuel For Elec	Check if travel ou	utside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
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12-04-16 Amount (\$)	FRED TOP	HUSON e; Zip Code		
940.00	Home Less	FORT WORTH -	TX 76104	
PURPOSE OF EXPENDITURE	Plus Food to E	Check if travel out Check if Austin,	tside of Texas. Complete Schedule T. TX, officeholder living expense	
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Date	Payee name			
AZ-04-14	JASON WR.	ight		
Amount (\$)	Payee address; City; State	a; Zip Gode		
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PURPOSE OF EXPENDITURE	PASS OUF FLYER PLUS FOOD to E	} <del></del>	side of Texas. Complete Schedule T. TX, officeholder living expense	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	EXPENDITURE CAT	TEGORIES FOR BOX 8(a)	_ m ~ ~	
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	METAL T- Post	-		
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Date	Payee name			
02-04-16	Stanley .	Billingsley Zip Code		
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	but HYER.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Sanking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Travel in District Travel Out Of Dist	pment & Related Expense
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4 Date 82-01-14	5 Payee nar	John L	EROY		PS TRAT	D: 3
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code		OR OR	\$-
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PURPOSE OF EXPENDITURE	PASS 0	ut flyer		_	in, TX, officeholder livin	
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4 Date 87-08'14	Tommy REED 3						
6 Amount (\$)	7 Payee address; Zity; State; Zi	p Code					
445.00-	Homeless FORT	WORTH TX ;	76104				
8	(a) Category (See Categories listed at the top of this so		ـ				
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EXPENDITURE	Plus Food to Est	1					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
02-08-16	LASON Weight	_					
Amount (\$)	Payee address; City; Cstate; Zh	Code					
\$ 45.00	Homeless Fort	Wheth TX	76104				
PURPOSE OF	Category (See Categories listed at the top of this so	Check if travel out	tside of Taxas. Complete Schedule T. TX, officeholder Ilving expense				
EXPENDITURE	Plus Food to En		17, uniterlated many expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
02-08-16	GUINTON	TONES					
Amount (\$)	Payee address; City; State; Zip	Code					
\$45.00_	Home LESS FOIT	WORTH TH	74104				
	Category (See Categories listed at the top of this sol						
PURPOSE OF EXPENDITURE	pass out Flyer		side of Texas. Complete Schedule T. TX, officeholder tiving expense				
	MUS food to Est	<del>-</del> .					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
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/Politica Credit Card Payment	From From Grant Committee Lo	vent Expense ses sod/Beverage Expense ft/Awards/Memorials Expense sgal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Travel in District Travel Out Of Dis Other lenter a cal	Pipment & Related Expense		
1 Total pages Schedule F1:	2 FILER NAM	Roymond	Jul.	BU	3 FilePto (Et	nics Commission Filers)		
4 Date 0-2/08/16	5 Payee name	SHELL		7	PSTRAT	D: 3		
6 Annount (\$)	7 Payee addr	1 1/ 00	Zip Code	D.	OR	<b>.</b>		
8 PURPOSE OF EXPENDITURE		ee Categories listed at the top of thi		<u></u>	outside of Texas. Complet stin, TX, officeholder livi			
9 Complete ONLY if direct expenditure to benefit C/O		/ Officeholder name		Office sought		Office held		
Date	Payee name	1.1-7	<i>i.</i> o					
472-69-10	Payee addre	HUFO LON ess: City: State:	Zip Code		<del> </del>			
8.99	929	E. BELLY	st.	fort pr	PORTH TS	ē		
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the Kerof thi	s schedule)	<u> </u>	outside of Texas. Complete tin, TX, officeholder livin			
