CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: | | | | | | |
|---------------------------------------|---|--------------------------|--|---|--|--|--|
| ine c/on instruction G | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER | 2.0 | IRST | Mi į | OFFICE USE ONLY | | | |
| NAME | | AST | SUFFIX | Date Received | | | |
| | Tom 4 | STHORN | | B. 20 | | | |
| 4 CANDIDATE/ | ADDRESS / PO BOX; APT / SUI | 111/010 | STATE; ZIP CODE | TARRA 2016 JAN LECTIONS | | | |
| OFFICEHOLDER MAILING ADDRESS | | | | TARRANT CO DIG JAN 29 AI | | | |
| Change of Address | | | · · | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE N | UMBER | EXTENSION | Date Hand-delived or Carle Polararked | | | |
| 6 CAMPAIGN | MS/MRS/MR F | IRST | MI | Receipt # 2 | | | |
| TREASURER NAME | | nmie | | Date Processed | | | |
| | Tom Hat | horn | SUFFIX | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX P | LEASE); APT / SUITE #; | CITY; STATE; | ZIP CODE | | | |
| (Residence or Business) | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE N | IUMBER | EXTENSION | | | | |
| 9 REPORT TYPE | January 15 | 30th day before election | Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | | |
| | July 15 | 8th day before election | Exceeded \$500 limit | Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month Day | Year | Month | Day Year | | | |
| COVENED | JAN / 1 | ́ І́() тн | ROUGH Feb/ | | | | |
| 11 ELECTION | ELECTION DATE | | | | | | |
| | Month Day Year MAR 1 16 | General | Runoff Other Description Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | |
| | | | CONSTADLE F | Deri | | | |
| GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | mie Ha | thorn | 15 Filer ID (Ethics Commission Filers) |
|---|---|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR N SUPPORT THE CAND | DITURES MADE BY POLITICAL COMMITTEES TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE | |
| | COMMITTEE TYPE | ARRAN FRANK FRANK | |
| | SPECIFIC | COMMITTEE ADDRESS | ILED IT COUN 9 AN 9 PHILLIPS |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | ATOR |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ -0- |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED | \$ 0 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 4 463 8 K |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ORTING PERIOD | st day \$ |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD | THE \$ T |
| 18 AFFIDAVIT | | | |
| | BRANDI M. BRE NOTARY PUI STATE OF TE My Comm. Exp. 04- | ATCN true and correct and includes all in under Title 15, Election Code. SLIC SCAS 36-2017 | f perjury, that the accompanying report is information required to be reported by me Advantage of the second seco |
| AFFIX NOTARY STAM | чк. — | | |
| Sworn to and subsc | ribed before me, | by the said Tommie Hathorn | , this the 29^{+} |
| day of Januas | <u>1,20 16</u> | to certify which, witness my hand and seal of office | 9. |
| | Pts | Z Branchim Brewton | Clerk |
| Signature of officer a | dininistering oath | Printed name of officer administering oath | Title of officer administering oath |