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	_	/ Officeholder name		Office sought		Office held		
Date	Payes name							
02-09-16	Mi	d Night H	lour.	DESIGN	r			
Amount (\$)	Payee addre			-				
788.00	050			K FORT	WORTH	76118		
PURPOSE OF EXPENDITURE	ElEctro	er Categories liated at the top of this  PM Plyce  - 4, 000.	sarieure		outside of Texas. Complete tin, TX, officeholder livin			
Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Event Expense Loan Repayment/Reimbursem Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Politing Expense Contributions/Donatons Made By Git/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Laborated Card Payment  The Instruction Guide explains how to complete this for					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (auter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	AME Raymond	WILL	By	3 File (Ethics Compassion Filers)		
4 Date A2-A9-110	5 Payeens	John RE	NFR	9	T CC		
6 Amount (\$)	Homeless Fort Worth D TOYOW -						
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this out Flyer of the Est	schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought	Office held		
Date	Payee na	11	HON	/			
92-99-14 Amount (\$)	Payee ad	C/ (2 00 101	Ip Code				
\$45.00	Hora	refess For	The	BRIH TO	10104		
PURPOSE OF EXPENDITURE	PASS 6	(See Categories listed at the top of this e	schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held		
Date	Payee na	me					
02-10-16	~-	7- 8/5/15	N_				
Amount (\$) 27.18	Payee ad		ip Code	Ff. w	DETA TX.76119		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s	chedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

		EXPENDITUR	E CATEGORI	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fe Fr y G al Committee Le	vent Expense 1968 1904/Beverage Expense ft/Awards/Memorials E 19al Services The Instruction Gui	Office Politi Expense Printi Salar	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Chraneppriation Equipment & Rélated Expense -Cravel in District Travel Gul District Other (enters category not listed above)		
1 Total pages Schedule F1:	2 FILER NAM	Nauman	1/1/11/11	UBI	3 Filer 1D (Ethics Commission Filers)		
4 Date 82-11-14	5 Payee name	John 1	DOLAN	, /	MIO:		
6 Amount (\$)  8 2 2 900	7 Payee addre	ess; Ofty;	State; Zip Cod		34 34 (a)		
<u> </u>	Home	SESS	70.03	(b) Description	76104		
PURPOSE OF EXPENDITURE		ee Categories listed at th	e top or this schedule	Check if trave	l outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O		/ Officeholder nam	10	Office sought	Office held		
Date 82-11-14	Payee name	ORY D	ERNIG	'AN			
Armount (\$) \$ 32.00	Home	ess; // City;	State; Zip/Cod	•	C. 76104		
PURPOSE OF EXPENDITURE		ee Categories listed at the	·	1	outside of Texas. Complete Schedule T. lin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-		/ Officeholder nam	е	Office sought	Office held		
Date	Payee name						
X2-11-16	$\sim$	ACK M.	IMIAN	ns			
\$ 32.00	Home L	ss; city;	State; Zip Code	RTH TX	7/0104		
PURPOSE OF EXPENDITURE		e Categories listed at the		1	outside of Texas. Complete Schedule T. In, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder nam	18	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

,	EXPENDITURE CAT	EGORIES FOR BOX 8(a)					
Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Edigment Selated Expense Consulting Expense Food/Beverage Expense Polling Expense Polling Expense Printing Expense Printing Expense Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME ROYMONG	1 WILLIBY	Filer 1D (Ethics Commission Filers)				
4 Date B2-11-14	5 Payee name ALLAN	Loper FRO	INTR INTR				
6 Amount (\$)	7 Payee address; City; State;	Zip Code	10F				
\$32.00	Homeless Fort	WELL TO TO	10104				