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | **** | ······ |
|---|------------------------|--|
| 19 FILER NAME Tommie Hothorn | 20 Filer ID (Ethics Co | mmission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 0- |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0- |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 70 |
| 4. V SCHEDULE E: LOANS | | s -0 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON | ITRIBUTIONS | \$-0- |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | s O |
| 7. V SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C | CONTRIBUTIONS | s 0 - |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 3.688.85 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | DS | \$ 4,463 8% |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | s - |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM | NTRIBUTIONS | s O |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER | ONS | \$ 0- |
| | 8Y: | FILED TARRANT COUNTY 2016 JAN 29 AM 9: 01 FRANK PHILLIPS ELECTIONS ADMINISTRATOR |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|--|---|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME COMMINE Hothorn | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor □ out-of-state PAC (10#: 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | uctions) |
| Date Full name of contributor 🔲 out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | Ictions) |
| Date Full name of contributor | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instru | Luctions) |
| Date Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code | Amount of contribution (\$) TARRANT ECTIONS AD FRANK P |
| Principal occupation / Job title (See Instructions) Employer (See Instru | Norge |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS M If contributor is out-of-state PAC, please see instruction guide for additiona | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| TI | ne Instruction Guide explains how to complete this form | n. | 1 Total pages Schedule A2: |
|--------------------------------------|---|-------------------|---|
| 2 FILER NAME 1000001 e L. Hathver | | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ 0 |
| 5 Date | 6 Full name of contributor [] out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution Contribution \$ description |
| | 7 Contributor address; City; State; Zip Coc | Ie | |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | ti Employe | Check if travel outside of Texas. Complete Schedule er (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | · · · · · · · · · · · · · · · · · · · |
| Date | Full name of contributor 🔲 out-of-state PAC (ID#: |) | Amount of In-kind contribution Contribution \$ description |
| | Contributor address; City; State; Zip Co | de | |
| Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | Check if travel outside of Texas. Complete Schedule er (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's | s principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's | s employer/law firm (FOR JUDICIAL) | Law firm | m of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributo | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | and 121 |
| | | | |
| | | | ARRANT COUNTY 6 JAN 29 AM 9: 01 FRANK PHILLIPS OTIONS ADMINISTRATOR |
| | | | |
| H | ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instructio | | - |

| PLEDG | ED CONTRIBUTIONS | | | SCHEDULE B | |
|-------------------|---|--------------------------|--|-------------------------------------|--|
| The | Instruction Guide explains how to complete this | 1 Total pages Sched | ule B: | | |
| 2 FILER NAME | onnie L'Hathorn | 3 Filer ID (Ethics C | ommission Filers) | | |
| 4 TOTAL OF | | | \$ | | |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#: | 8 Amount of Pledge \$ | . 9 In-kind contribution description | | |
| | 7 Pledgor address; City; State; Zi | p Code | | | |
| 10 Principal occu | pation / Job title (See Instructions) | 11 Employer /See | | de of Texas. Complete Schedule T. | |
| | | 11 Employer (See | | | |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of Pledge \$ | In-kind contribution description | |
| | Pledgor address; City; State; Z | ip Code | | · · · | |
| | | | Check if travel outside of Texas. Complete Schedule T. | | |
| Principal occup | Dation / Job title (See Instructions) | Employer (See | Instructions) | | |
| Date | Full name of pledgor 🔲 out-of-state PAC (ID#: |) | Amount of Pledge \$ | In-kind contribution | |
| | Pledgor address; City; State; Z | ip Code | | | |
| | | | Check if travel outside of Texas. Complete Schedule T. | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions) | | |
| Date | Full name of pledgor out-of-state PAC (ID#: |) | Amount of Pledge \$ | | |
| | Pledgor address; City; State; Z | ip Code | | RRAN JAN 2 | |
| | | | Check if travel outs | de of Take Complete Scottaudie IT. | |
| Principal occup | bation / Job title (See Instructions) | Employer (See | Instructions) | OUNT | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ATTACH ADDITIONAL COPIES OF | | | | |
| | contributor is out-of-state PAC, please see instru- | | dditional reporting | | |
| Forms provided by | Texas Ethics Commission www.ethics | .state.tx.us | | Revised 9/8/2015 | |

| LOANS | | | SCHEDULE E | | |
|---|---|--|----------------------------|--|--|
| The | Instruction Guide explains how to comp | lete this form. | 1 Total pages Schedule E: | | |
| | 2 FILER NAME | | | | |
| | | | \$ | | |
| 5 Date of loan | 7 Name of lender Cut-of-state | PAC (ID#:) | 9 Loan Amount (\$) | | |
| 6 Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate | | |
| Y N | | | 11 Maturity date | | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | | | |
| 14 Description of Colla | ateral | 15 Check if personal funds were account (See Instructions) | deposited into political | | |
| 16 GUARANTOR INFORMATION | JARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$ | | | | |
| 🔲 not applicable | 18 Guarantor address; City; | State; Zip Code | | | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | TAN 2016 ELEC BY: | | |
| Date of loan | Name of lender 🗌 out-of-state | PAC (ID#:) | Loan Amogines ANN 29 | | |
| ls lender a financial Institution? | Lender address; City; | State; Zip Code | | | |
| Y N Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | ATOR 1 | | |
| Description of Colla | ateral | Check if personal funds were account (See Instructions) | deposited into political | | |
| GUARANTOR INFORMATION | GUARANTOR Name of guarantor Amount Guaranteed | | | | |
| | Guarantor address; City; | State; Zip Code | | | |
| not applicable | | | | | |
| Principal Occupation | Principal Occupation (See Instructions) Employer (See Instructions) | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | |

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| FROM POL | SCHEDULE F1 | | | | |
|---|---|---|---|--|--|
| | EXPENDITURE CATEGO | RIES FOR BOX 8(a) | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P | can Repayment/Reimbursement Mice Overhead/Rental Expense Iolling Expense Irinting Expense Ialaries/Wages/Contract Labor Iow to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| 1 Total pages Schedule F1: | 2 FILER NAME IORNALE L. Hatthorn | .) | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Payee name | | L | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip (| Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this sche | Check if travel o | utside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held | | |
| Date | Payee name | | TAR 2016 J ELECT | | |
| Amount (\$) | Payee address; City; State; Zip (| Code | RANT C RANT C AN 29 DIVANIK PHIL DIVS ADM | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sche | Check if travel of | utside of Texas. Completing Schedule Lo. | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip (| Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sche | Check if travel of | utside of Texas. Complete Schedule T. n, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held | | |
| | ATTACH ADDITIONAL COPIES OF | F THIS SCHEDULE AS NE | EDED | | |

DOL ITICAL

EVENIDITUDEO MADE

| UNPAID INCURRED OBLIGATIONS | | | | | SCHE | DULE F | 2 |
|---|---|---------------------------------|--|------------|--|-----------|----------|
| | EXPEN | DITURE CATEGO | RIES FOR B | OX 10(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) | | | | | | | |
| 1 Total pages Schedule F2: | 1 Total pages Schedule F2: 2 FILER NAME 1 Total pages Schedule F2: 2 FILER NAME 1 Ommie. L Hoethorn 3 Filer ID (Ethics Commission Filers) | | | | | | |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ | | | | | | | |
| 5 Date | 6 Payee name | | | | 5. | | |
| 7 Amount (\$) | 8 Payee address; | City; State; Zi | p Code | | | | |
| 9 TYPE OF EXPENDITURE | Political | | Non-Political | | | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categor | ies listed at the top of this s | chedule) | | on Iravel outside of Texas. Com If Austin, TX, officeholder | | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Office | eholder name | Office s | sought | Office h | eld | |
| Date | Payee name | | a a da a | | | | |
| Amount (\$) | Payee address; | City; State; Zi | ip Code | | BY: | DIG JAN 2 | TARRAN |
| TYPE OF EXPENDITURE | Political | | Non-Political | | UMIRE | 9 AM | ED. |
| PURPOSE OF EXPENDITURE | Category (See Categor | ies listed at the top of this s | chedule) | ···· | on 77 i travel outside of Texas. Cod if Austin, TX, officeholder | C) | UNTY |
| Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | |
| | | | | | | | |
| | ATTACH ADDITIO | NAL COPIES OF | THIS SCHE | DULE AS NE | EDED | | |
| Forms provided by Texas Ethi | cs Commission | www.ethics.st | ate.tx.us | | | Revised | 9/8/2015 |

| | ASE OF INVESTMENTS MADE POLITICAL CONTRIBUTIONS | SCHEDULE F3 |
|--------------|--|---------------------------------------|
| Т | he Instruction Guide explains how to complete this form. | 1 Total pages Schedule F3: |
| 2 FILER NAME | e Ltouthorn \ | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom investment is purchased NONE 6 Address of person from whom investment is purchased; Cit | ity; State; Zip Code |
| | 7 Description of investment | |
| | 8 Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased; City | ty; State; Zip Code TARRAT BY: |
| | Description of investment | ANT COUNTY |
| | Amount of investment (\$) | RATOR |
| | | - |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | E AS NEEDED |