8	(a) Category (See Categories listed at the top of this						
PURPOSE OF EXPENDITURE	PASSO OUT Flyer	1 🗂	ffexas. Complete Schedule T. officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
02-11-14 Amount (5)	Payee address; City; State;	IRBER Zip Code					
\$32.35		ore School RI	>.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this  LUNCH FOR EIEC,  HEIPER	Chart if smull mutation of	Texas. Gomplete Schedule T. officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
P2-12-16	Ruben	SANCHEZ					
Amount (\$) #32.00	Payee address: City; State;  Homeless Fo	ZIP CODE  ORT WORTH TX.	76104				
PURPOSE OF EXPENDITURE	Category (See Categories Histed at the top of this  HomeLess PASS  Flyek		Texas. Complete Schedule T. Miceholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
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/Politica Credit Card Payment	Fe Fo y Gif al Committee Lep	d/Beverage Expense /Awards/Memorials Expense al Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Of Other Lenter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAMI	Roumand	WILLIBY	3 Filer 10 (Ethies Commission Filers)		
4 Date 82-12-110	5 Payee name	TACO CAS	SA	T CO		
6 Amount (\$) 4. 43	7 Payee addre	_	lp Code St. Foet U	BETHER TON TUNING		
8 PURPOSE OF EXPENDITURE	,	Categories listed at the top of this s	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O		Officeholder name	Office sought	Office held		
Date	Payee name					
142-13-16 Amount (\$)	Payee addre	L BROOKS; City; State; Z	E Code			
\$ 65.00	Home	ess Fort	WOETH TX	76104		
PURPOSE OF EXPENDITURE		Categories listed at the top of this s	Check if travel of	outside of Texas. Complete Schedule T. in, TX, officeholder Itving expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office sought	Office held		
Date	Payee name		•			
02-13-16	Adria	N Lopez	FRO			
Amount (\$)	Payee address	•	DOUTH TX	. 76104		
PURPOSE OF EXPENDITURE		Categories listed at the top of this so	Description  Check if travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit G/OH		Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)							
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1 Total pages Schedule F1:	2 FILER N	AME Roymo	nd wil	LiB,	3 Filer ID (Ethics Commission Filers)		
4 Date N2-13-16	5 Payee na	ume ,	DILLIAMS	7	DUN I		
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$ 45.00	Home	Homeless Fort WORTH TX 76/04					
8 PURPOSE OF EXPENDITURE		out Flyer	o of this schedule)	[]	outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held		
Date	Payee na	me					
42-13-16 Amount (\$)	Payee ac	do 4N Idress; City; Ista	DOLAN te; Zip Code				
\$ 65.00-	Hom.	eless Fa	nt Wor	UTH 灰.	76104		
PURPOSE OF EXPENDITURE		(See Categories listed at the top			utside of Texas. Complete Schedule T.  1, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held		
Date	Payee na	ıme		•			
42-13-16		SHell					
Amount (\$)	Payee ac	dress; City; Sta	te; Zip Code				
\$28.64	84	54 S. FR	EEWAY				
PURPOSE OF EXPENDITURE	•	FOR EIEC			ntside af Texas. Complete Schedule T. 1, TX, afficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	B EL 20			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Gredit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Sol Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra Salaries/Wages/Contract Labor	Iteration Fundraising Expense insportation Equipment & Related Expense ivel in District avel Out of District or in (enteraxategory not listed above)			
	The Instruction Guide explain					
	Roymond	Willisy	Flier ID Terrics Commission Fliers)			
4 Date 42-13-16	5 Payee name WHATABu	urger	): 35			
6 Amount (\$)	7 Payee address; City; State; Z	lip Code				
\$45.84	<del></del>	OKE School RI	D.			
8	(a) Category (See Categories listed at the top of this s	· · · · · · · · · · · · · · · · · · ·				
PURPOSE OF EXPENDITURE	LUNCH FOR Electro	Check If Austin, TX,	of Texas. Complete Schadule T. officeholder living expense			
	Employee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
42-13-16		ENERAL STORE				
Amount (\$)	Payee address; City; State; Zi	Ip Code				
10.63	200 Roberts	st				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outside of	Texas. Complete Schedule T. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	_ •				
22-14-14	LACK WILL	IAM				
Amount (\$)	Payee address; City; State; Zi	lp Code				
\$40.00	Homeless foai	T WONTH IR	7/0104			
,	Category (See Categories listed at the top of this so					
PURPOSE OF EXPENDITURE	PASS out Flyer	I [ _	Texas. Complete Schedule T. officeholder fiving 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						

	EXPENDITURE	CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense ense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category) pt listed above)		
1 Total pages Schedule F1:	2 FILER NAME ROYMON	I willisy	3 Filer ID (Ethics Commission Filers)		
4 Date (X2-14-16	5 Payee name Adria	N Lopez Fro	AM 10:		
6 Amount (\$)	7 Payee address; City; St. Homeless Fo	ORT WORTH TO	74104 35 X		
8 PURPOSE OF EXPENDITURE	PASS OUT Fly	Check if travel or	outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 14-110	Payee name Churc	, h'e			
Amount (\$)		tate; Zip Code			
16.83	3221 MAN	sfield Fortu	Jonth 76119		
PURPOSE OF EXPENDITURE	Food for Elec- Employee	op of this schedule) Description Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	. 1			
X2-14-16	Petel Wh	HeN			
Amount (\$)	Homeless For	ate; Zip Code	76104		
PURPOSE OF EXPENDITURE	PASS OUT Fly	Check # travel ou	utside af Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagee/Contract Labor s how to complete this form.	Solicitation/Fundreising Expense Transportation Eddipment & Belated Expense Travel In District Travel Dut of District Other (enter a category not lighted above)				
1 Total pages Schedule F1:	2 FILER NAME ROYMOND	WILL	3 Filer 10 (Ethics Commission Filers)				
4 Date	5 Payee name	0	150 C				
12-15-16	LONNIE	Cooper	\ A 33 \				
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	95 01				
\$ 60.00	Home Less ForT	WORTH TX 7	4104				
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description					
PURPOSE OF EXPENDITURE	PASS out Flyck	1 -	outside of Texas. Complete Schedule T. in, TX, officehalder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held				
Date	Pavee name						
Date							
42-15-16 Amount (\$)	Dould L. Pavee address; City; State; Zix	Broks					
₹32.∞	Homeless Fort	WORTH TO	76104				
	Category (See Categories listed at the top of this sc	hedule) Description					
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.				
OF EXPENDITURE	PASS out Flyer	Check if Austin	n, TX, afficeholder Itving expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
\$2-15-16	JACK V	UILLIAMS					
Amount (\$)	Payee address; City; State; Zip	Code					
\$32,00	Homehess Fort L	DONTH TO T	16104				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sof	Check If travel ou	itside of Texas. Complete Schedule T. , TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

		EXPENDITURE CAT	EGORIES I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fe Fo Sy Gi al Committee Le	ent Expense es od/Beverage Expense It/Awards/Memorials Expense gal Services The Instruction Guide expl	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listert above)
1 Total pages Schedule F1:	2 FILER NAM	Raymonic	1 101	UB	3 Filer ID (Ethics Bommission Filers)
4 Date 82-15-16 6 Amount (5)	5 Payee name 7 Payee addre	NATHA	Zip Code	MOREANC	MESS CHAIL
\$32.00_	Hone	Less Foe	Th	WETH Z	35 14104
8 PURPOSE OF EXPENDITURE	(a) Category (Sa	e Categories listed at the top of the	is schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OI		/ Officeholder name		Office sought	Office held
Date 42-15-14	Payee name	HICKEN &	SEA	Food	
Amount (\$) \$56.63	Payee addre	ss; City; Státe;	Zip Code		We 76/19
PURPOSE OF EXPENDITURE	Food Fo	e Categories listed at the top of this  PLEHO  PLE  PLE  PLE  PLE  PLE  PLE  PLE  PL	is schedule)	Description Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held
Date 62-16-16	Payee name	JACK WI	WA	in	
Amount (\$)	Payee address	ss; City; State;	Zip Code	bett tx	76104
PURPOSE OF EXPENDITURE		a Categories listed at the top of this  when Alyeir		$\Box$	de al Texas. Complete Schedule T. IX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

		EXPENDITURE CAT	FGORIES E	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	by Gi al Committee Le	ent Expense es od/Beverage Expense tt/Awards/Memorials Expense gel Services The Instruction Guide expla	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense onse ense ges/Contract Labor	Travel in District Travel Out of District Other (enter a esti	uipment & Related Expense trict
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92-16-16	5 Payee name	GUINTON	1 To	ves	RATOR	: 35
\$ Amount (\$)	Homae I		Zip Code	eTH IX.	76104	,
8 PURPOSE OF EXPENDITURE		e Categories listed at the top of this	s schedule)		outside of Texas. Complet in, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/Ol		/ Officeholder name		Office sought		Office held
Date	Payee name	0	-			
\$2-16-16 Amount (\$)	Pavee addre	I'LL LO OPE ss: City: State:	Zip Code			
\$ 48.00	Home	Less For		bett !	TTles	104
PURPOSE OF EXPENDITURE	PASS 0	e Categories listed at the top of this	s schedule)	<u></u>	utside of Texas. Complete n, TX, officeholder livin	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date D2-16-16	Payee name	YEN SANC	hez	•		
Amount (\$) \$1/8 00	Payee addre		Zip Code	カフ	4104	
PURPOSE OF EXPENDITURE		o Categories listed at the top of this		[]	utside of Texas. Complete	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Exper Glift/Awards/Memorial Legal Services The Instruction (	nse Is Expense	Office Overt Polling Expo Printing Exp Salaries/Wa		Trani Trav	itation/Tundralei sportation Equipe el In District el Out of District r (enters callego	ment & Reis	Expense	
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	1	- Kayn	ond h	our	BY		<u></u>		20	
182-17-16	5 Payee na	KAHA	LEEN	FOR			FRATO	<u>Ω</u> -	*	
6 Amount (\$)	7 Payee ac	ddress; City	; State; Zip	Code	1.0		ž	O1		
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8 PURPOSE OF EXPENDITURE		(See Categories listed a		iedule)	LJ		exas. Complete Sc ficeholder living a			
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OI		ate / Officeholder n	ame		Office sought			Office held	j	
Date	Payee na	me				***************************************				
02-17-14		SANO	ly I	Tohy	SOH					
Amount (\$)  #US 02	Payee ad		State; Zip IALee	Code SA	- FOLT	Wee	TH	T41	119	
PURPOSE OF EXPENDITURE		(See Categories listed at	•	edule)	F1		xas. Complete Sch ceholder living ax			
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder na	ime		Office sought		C	Office held		
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02-17-16	De	ber U	A/Kek	,						
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\$48.00	431	3 WILDA	gel &	x-,	FORT WE	reTH	2 D	76%	1/9	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at		edule)			xas. Complete Scho ceholder living ex			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder na	ame		Office sought		(	Office held	ı	
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/Politica Credit Card Payment	/ment/Reimbursement thead/lental Expense sense pense ages/Contract Labor omplete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)									
1 Total pages Schedule F1:	2 FILER N	AME /	moul	11/1/	61	3 File	r ID (Ethigs	لدا	70		
4 Date 12-17-16 5 Amount (\$)	5 Payee na	341	PROH W. City; State; 2		Sort			B 22 AM	PILED O		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense 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) **Credit Card Payment** The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Files) Total pages Schedule F1: 2 FILER NAME 5 Payes name FORT WORTH TO THOSO 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE \_ Check it Austin, TX, officeholder living expense ASS OUT Flyer EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name FORT WORTH TO THOTOY Check if travel outside of Texas. Complete Schedule T. \_\_\_ Check if Austin, TX, officeholder living expense ASS OUT-MYER EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name FORT WORTH TX 76104 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF ☐ 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

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