Forms provided by Texas Ethics Commission

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| EXPENDITU | RES MADE BY CREDIT CA | ARD | SCHEDULE F4 |
|---|--|---------------------------------------|---|
| | EXPENDITURE CATEGORIES FOR | BOX 10(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica | Fees Office Overhead Food/Beverage Expense Polling Expense Gilf/Awards/Memorials Expense Printing Expens | VRental Expense Tra Tra e Tra | icitation/Fundraising Expense nsportation Equipment & Related Expense vel n District vel Out Of District er (enter a category not listed above) |
| | The instruction Guide explains how to comp | lete this form. | |
| 1 Total pages Schedule F4: | 2 FILER NAME Tommie L Hothorn | 3 Fil | er ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEM | ZED EXPENDITURES CHARGED TO A CRED | IT CARD \$ | |
| 5 Date 0 -07 - 16 7 Amount (\$) 9 60 a 44 | 6 Payee name Edwards & Patterson Signs 8 Payee address; City; State; Zip Code | | |
| 0,842, xx | 4733 DON DRIVE DAILAS TX | 15241 | |
| 9 TYPE OF EXPENDITURE | Political Non-Politica | d | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | tside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | l | sought | TARRA 2016 JA |
| Date | Payee name | · · · · · · · · · · · · · · · · · · · | 29 HE |
| 1-17-16 | 111STA - PRINT | | |
| Amount (\$) <i>4//</i> <i>196 / Ky</i> TYPE OF | Payee address; City; State; Zip Code 95 Hayden AVE. LEXINGTON MI | | UNTY AM 9: 01 AUSTRATOR |
| EXPENDITURE | X Political Non-Politica | 3 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) \mathcal{R} | | itside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | sought ADIE RT 1 | Office held |
| | | | |
| • • • • • • • • • • • • • • • • • • • | ATTACH ADDITIONAL COPIES OF THIS SCH | EDULE AS NEEDEI | D |
| Forms provided by Texas Ethics | Commission www.ethics.state.tx.us | ······ | Revised 9/8/201 |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

.

SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---------------|--|---------------------------------------|----------------------|-------------------------------|--|----------------|
| | | | | | | | |
| Advertising Expense Accounting/Banking | | Event Expense Fees | Loan Repayment/R Office Overhead/R | | Transportatio | ⁵ undraising Expen on Equipment & Re | |
| Consulting Expense Contributions/Donations Made | Ву | Food/Beverage Expense Gift/Awards/Memorials Expense | Polling Expense Printing Expense | | Travel In Dis Travel Out C | | |
| Candidate/Officeholder/Politi Credit Card Payment | cal Committee | Legal Services | Salaries/Wages/Co | | Other (enter | a category not liste | ed above) |
| | | The Instruction Guide exp | stains how to complet | e this form. | | | |
| 1 Total pages Schedule G: | 2 FILER NA | AME | | | 3 Filer ID | (Ethics Commis | ssion Filers) |
| 4 Date | 5 Payee na | me | | | | | |
| 1/5/16 | TARRA | NT COUNTY Rep dress; City; State; | ublican Par | TY | | | |
| 6 Amount (\$) 425 0- | 7 Payee ad | dress; City, Statė; | Zip Code | , | | | |
| Reimbursement from political contributions intended | 7.524 | I MOSIER Vier | OCT Suit | e 230 | FT. WORT | TH TX 2 | 76118 |
| 8 | | (See Categories listed at the top of th | | cription | | | |
| PURPOSE | | | | Check if travel outs | ide of Texas. Compl | ete Schedule T. | |
| EXPENDITURE | EVEN | IT-FEE | | Check if Austin, | TX, officeholder li | ving expense | |
| 9 Complete ONLY if direct expenditure to benefit C/ | Candic | late / Officeholder name | | sought | | Office | həld |
| - | 10 | n tathorn | Const | TABLE PC | TI | | |
| Date | Рауее па | me | | | | | |
| 1 127/16 | Eduk | ids & latterson | SIGNS | | | | |
| Amount (\$) 2,892, 44/10- | Payee ad | dress; City; State; | Zip Code | | | | |
| Reimbursement from political contributions intended | 473 | 3 DON DRIVE DA | ILAS TX 7. | 5241 | | | |
| | | (See Categories listed at the top of th | | | | | |
| PURPOSE OF | | ι. | | Check if travel outs | ide of Texas. Compl | ete Schedule T. | |
| EXPENDITURE | PRIN | TING | | Check if Austin, | TX, officeholder li | ving expense | |
| Complete ONLY if direct expenditure to benefit C/ | | date / Officeholder name | Office | sought | | Office | held |
| expenditure to benefit Ch | Tor | n Hathan | Conten | Moble Pc | TI BY | ELE | TA |
| Date | Payee na | me | | | Ĩ | FR | RR |
| 1/22/16 | VIST | A PRINT | | | | UP F | AN |
| Amount (\$) | Payee ad | dress; City; State; | Zip Code | | T | | D TE |
| 796 4/10 | | | | | | T. | H 20 |
| Reimbursement from political contributions | ar | Harbor Aug | LEXINGTON | MA (| 12421 | ISTRA | COUNT COUNT |
| intended | Category | (See Categories listed at the top of th | | scription | | ATOR | 0 -< |
| PURPOSE | Clicgory | (carebones relation of the tap of th | | | ide of Texas. Compl | | |
| EXPENDITURE | PRIN | TING | | Check if Austin, | TX, officeholder li | l iving expense | |
| Complete ONLY if direct expenditure to benefit C/ | | date / Officeholder name | Office | sought | | Office | held |
| | Te | in the moren | Con | TADR | Реті | | |
| | ΔΤΤ | ACH ADDITIONAL COPIE | S OF THIS SCHED | ULE AS NEF | DED | | |
| | Ai 17 | | | / | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|--|---|---|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla | Office Overhead/ Polling Expense Printing Expense Salaries/Wages/0 | nting Expense aries/Wages/Contract Labor | | /Fundraising Expense tion Equipment & Related Expense istrict Of District r a category not listed above) | | |
| 1 Total pages Schedule G: | 2 FILER NAME | | | | 3 Filer II | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Payee nam | SUTTON | | | | | | |
| 6 Amount (\$) 350 00 | 7 Payee add | ress; City; State; Z | lip Code | | alan an a | | | |
| Reimbursement from political contributions intended | 5792 FENWAY CT HALTOM City TX 16131 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/0 | Candida | CLST te / Officeholder name | A A | sought | 0 | Office held | | |
| Date | Payee nam | | | | <u> </u> | | | |
| Amount (\$) | Payee add | ress; City; State; Z | ĩp Code | | BY:- | TARRAI 1016 JAN ELECTION | | |
| PURPOSE OF EXPENDITURE | Category (s | See Categories listed at the top of this s | chedule) (b) De | - | outside of Texas. Com | 22 AT COU | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | te / Officeholder name | Office | sought | stin, TX, officeholder | Diffice hold | | |
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| Amount (\$) | Payee add | ress; City; State; Z | lip Code | | | | | |
| Reimbursement from political contributions intended | | | | | | | | |
| PURPOSE OF EXPENDITURE | Category (S | See Categories listed at the top of this s | chedula) (b) De | ī | l outside of Texas, Com; stin, TX, officeholder | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/0 | | te / Officeholder name | Office | sought | | Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | |