

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Bill E. <small>NICKNAME LAST SUFFIX</small> Waybourn	OFFICE USE ONLY Date Received BY: <i>FR</i> FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 15 PM 4: 31 TARRANT COUNTY FILED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Taya <small>NICKNAME LAST SUFFIX</small> Kyle	Date Handled or Date Postmarked Receipt # Amount Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION _____		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2015 THROUGH 12 / 31 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	OFFICE SOUGHT (if known) Sheriff	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Bill Waybourn 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

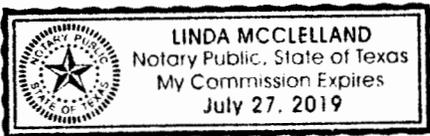
Additional Pages

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 2016 JAN 15 PM 4:32
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 ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 17,894.95
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 151,670.91
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 84,252.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 67,418.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 15th day of January, 2016, to certify which, witness my hand and seal of office.

Linda McClelland Linda McClelland
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Bill Waybourn

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 133,775.96
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,750.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 20,000.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 84,252.78
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 JAN 15 PM 4: 32
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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

7/23/2015

5 Full name of contributor

James Vardalis

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

7 Amount of contribution (\$)

\$485.20

6 Contributor address;

City; State; Zip Code

917 Joshua Court, Granbury, TX 76048

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/26/2015

Full name of contributor

Craig Gentry

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

Amount of contribution (\$)

\$1,941.70

Contributor address;

City; State; Zip Code

60 E. Rio Salado Prkwy #1012, Temple, AZ 85281

Principal occupation / Job title (See Instructions)

Professional Baseball Player

Employer (See Instructions)

MLB

Date

8/1/2015

Full name of contributor

Patrick & Janice Tyler

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

Amount of contribution (\$)

\$125.00

Contributor address;

City; State; Zip Code

3705 Pimlico Dr, Arlington, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/1/2015

Full name of contributor

Saljo Kolic

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

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

2229 W. Park Row Dr. Ste D, Pantego, TX 76013

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Saljo's Pizza

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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 8/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tricia Menikos 6 Contributor address; City; State; Zip Code 2701 Kimbo Rd., Fort Worth, TX 76111	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Arslanovski Contributor address; City; State; Zip Code 915 W. Debbie Lane, Mansfield, TX 76063	Amount of contribution (\$) \$485.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Speakmon Contributor address; City; State; Zip Code 1405 Briar Meadow Dr., Keller, TX 76248	Amount of contribution (\$) \$96.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard & Delores Pell Contributor address; City; State; Zip Code 3703 Dustin Trail, Arlington, TX 76016	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		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 8/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Canon 6 Contributor address; City; State; Zip Code 901 Kristin Ct., Arlington, TX 76012	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vivki Gustafson Contributor address; City; State; Zip Code 5401 Hidden Valley Ct, Mansfield, TX 76063	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billie W. James Contributor address; City; State; Zip Code 509 Country Wood Ct., Arlington, TX 76011	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Dodson Contributor address; City; State; Zip Code 2705 Whisperwood TR., Arlington, TX 76016	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ELECTIONS ADMINISTRATOR
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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

8/28/15

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

Richard & Kathleen Riddle

6 Contributor address; City; State; Zip Code

1602 Stagecoach Dr, Pantego, TX 76013

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/28/15

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

Richard Morris

Contributor address; City; State; Zip Code

2733 6th Avenue, Fort Worth, TX 76010

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/15

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

Vivian Lynn

Contributor address; City; State; Zip Code

5840 Crystal Dr, Midlothian, TX 76065

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

insurance

Employer (See Instructions)

State Farm

Date

8/28/15

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

Albert Martinez

Contributor address; City; State; Zip Code

2000 Hill Country Ct., Arlington, TX 76012

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

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 8/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Hill 6 Contributor address; City; State; Zip Code 1604 Lillian Ave., Pantego, TX 76013	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Lockheed Martin
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Redden Contributor address; City; State; Zip Code 2204 Raper Blvd., Arlington, TX 76013	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Cowboy's Towing
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Shaw Contributor address; City; State; Zip Code 2704 Sunset Ln, Arlington, TX 76016	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott O'Grady Contributor address; City; State; Zip Code P.O. Box 12369, Dallas, TX 75225	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Motivational Speaker		Employer (See Instructions) Self
BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 15 PM 4:35 FILED TARRANT COUNTY		
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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 8/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Bassel 6 Contributor address; City; State; Zip Code 5804 Forest Bend, Fort Worth, TX 76112	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Wommack Contributor address; City; State; Zip Code 907 Moore Road, Mansfield, TX 76063	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Service First Mortgage
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Kurban Contributor address; City; State; Zip Code 101 Hideaway #5, Strawn TX 76475	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Springer Contributor address; City; State; Zip Code 700 Buffalo Drive, Arlington, TX 76013	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		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 8/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theresa Mayser 6 Contributor address; City; State; Zip Code 1321 Brookfield Ln. Mansfield TX 76063	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Lore Contributor address; City; State; Zip Code 3726 Danbury Dr., Arlington, TX 76016	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Beardsley Contributor address; City; State; Zip Code 2601 Roosevelt Drive, Arlington, TX 76016	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Southey Contributor address; City; State; Zip Code 4017 Patricia's Ridge, Fort Worth, TX 76126	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		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 8/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard & Judy Zuckerbrow 6 Contributor address; City; State; Zip Code 2804 Katherine Court, Arlington, TX 76016	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay King Contributor address; City; State; Zip Code 4015 Shady Valley, Arlington, TX 76013	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Schroeder Contributor address; City; State; Zip Code P.O. Box 170053, Arlington, TX 76003	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.E.Meek Contributor address; City; State; Zip Code P.O. Box 150005, Arlington, TX 76015	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 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 8/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred or Linda Davis 6 Contributor address; City; State; Zip Code P.O. Box 13663, Arlington, TX 76094	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 8/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Blumberg Contributor address; City; State; Zip Code 2304 W. interstate 20, Ste 190, Arlington, TX 76017	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan Luttrell Contributor address; City; State; Zip Code 777 Main Street, Suite 600, Fort Worth, TX 76102	Amount of contribution (\$) \$486.25
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Driskell Contributor address; City; State; Zip Code 2903 Burlwood Dr., Arlington, TX 76016	Amount of contribution (\$) \$486.25
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) CLEAT
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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ELECTIONS ADMINISTRATOR

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

8/28/15

5 Full name of contributor

Kimberly Newcomer

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

6 Contributor address;

709 E. Abrams Street, Arlington, TX 76010

City; State; Zip Code

7 Amount of contribution (\$)

\$1458.75

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Harris Cook, LLP

Date

8/28/15

Full name of contributor

Roy Oliver

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

Contributor address;

1123 TEn Box Rd., Sunset TX 76270

City; State; Zip Code

Amount of contribution (\$)

\$97.25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/15

Full name of contributor

Gary Current

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

Contributor address;

1123 TEn Box Rd., Sunset TX 76270

City; State; Zip Code

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/29/15

Full name of contributor

Clyde Ogle

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$97.25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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

9/4/15

5 Full name of contributor

Randy Reed

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

6 Contributor address; City; State; Zip Code

1390 Apple Ln., Midlothian, TX 76065

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/8/15

Full name of contributor

M. Stan Royal

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

Contributor address; City; State; Zip Code

5 Country Place Cir., Arlington, TX 76016

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/15

Full name of contributor

William & Vera McKissic

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

Contributor address; City; State; Zip Code

2409 N. Pleasant Cir., Arlington, TX 76015

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

Cornerstone Church

Date

9/17/15

Full name of contributor

Larry Smith

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

Contributor address; City; State; Zip Code

918 Valley Green, Arlington, TX 76017

Amount of contribution (\$)

\$96.20

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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ELECTIONS ADMINISTRATOR

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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 9/21/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickie McCormick 6 Contributor address; City; State; Zip Code 11701 Palm Lake Dr #1815, Jacksonville, FL 32218	7 Amount of contribution (\$) \$96.20
8 Principal occupation / Job title (See Instructions) Coding Specialist		9 Employer (See Instructions) St. Vincents Medical Center
Date 9/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michele Byington Contributor address; City; State; Zip Code 1306 Dian St., Houston, TX 77008	Amount of contribution (\$) \$482.20
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walker & Byington, PLLC
Date 9/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers & Associates Contributor address; City; State; Zip Code 1330 Summit Avenue, Fort Worth, TX 76102	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TPS Family Limited Partnership Contributor address; City; State; Zip Code 2800 Park Drive, Arlington, TX 76016	Amount of contribution (\$) \$2,000
Principal occupation / Job title (See Instructions) Turnbow Family Trust		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 10/11/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Hayes 6 Contributor address; City; State; Zip Code 370 Cage Crow Rd., Mansfield, TX 76063	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 10/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Ashby Contributor address; City; State; Zip Code 604 W. Harwood Rd., Euless TX 76039	Amount of contribution (\$) \$964.70
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Shelton Contributor address; City; State; Zip Code 3318 Roosevelt Dr, Arlington, TX 76016	Amount of contribution (\$) \$288.90
Principal occupation / Job title (See Instructions) Restaurant Owner		Employer (See Instructions) Self
Date 10/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ty Tipton Contributor address; City; State; Zip Code P.O. Box 1622, Euless, TX 76039	Amount of contribution (\$) \$240.95
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Timpton Insurance
BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 15 PM 4:35 FILED TARRANT COUNTY		
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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

10/12/15

5 Full name of contributor

John Copeland

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

7 Amount of contribution (\$)

\$964.70

6 Contributor address; City; State; Zip Code

1000 Cooper Canyon, Argyle TX 76226

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

Kenneth Copeland Ministries

Date

10/13/15

Full name of contributor

Brandee Kelley

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

Amount of contribution (\$)

\$1,150.00

Contributor address; City; State; Zip Code

1300 Canterbury Ct, Arlington, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/15

Full name of contributor

Jeanette Hoddock

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

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

1417 Country Club Rd., Arlington, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/15

Full name of contributor

Carol Lingard Trust

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

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

1409 Country Club Rd, Arlington, TX 76013

Principal occupation / Job title (See Instructions)

Trustee

Employer (See Instructions)

BY: _____

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

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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 10/7/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Harmison 6 Contributor address; City; State; Zip Code P.O. Box 152643, Arlington, TX 76015	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Bowerman Contributor address; City; State; Zip Code 1425 Country Club, Arlington, TX 76013	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/7/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G.W. Winter Contributor address; City; State; Zip Code 1212 Canterbury Ct., Arlington, TX 76013	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Davis Contributor address; City; State; Zip Code P.O. Box 13663, Arlington, TX 76094	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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TARRANT COUNTY
2016 JAN 15 PM 4:35
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 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 <p style="text-align: center;">Bill Waybourn</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">10/8/15</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Cable Johnson & Associates, LLC</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">3903 Drake Elm Way, Arlington, TX 76005</p>	7 Amount of contribution (\$) <p style="text-align: center;">\$100.00</p>
8 Principal occupation / Job title (See Instructions) <p style="text-align: center;">Retired</p>		9 Employer (See Instructions)
Date <p style="text-align: center;">10/13/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Apple Marketing</p> Contributor address; City; State; Zip Code <p style="text-align: center;">2227 Michigan Ave., Arlington, TX 76013</p>	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Marketing</p>		Employer (See Instructions)
Date <p style="text-align: center;">10/12/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Charles Arnold</p> Contributor address; City; State; Zip Code <p style="text-align: center;">1416 Country Club, Arlington, TX 76013</p>	Amount of contribution (\$) <p style="text-align: center;">\$300.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">10/12/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Daniel & Kelly Mohore</p> Contributor address; City; State; Zip Code <p style="text-align: center;">2702 Mark Twain Cr, Arlington, TX 76006</p>	Amount of contribution (\$) <p style="text-align: center;">\$500.00</p>
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Account Manager</p>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

BY: _____
 FRANK PHILLIPS
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 TARRANT COUNTY

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 10/16/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman & Clark 6 Contributor address; City; State; Zip Code 5001 S. Cooper St., Suite 212, Arlington, TX 76017	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Goodman & Clark
Date 10/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Ribnisky Contributor address; City; State; Zip Code 1901 Longmeadow Drive, Arlington, TX 76015	Amount of contribution (\$) \$144.45
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Interquest Detection Canines
Date 10/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert benda Contributor address; City; State; Zip Code 608 Paint Pony Trail North, Fort Worth, TX 76108	Amount of contribution (\$) \$482.20
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Westwood Contractors
Date 10/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tricia Lukaska Contributor address; City; State; Zip Code 704 Loch Lomond, Arlignton, TX 76012	Amount of contribution (\$) 964.70
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 15 PM 4:36 FILED TARRANT COUNTY

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 10/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Ribnisky 6 Contributor address; City; State; Zip Code 1901 Longmeadow, Arlington, TX 76015	7 Amount of contribution (\$) \$144.45
8 Principal occupation / Job title (See Instructions) Facilities Porter		9 Employer (See Instructions) Mercedes Benz Arlington
Date 10/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorrie O'Brien Contributor address; City; State; Zip Code 4324 Grason Dr., Grand Prairie, TX 75052	Amount of contribution (\$) \$144.45
Principal occupation / Job title (See Instructions) Freelance Book Editor		Employer (See Instructions) Self
Date 10/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jags Patel Contributor address; City; State; Zip Code 2625 Johnson Rd., Southlake, TX 76092	Amount of contribution (\$) 97.17
Principal occupation / Job title (See Instructions) Business Man		Employer (See Instructions) Q Hotel
Date 10/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry & Valeria Dodson Contributor address; City; State; Zip Code 5900 Rosemont Ct., Arlington, TX 76017	Amount of contribution (\$) \$964.70
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 15 PM 4:36 TARRANT COUNTY FILED		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Bueschel 6 Contributor address; City; State; Zip Code 6606 Angora Trail, Arlington, TX 76002	7 Amount of contribution (\$) \$144.45
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) NetJets
Date 10/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Carrol Contributor address; City; State; Zip Code 1341 Highway 287 South, Mansfield, TX 76063	Amount of contribution (\$) \$4,824.70
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) R.J. Carrol Company
Date 10/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Thomas Contributor address; City; State; Zip Code 4016 Edgehill Rd., Fort Worth, TX 76116	Amount of contribution (\$) \$4,824.70
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Delta Oil & Gas
Date 10/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren Norred Contributor address; City; State; Zip Code 2803 Zinfandel Lane, Arlington, TX 76001	Amount of contribution (\$) \$144.45
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Norred Law

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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 10/20/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twanaha Rea 6 Contributor address; City; State; Zip Code P.O. Box 996, Keene, TX 76059	7 Amount of contribution (\$) \$482.20
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Norred Contributor address; City; State; Zip Code 200 E. Abrams St., Arlington, TX 76010	Amount of contribution (\$) \$1,109/15
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Norred Law
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delores Pell Contributor address; City; State; Zip Code 3703 Dustin Trail, Arlington, TX 76016	Amount of contribution (\$) \$482.20
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Electrotech Systems
Date 10/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Cox Contributor address; City; State; Zip Code 8008 Woodcreek Cir., Argyle TX 76226	Amount of contribution (\$) \$288.90
Principal occupation / Job title (See Instructions) Retired		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

10/21/15

5 Full name of contributor

Virginia Prewitt

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

6 Contributor address; City; State; Zip Code

4317 Vine Ridge, Arlington, TX 76017

7 Amount of contribution (\$)

\$964.70

8 Principal occupation / Job title (See Instructions)

Builder

9 Employer (See Instructions)

Prewitt Building Corp.

Date

10/23/15

Full name of contributor

Rodney Gann

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

Contributor address; City; State; Zip Code

2411 Garden Lane, Arlington, TX 76015

Amount of contribution (\$)

\$2,411.60

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/8/15

Full name of contributor

Jakey Saunders

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

Contributor address; City; State; Zip Code

1309 Hillary Lane, Arlington, TX 76012

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/15

Full name of contributor

Vicki Gustafson

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

Contributor address; City; State; Zip Code

5401 Hidden Valley Ct, Mansfield, TX 76063

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 10/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Law Shield 6 Contributor address; City; State; Zip Code 1020 Bay Area Blvd. Ste 200, Houston TX 77058	7 Amount of contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Legal Insurance for CHL		9 Employer (See Instructions) Texas Law Shield
Date 10/21/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Bowerman Contributor address; City; State; Zip Code P.O. Box 171199, Arlington, TX 76003	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Dekeyser Contributor address; City; State; Zip Code	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions)
Date 10/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Woodruff Contributor address; City; State; Zip Code 1004 Briarcreek, Arlington, TX 76012	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		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

10/6/15

5 Full name of contributor

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

Craig Driskell

6 Contributor address;

City; State; Zip Code

2903 Burlwood, Arlington, TX 76016

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

CLEAT

Date

10/23

Full name of contributor

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

Sherry Piazza

Contributor address;

City; State; Zip Code

1225 Precinct Line #123, Hurst, TX 76053

Amount of contribution (\$)

\$144.45

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

C&S Publishing

Date

10/10/15

Full name of contributor

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

Cynthia Simmons

Contributor address;

City; State; Zip Code

441 Private Road 7124, Edgewood, TX 75117

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/15

Full name of contributor

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

Alan Petsche

Contributor address;

City; State; Zip Code

3805 Bellaire Cir. Fort Worth, TX 76109

Amount of contribution (\$)

\$482.20

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

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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 10/8/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Higgins 6 Contributor address; City; State; Zip Code 1304 Autry Lane, Crowley, TX 76036	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Woodruff Campaign Fund Contributor address; City; State; Zip Code 1134 Lone Ivory Trl., Arlington, TX 76005	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Tarrant County Preceinct 2
Date 10/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Greer Contributor address; City; State; Zip Code 2110 Bay Club Drive, Arlington, TX 76013	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Stephanie Foster Contributor address; City; State; Zip Code 4214 Little Rd., Suite 1000, Arlington, TX 76013	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Owner
		BY: _____ ELECTIONS ADMINISTRATOR FRANK PHILLIPS 2016 JAN 15 PM 4:36 TARRANT COUNTY FILED
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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 10/8/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sargent Investments, LLC 6 Contributor address; City; State; Zip Code 2714 Sherman St., Grand Prairie, TX 75051	7 Amount of contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Sargent Investments
Date 10/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy & Sherry Reed Contributor address; City; State; Zip Code 1390 Apple Lane, Midlothian TX 76065	Amount of contribution (\$) \$288.90
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) North Lake College P.D.
Date 10/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria & Jaon Myers Contributor address; City; State; Zip Code 1804 Park Highland Way, Arlington, TX 76012	Amount of contribution (\$) 288.90
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Southern Methodist University
Date 10/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine Dodson Contributor address; City; State; Zip Code 1901 Woodridge Drive, Arlington, TX 76013	Amount of contribution (\$) 964.70
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Elaine Dodson Realtors

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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 10/25/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy Snodgrass 6 Contributor address; City; State; Zip Code 3506 Estates Dr, Arlington, TX 76016	7 Amount of contribution (\$) \$482.20
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Lee Contributor address; City; State; Zip Code 6051 Shady Oaks Lane, Midlothian, TX 76065	Amount of contribution (\$) \$240.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Adams Contributor address; City; State; Zip Code 8008 Belchaise Way, Arlington, TX 76001	Amount of contribution (\$) \$482.20
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Bank of Texas
Date 10/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Chambders Contributor address; City; State; Zip Code 301 Commerce St. #3025, Fort Worth, TX 76102	Amount of contribution (\$) \$482/20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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 ELECTIONS ADMINISTRATION
 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

10/26/15

5 Full name of contributor

ERIC & CHRISTINA

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

7 Amount of contribution (\$)

\$288.90

6 Contributor address;

City; State; Zip Code

907 MOORE RD, MANSFIELD TX 76063

8 Principal occupation / Job title (See Instructions)

LOAN OFFICER

9 Employer (See Instructions)

SERVICE FIRST MTG.

Date

10/26/15

Full name of contributor

MOJIB HADDAD

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

Amount of contribution (\$)

\$4,824.70

Contributor address;

City; State; Zip Code

2500 NE GREEN OAKS #200, ARL, TX 76006

Principal occupation / Job title (See Instructions)

ARCHITECT

Employer (See Instructions)

CHS ARCHITECTS

Date

10/26/15

Full name of contributor

JAMIE CASHION

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

Amount of contribution (\$)

\$964.70

Contributor address;

City; State; Zip Code

204 LINKS CT, ALEDO TX 76008

Principal occupation / Job title (See Instructions)

INVESTMENT

Employer (See Instructions)

CASHION INVESTMENTS

Date

10/27/15

Full name of contributor

MARK MATHEWS

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

Amount of contribution (\$)

\$433.95

Contributor address;

City; State; Zip Code

440 MONARCH HILL, KELLER TX 76248

Principal occupation / Job title (See Instructions)

MAYOR

Employer (See Instructions)

CITY OF KELLER

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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

10/27/15

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

LORI DEANGELIS

7 Amount of contribution (\$)

\$ 144.45

6 Contributor address; City; State; Zip Code

6517 REDSTONE CT., ARL. TX 76001

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

10/27/15

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

GEORGE GRIFFITH

Amount of contribution (\$)

144.45

Contributor address; City; State; Zip Code

6517 REDSTONE, ARLINGTON TX 76001

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

10/28/15

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

ANDREY YOUNG

Amount of contribution (\$)

144.45

Contributor address; City; State; Zip Code

8608 SKYVIEW TERR., BENBROOK 76116

Principal occupation / Job title (See Instructions)

RAMP

Employer (See Instructions)

SOUTHWEST AIRLINES

Date

10/28/15

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

LAUREN WEEES WALDO

Amount of contribution (\$)

144.45

Contributor address; City; State; Zip Code

8608 SKYVIEW TERR., BENBROOK, 76116

Principal occupation / Job title (See Instructions)

R. N.

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

10/28/15

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

TONY ARBELAEZ

7 Amount of contribution (\$)

964.70

6 Contributor address; City; State; Zip Code

6705 FLAMEWOOD, ARL. 76001

8 Principal occupation / Job title (See Instructions)

ARLINGTON GUN

9 Employer (See Instructions)

ARL. GUN ACADEMY

Date

10/28/15

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

RHIL MAYFIELD

Amount of contribution (\$)

144.45

Contributor address; City; State; Zip Code

7031 CASA LOMA, DALLAS TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/15

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

MARTIN REEDY

Amount of contribution (\$)

144.45

Contributor address; City; State; Zip Code

4200 BRIDGEVIEW, FT. WTH, TX 76109

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/28/15

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

CLAY KELLEY

Amount of contribution (\$)

192.70

Contributor address; City; State; Zip Code

1300 CANTERBURY, ARLINGTON TX 76013

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

CLAYKELLY.COM

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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 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN WOOD	7 Amount of contribution (\$) 144.45
6 Contributor address; City; State; Zip Code 13907 MONTFORT, DALLAS TX 75240		
8 Principal occupation / Job title (See Instructions) VP ACCOUNT. MGT.		9 Employer (See Instructions) ATS
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINE DANFORD	Amount of contribution (\$) 144.25
Contributor address; City; State; Zip Code 5005 GALLERIA DR., DALLAS TX 75244		
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) INVENTUS
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIK MCCALLUM	Amount of contribution (\$) 482.90
Contributor address; City; State; Zip Code RD BOX ARLINGTON TX 76003		
Principal occupation / Job title (See Instructions) HAZ MAT		Employer (See Instructions) CG ENVIRONMENTAL
Date 10/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MEEK	Amount of contribution (\$) 286.90
Contributor address; City; State; Zip Code P.O. BOX 150005, ARL., TX 76015		
Principal occupation / Job title (See Instructions) RETIRED		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 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD BONNETT	7 Amount of contribution (\$) 144.25
6 Contributor address; City; State; Zip Code 307 W. 7TH FORT WORTH, TX 76102		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) BENNETT & BENNETT
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCE LEONE	Amount of contribution (\$) 144.45
Contributor address; City; State; Zip Code 1910 SABINE PASS, ARL. TX 76006		
Principal occupation / Job title (See Instructions) WE VET STARTS		Employer (See Instructions) SELF
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAJESH PAMANABHAN	Amount of contribution (\$) 288.90
Contributor address; City; State; Zip Code 3000 BLACKBURN #1802, DALLAS 75204		
Principal occupation / Job title (See Instructions) SURGON		Employer (See Instructions) SELF
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE JOHNSON	Amount of contribution (\$) 288.90
Contributor address; City; State; Zip Code 425 N. COOPER, ARL. TX 76011		
Principal occupation / Job title (See Instructions) TEXAS MARTIAL ARTS		Employer (See Instructions) TEXAS BLACK BELT ACADEMY

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)

2 FILER NAME **Bill Waybourn**

4 Date **10/29/15** 5 Full name of contributor out-of-state PAC (ID#: _____)
JO TIBBERTS

6 Contributor address; City; State; Zip Code
3316 HOLLOW CREEK, ARL. TX 76001

7 Amount of contribution (\$) **433.95**

8 Principal occupation / Job title (See Instructions) **HOMEMAKER** 9 Employer (See Instructions)

Date **10/29/15** Full name of contributor out-of-state PAC (ID#: _____)
LARA LORA MOODY

Contributor address; City; State; Zip Code
1433 MEADOWLAKES, AZLE TX 76020

Amount of contribution (\$) **144.45**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **10/29/15** Full name of contributor out-of-state PAC (ID#: _____)
ALAN VANWINKLE

Contributor address; City; State; Zip Code
1433 MEADOWLAKES AZLE, TX 76020

Amount of contribution (\$) **144.45**

Principal occupation / Job title (See Instructions) **ELECTRIC BROKER** Employer (See Instructions) **SELF**

Date **10/30/15** Full name of contributor out-of-state PAC (ID#: _____)
H. SCOTT COLTOR

Contributor address; City; State; Zip Code
1409 CHERRY BLOSSOM, KELLER 76248

Amount of contribution (\$) **192.70**

Principal occupation / Job title (See Instructions) **CIVIL ENGINEER** Employer (See Instructions) **CSJ**

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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

10/30

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

GREG MEYER

7 Amount of contribution (\$)

289.20

6 Contributor address; City; State; Zip Code

4350 CAPRA, FT. WORTH TX 76126

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

FIRST COMMAND

Date

10/30/15

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

STEPHEN ZIMMER

Amount of contribution (\$)

144.45

Contributor address; City; State; Zip Code

407 E. BEADY, ARLINGTON, TX 76006

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/30/15

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

CHARLA BROTHERTON

Amount of contribution (\$)

144.45

Contributor address; City; State; Zip Code

2701 W. BERRY ST. #150, FT. WTH. 76109

Principal occupation / Job title (See Instructions)

AGENCY OWNER

Employer (See Instructions)

BROTHERTON GROUP

Date

10/30/15

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

BEN CLARK

Amount of contribution (\$)

\$ 288.90

Contributor address; City; State; Zip Code

4403 HOLLY HOCK, ARL. TX 76001

Principal occupation / Job title (See Instructions)

CFO

Employer (See Instructions)

DR HORTON

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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 10/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD MCCOY	7 Amount of contribution (\$) 964.70
6 Contributor address; City; State; Zip Code 3838 SHADEY HILL, DALLAS TX 75229		
8 Principal occupation / Job title (See Instructions) VP.		9 Employer (See Instructions) LINCOLN PROP. COMPANY
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES NEVONEN	Amount of contribution (\$) \$ 347.104
Contributor address; City; State; Zip Code 4410 BLVD. #10, WICHITA FALLS, TX 76038		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) NEVONEN
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEN CLARK	Amount of contribution (\$) 265.08
Contributor address; City; State; Zip Code 4403 HOLLY HOCK, ARL. TX 76001		
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) DR. HORTON
Date 10/30	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOTY HADDAD	Amount of contribution (\$) 3,135.95
Contributor address; City; State; Zip Code 2500 N.E. GREEN OAKS, ARL. TX 76006		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) ARCHITECTS

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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 10/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID SARGENT	7 Amount of contribution (\$) 6,368.70
6 Contributor address; City; State; Zip Code 2714 SHEARMAN, G.P. TX 75051		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) STRIPE-A-ZONE
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TANNY WAYBOURN	Amount of contribution (\$) 168.58
Contributor address; City; State; Zip Code 8540 GRAY CT., NORTH RICKLAND HILLS 76182		
Principal occupation / Job title (See Instructions) VP.		Employer (See Instructions) NATIONSTAR
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FATRICIA BROCK	Amount of contribution (\$) 144.45
Contributor address; City; State; Zip Code 3306 LAKEWAY, WEATHERFORD TX 76087		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WENDY BURGESS	Amount of contribution (\$) 1,350. 1,850.
Contributor address; City; State; Zip Code 6625 GERIC CIR., BURLESON 76028		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) INOVATIVE SERVICES

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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

11/11/15

5 Full name of contributor

KEVIN HADAWI

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

6 Contributor address;

City; State; Zip Code

1609 CREIGHTON, ARL. TX 76012

7 Amount of contribution (\$)

96.20

8 Principal occupation / Job title (See Instructions)

UP

9 Employer (See Instructions)

WELLS FARGO ADVISOR

Date

11/17/15

Full name of contributor

THAN HA

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

Contributor address;

City; State; Zip Code

100 HAWKS RIDGE, COLLEVILLE, TX 76034

Amount of contribution (\$)

192.70

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

SELF EMPLOYED

Date

12/7/15

Full name of contributor

RUSS BRUCKS

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

Contributor address;

City; State; Zip Code

6800 DIAMOND ROSE, BURLESON, TX 76028

Amount of contribution (\$)

240.95

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

NEW SOVEREIGN CORP.

Date

12/11/15

Full name of contributor

DAVID BERGH

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

Contributor address;

City; State; Zip Code

3305 EVIE CT, ARL. TX 76016

Amount of contribution (\$)

\$96.20

Principal occupation / Job title (See Instructions)

RETIRED

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

12/23

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

MATTHEW KRYSIAK

7 Amount of contribution (\$)

240.95

6 Contributor address; City; State; Zip Code

3605 GARDENIA, DWG TX 76016

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

NATIONAL MOTOR CLUB

Date

12/23/15

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

DEBBIE ATKINSON

Amount of contribution (\$)

240.95

Contributor address; City; State; Zip Code

18 VAL VERDES, BIG SPRINGS TX 79720

Principal occupation / Job title (See Instructions)

BOOKKEEPER

Employer (See Instructions)

ATKINSON CONSULTING

Date

12/24/15

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

RESTER MEANS

Amount of contribution (\$)

96.20

Contributor address; City; State; Zip Code

1508 NATCHES, APE. TX 76014

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

12/25/15

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

J. MORRIS JOHNSON

Amount of contribution (\$)

96.20

Contributor address; City; State; Zip Code

821 RIVERA, MANSFIELD TX 76063

Principal occupation / Job title (See Instructions)

RETIRED

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 12/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH WINTER	7 Amount of contribution (\$) 96.20
6 Contributor address; City; State; Zip Code 1212 CANTERBURY, ARL. TX 76013		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 12/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE ANDERSON	Amount of contribution (\$) 72.00
Contributor address; City; State; Zip Code 87 EVERGREEN, KELLER, TX 76248		
Principal occupation / Job title (See Instructions) REACTOR		Employer (See Instructions) RE/MAX
Date 12/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL DALEY	Amount of contribution (\$) 96.20
Contributor address; City; State; Zip Code 912 CROWLEY RD., ARL. TX 76012		
Principal occupation / Job title (See Instructions) IT MANAGEMENT		Employer (See Instructions) NOVARTIS
Date 12/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIPP WHITMAN	Amount of contribution (\$) 240.95
Contributor address; City; State; Zip Code 3402 CROSSGATE CIR. S., COLLEGEVILLE TX 76034		
Principal occupation / Job title (See Instructions) RETIRED		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 12/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE HAMMOND	7 Amount of contribution (\$) 96.20
6 Contributor address; City; State; Zip Code 1903 LAKEHILL, ARL. TX 76012		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) CALICO INC.
Date 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRETT HALL	Amount of contribution (\$) 96.20
Contributor address; City; State; Zip Code 2911 OAK TRAIL, ARL. TX 76016		
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions) JOE HALL ROOFING
Date 12/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS NICOLA	Amount of contribution (\$) 96.20
Contributor address; City; State; Zip Code 11006 SILVERADO TRACE, HOUSTON TX 77095		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL MOODY	Amount of contribution (\$) 96.20
Contributor address; City; State; Zip Code 1409 MILLBROOK, ARL. TX 76012		
Principal occupation / Job title (See Instructions) RETIRED		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 12/29/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICKIE M'CORMICK 6 Contributor address; City; State; Zip Code 11701 @ PAUL LAKE #1651, JACKSONVILLE FL, 32218	7 Amount of contribution (\$) 96.20
8 Principal occupation / Job title (See Instructions) CODING REIMBURSEMENT		9 Employer (See Instructions) ST. VINCENT MED. CENTER
Date 12/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TY TIPTON Contributor address; City; State; Zip Code P.O. Box 1622, EULESS, TX 76039	Amount of contribution (\$) 96.20
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) TIPTON INSURANCE
Date 12/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONA BAILEY Contributor address; City; State; Zip Code 6200 LAKE WAY, NRH, TX 76180	Amount of contribution (\$) 96.20
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT BOWDA Contributor address; City; State; Zip Code 608 PAINT PENNY TRADE, FT. WTH TX 76108	Amount of contribution (\$) 96.20
Principal occupation / Job title (See Instructions) EXELUTIVE		Employer (See Instructions) WESTWOOD CONTRACTORS

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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 12/31/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONNIE LONG	7 Amount of contribution (\$) 96.20
6 Contributor address; City; State; Zip Code 76117 6004 AIRPORT FREEWAY, HALTOM CITY		
8 Principal occupation / Job title (See Instructions) BAIL BONDS		9 Employer (See Instructions) RONNIE D. LONG
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHERYN BRYAN	Amount of contribution (\$) 96.20
Contributor address; City; State; Zip Code 16 TWIN SPRINGS, ARL. TX 76016		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HIGHER ED. SERVICING
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY JONES	Amount of contribution (\$) 96.20
Contributor address; City; State; Zip Code 811 RIVIERA, MANSFIELD TX 76063		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER KIPKE	Amount of contribution (\$) 96.20
Contributor address; City; State; Zip Code 2103 BELLGROVE, BURLESON 76028		
Principal occupation / Job title (See Instructions) ADMINISTRATOR		Employer (See Instructions) JOE HALL ROOFING
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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 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
12/31/15	MATT KRAUSE 6 Contributor address; City; State; Zip Code 76177 1300 SAND VERBENA, FORT WORTH	240.95

8 Principal occupation / Job title (See Instructions) CONSULTANT	9 Employer (See Instructions) NORTHWESTERN MUTUAL
---	--

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
11/12/15	CHARLES ARNOLD Contributor address; City; State; Zip Code 1416 COUNTRY CLUB, ARL. TX 76013	255.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
10/27/15	GENOA CARTER Contributor address; City; State; Zip Code 2415 LAKEVIEW, ARL. TX 76013	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
11/14/15	RANDY SHERIDAN Contributor address; City; State; Zip Code 76028 217 S.B. GARDENS, BULLFSON TX	100.00

Principal occupation / Job title (See Instructions)	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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

10/22/15

MICHELLE REDDEN

6 Contributor address;

City; State; Zip Code

2204 RAPEL BLVD. ARL. TX 76013

300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

OWNER

CowBOYS TOWING

Date

Full name of contributor

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

Amount of contribution (\$)

11/15/15

STUART SCHUSTER

Contributor address;

City; State; Zip Code

4405 LEDGEVIEW, FORT WORTH TX 76109

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

10/26/15

~~MARTA~~ MARTHA PARKS

Contributor address;

City; State; Zip Code

2815 SIMONDALE, FORT WORTH TX 76109

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

~~Joy Pierce~~

Contributor address;

City; State; Zip Code

~~1918 WESTVIEW TERR., ARL. TX 76013~~

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.

BY: _____

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

2016 JAN 15 PM 4:37

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TARRANT COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
11/17/15	MARY BOSWELL	100.00
	6 Contributor address; City; State; Zip Code P.O. Box 162055, FORT WORTH, TX 76161	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
11/17/15	STUART SCHUSTER	350.00
	Contributor address; City; State; Zip Code 4405 LEDGEVIEW, FORT WTH, TX 76109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
11/17/15	LAW OFFICE OF CASEY COLE	100.00
	Contributor address; City; State; Zip Code 1625 HERITAGE PKWY, MANSFIELD TX 76063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
11/17/15	RALPH CLEMONS	100.00
	Contributor address; City; State; Zip Code 203 RAMBLING FORK, WEATHERFORD, TX 76087	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

BY: _____
 FRANK PHILLIPS
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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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

11/17/15

JOE FLOWERS

75.00

6 Contributor address; City; State; Zip Code

1004 TUCKER RD., ARL. TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/17/15

PAUL SCHUDER

250.00

Contributor address; City; State; Zip Code

3816 WHARTON, FORT WORTH, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/10/15

FLOWERS FAMILY FOUNDATION

500.00

Contributor address; City; State; Zip Code

1101 HERITAGE, MANSFIELD TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

TRUSTEE

Date

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

Amount of contribution (\$)

11/2/15

MARTIN ROSS

100.00

Contributor address; City; State; Zip Code

2 GREGORY CT. PANTEGO, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BAIL BONDS

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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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMILLE HOONETT	7 Amount of contribution (\$) 250.00
11/17/15	6 Contributor address; City; State; Zip Code 403 N. SYLVANIA, FORT WORTH, TX 76111	
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) BAIL BONDS BY CAMILLE
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) E2 GO AUTO SALES, LLC	Amount of contribution (\$) 290.00
10/30/15	Contributor address; City; State; Zip Code 911 MAYFIELD, ARL. TX 76015	
Principal occupation / Job title (See Instructions) AUTO SALES		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD PRICE	Amount of contribution (\$) 500.00
10/30/15	Contributor address; City; State; Zip Code 2820 WHISPERWOOD, ARL. TX 76016	
Principal occupation / Job title (See Instructions) MICHAEL		Employer (See Instructions) HOGGAY LLC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL PETTKE	Amount of contribution (\$) 500.00
10/30/15	Contributor address; City; State; Zip Code 2315 ROOSEVELT, ARL. TX 76016	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 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		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PLATINUM FLOORING 6 Contributor address; City; State; Zip Code 2908 HARDEL, ARL. TX 76016	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions)
Date 10/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER COFTIN Contributor address; City; State; Zip Code 144 WOODLAND HILLS, ALEDO TX 76008	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOEMI OGLE Contributor address; City; State; Zip Code 6606 ANEMONE, ARLINGTON 76002	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD BONTKE Contributor address; City; State; Zip Code 913 WALNUT FALLS, MANSFIELD 76063	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		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		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL BRASONAN	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code 1831 CHAPMAN, ALEDO, TX 76008		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Addison	Amount of contribution (\$) 2,100.00
Contributor address; City; State; Zip Code 140 Saddle Ridge Dr Waxahatchie, TX 75167		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Taylor	Amount of contribution (\$) 70.00
Contributor address; City; State; Zip Code 2925 Lakeshore Dr. Arlington, TX 76013-1230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Shelton	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3318 Roosevelt Dr Arl. TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME **Bill Waybourn**

4 Date **10-30-15** 5 Full name of contributor out-of-state PAC (ID#: _____) **XUAN VU**
 6 Contributor address; City; State; Zip Code **PO Box 150889 Arl TX 76016**

1 Total pages Schedule A1:
 3 Filer ID (Ethics Commission Filers)
 7 Amount of contribution (\$) **200.00**

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **10/30/15** Full name of contributor out-of-state PAC (ID#: _____) **Stuart Gillaspie**
 Contributor address; City; State; Zip Code **724 Flamingo Circle Burleson, TX 76028**

Amount of contribution (\$) **150.00**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **10/30/15** Full name of contributor out-of-state PAC (ID#: _____) **Eric Wommack**
 Contributor address; City; State; Zip Code **907 Moore Rd Mansfield TX 76003**

Amount of contribution (\$) **3000.00**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date _____ Full name of contributor out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions) 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 10-30-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodny Gann	7 Amount of contribution (\$) 125.00
6 Contributor address; City; State; Zip Code 2411 Garden Ln. Arl. Tx 76015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Carter	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code PO Box 171448 Arl. Tx 76003		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Lockwood	Amount of contribution (\$) 10,000.00
Contributor address; City; State; Zip Code 20 Woodland Ct Mansfield Tx 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. N. W Goldman	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 4704 Villa Vera Dr Arl. Tx 76017		
Principal occupation / Job title (See Instructions)		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 10/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James D. Moore	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3311 Doty Ln. Arl. Tx 76001		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr Aaron Reich Campaign	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code P.O Box 122298 Arl Tx 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Galkaspie	Amount of contribution (\$) 125.00
Contributor address; City; State; Zip Code P.O Box 1403 Burleson Tx 76097		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Vinyard	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 20125 Fiddlers Green Rd FM500, TX 75034		
Principal occupation / Job title (See Instructions)		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 10/30/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Kurban 6 Contributor address; City; State; Zip Code 100 Hideaway #5 Strawn, TX 76475	7 Amount of contribution (\$) 300.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Webster Contributor address; City; State; Zip Code 7023 Morning Star Dr 75054 Grand Prairie, TX	Amount of contribution (\$) 300.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Zedler Contributor address; City; State; Zip Code 5502 Hidden Trails Dr Arl. TX 76017	Amount of contribution (\$) 250.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Sobel Contributor address; City; State; Zip Code	Amount of contribution (\$) 300.⁰⁰
Principal occupation / Job title (See Instructions)		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 WAYBORN		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY MORRIS	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 4600 BAYONNE CT.		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARRANT CO. LAW ENFORCEMENT ASSOC.	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 904 COLLIER ST. FT. WTH. TX 76102		
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)
Date 12/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRELL HUFMAN	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3324 HALL JOHNSON, GRAPEVINE 76051		
Principal occupation / Job title (See Instructions) CONSTABLE		Employer (See Instructions) TARRANT COUNTY
Date 11/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEN DOSKOCIL	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5306 MANSFIELD RD, ARL TX 76017		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF

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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 12/31/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLYDE OGLE 6 Contributor address; City; State; Zip Code 1807 PARK HILL, ARL. TX 76012	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEN DOSKOCIL Contributor address; City; State; Zip Code 5306 MANSFIELD RD., ARL. TX 76017	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 12/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULA WOMACK Contributor address; City; State; Zip Code 2706 SHAVANO, ARL. TX 76006	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions)
Date 11/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONNIE O. LONG BAIL BONDS Contributor address; City; State; Zip Code 6004 AIRPORT FWY, FORT WORTH, TX 76117	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) RONNIE O. LONG BAIL

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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: **10/28/15**
 5 Full name of contributor: **JOHN GOFF** out-of-state PAC (ID#: _____)
 6 Contributor address; City; State; Zip Code: **500 COMMERCE ST. FORT WORTH, TX 76102**
 7 Amount of contribution (\$): **500.00**
 8 Principal occupation / Job title (See Instructions)
 9 Employer (See Instructions)

Date: **12/15/15**
 Full name of contributor: **JAMES WILLIAMS** out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code: **2708 OAK TRAIL, ARL. TX 76016**
 Amount of contribution (\$): **1,000.00**
 Principal occupation / Job title (See Instructions)
 Employer (See Instructions)

Date: **12/31/15**
 Full name of contributor: **JOSHUA DICKEY** out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code: **503 CUNNINGHAM, ARL. TX 76002**
 Amount of contribution (\$): **100.00**
 Principal occupation / Job title (See Instructions)
 Employer (See Instructions)

Date: **11/17/15**
 Full name of contributor: **BUSTIN OUT BAIL BONDS** out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code: **521 N. RIVERSIDE, FT. WTH, TX 76111**
 Amount of contribution (\$): **250.00**
 Principal occupation / Job title (See Instructions): **OWNER**
 Employer (See Instructions): **BAIL BONDS**

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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

10/30/15

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

Gary Coker

6 Contributor address; City; State; Zip Code

2716 Margaret Dr
Arl, Tx 76012

7 Amount of contribution (\$)

300.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/15

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

Timothy O'Hare

Contributor address; City; State; Zip Code

1961 E Highland St
Southlake Tx 76092

Amount of contribution (\$)

300.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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BY: _____

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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 BILL WAYBOURN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/31/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL REDDEN 7 Contributor address; City; State; Zip Code 3111 SIEBER, ARL., TX 76016	8 Amount of Contribution \$ 1,750.00	9 In-kind contribution description OFFICE SPACE 6 MONTHS FREE. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) OWNER		11 Employer (FOR NON-JUDICIAL) (See Instructions) COWBOYS TOWING	
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 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG PETTY Contributor address; City; State; Zip Code 4737 BRISTOL TRACE, FORT WORTH TX 76244	Amount of Contribution \$ 2,000.00	In-kind contribution description PROFESSIONAL PHOTOGRAPHS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) LAW / PHOTOGRAPHY		Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
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)			
BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2016 JAN 15 PM 4:38 TARRANT COUNTY FILED			
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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 BILL WAYBOURN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/30/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AOLAI PENNINGTON	8 Amount of Contribution \$ 5,000.00	9 In-kind contribution description USE OF EVENT FACILITIES
7 Contributor address; City; State; Zip Code 1170 E. KENNEDALE PKWY, KENNEDALE TX 76060		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) OWNER		11 Employer (FOR NON-JUDICIAL) (See Instructions) RED'S ROADHOUSE	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSH HAMILTON	8 Amount of Pledge \$	9 In-kind contribution description
12/15/15	7 Pledgor address; City; State; Zip Code P.O. Box 10370, LIBERTY, TX 77576	10,000.00	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA MCCLELLAND	Amount of Pledge \$	In-kind contribution description
12/10/15	Pledgor address; City; State; Zip Code 3514 OAK BEND, ARL, TX 76016	10,000.00	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 BY: _____

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 **7/9/15** 5 Payee name **CRAIG OWNBY**

6 Amount (\$) **1,000.00** 7 Payee address; City; State; Zip Code **7106 LIGHTHOUSE RD., ARL. TX 76002**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **CONSULTING EXPENSE** (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **7/20/15** Payee name **PAYPAL**

Amount (\$) **75.00** Payee address; City; State; Zip Code **912 PRO, SAN JOSE, CA**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE BUSINESS CARDS.** 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 **8/16/15** Payee name **CRAIG OWNBY**

Amount (\$) **\$500.00** Payee address; City; State; Zip Code **7106 LIGHTHOUSE RD., ARL. TX 76002**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **CONSULTING EXPENSE** 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

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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) |

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)
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4 Date 8/5/15	5 Payee name MURPHY NASICA
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6 Amount (\$) 5,500.00	7 Payee address; City; State; Zip Code 815-A BRAZOS ST., AUSTIN TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/28/15	Payee name MARRIOTT
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Amount (\$) 632.76	Payee address; City; State; Zip Code J.W. AUSTIN 255, AUSTIN, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/31/15	Payee name FTD COUNTRY FLORIST
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Amount (\$) 82.07	Payee address; City; State; Zip Code 1302 W. ARKANSAS LN. ARL, TX 76013
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE FLOWERS.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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)
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4 Date 8/31/15	5 Payee name SQUARE
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6 Amount (\$) 0.49	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING 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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/15	Payee name MURPHY NASICA
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Amount (\$) 544.93	Payee address; City; State; Zip Code 815-A BRAZOS ST., AUSTIN TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE ENDORSEMENT CARDS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/10/15	Payee name MURPHY NASICA
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Amount (\$) 1,425.00	Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE LETTERHEAD / CARDS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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)

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 **9/10/15** 5 Payee name **MURPHY NASICA**

6 Amount (\$) **500.00** 7 Payee address; City; State; Zip Code **815-A BRAZOS ST. AUSTIN TX 78701**

8 PURPOSE OF EXPENDITURE **CONSULTING EXPENSE**

(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **10/13/15** Payee name **TC GOP**

Amount (\$) **1,250.00** Payee address; City; State; Zip Code **7524 MOSIER VIEW #230, FORT WORTH, TX 76118**

PURPOSE OF EXPENDITURE **EVENT EXPENSE**

Category (See Categories listed at the top of this schedule)

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 **10/1/15** Payee name **CRAIG OWNBY**

Amount (\$) **1,000.00** Payee address; City; State; Zip Code **7106 LIGHTHOUSE RD., ARLINGTON, TX 76002**

PURPOSE OF EXPENDITURE **CONSULTING EXPENSE**

Category (See Categories listed at the top of this schedule)

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

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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			

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1 Total pages Schedule F1: 2 FILER NAME **BILL WAYBORN** 3 Filer ID (Ethics Commission File #)

4 Date **10/23/15** 5 Payee name **KEVIN FAHLUND**

6 Amount (\$) **\$225.00** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: **EVENT EXPENSE - TICKETS**

(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 ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name Office sought Office held

Date **10/28/15** Payee name **ACURATE AMMO**

Amount (\$) **1,473.13** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: **EVENT EXPENSE AUCTION ITEMS - LIVE.**

Category (See Categories listed at the top of this schedule)

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 **10/2/15** Payee name **MURPHY NASIKA**

Amount (\$) **3,455.61** Payee address; City; State; Zip Code **815-A BRAZOS ST., AUSTIN TX 78701**

PURPOSE OF EXPENDITURE: **PRINTING EXPENSE - INVITATIONS**

Category (See Categories listed at the top of this schedule)

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

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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 File ID (Ethics Commission Filers) BY: FRANK PHILLIPS ELECTIONS ADMINISTRATION
4 Date 10/6/15	5 Payee name CONSTANT CONTACT	
6 Amount (\$) 63.84	7 Payee address; City; State; Zip Code CONSTANT CONTACT.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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/15/15	Payee name MURPHY NASICA	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING FEE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/21/15	Payee name MURPHY NASICA	
Amount (\$) 5,500	Payee address; City; State; Zip Code 815-A BRAZOS ST. AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE - CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME BILL WAYBOURN	3 Filer ID (Ethics Commission #):
4 Date 10/30/15	5 Payee name OFFICE MAX	
6 Amount (\$) 218.91	7 Payee address; City; State; Zip Code ARLINGTON, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD PAPER SUPPLIES.	(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: _____	

Date 11/3/15	Payee name REO'S ROADHOUSE	
Amount (\$) 15,047.94	Payee address; City; State; Zip Code 1170 E. KENNEDALE PKWY, KENNEDALE TX	
PURPOSE OF EXPENDITURE	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: _____	

Date 11/5/15	Payee name CRAIG OWNBY	
Amount (\$) 500.00	Payee address; City; State; Zip Code 7106 LIGHTHOUSE RD., ARL. TX 76002	
PURPOSE OF EXPENDITURE	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME BILL WAYBOURN	3 Filer ID (Elections Commissioners)
4 Date 11/17/15	5 Payee name P.J. BROCK	
6 Amount (\$) 72.00	7 Payee address; City; State; Zip Code ARLINGTON, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(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

Date 11/17/15	Payee name JOE T GARCIA'S	
Amount (\$) 1,287.75	Payee address; City; State; Zip Code 2201 N. COMMERCE ST. FORT WORTH TX 76164	
PURPOSE OF EXPENDITURE	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

Date 11/17/15	Payee name T.C. GOP	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 7524 MOSIER VIEW #230, FORT WORTH TX 76118	
PURPOSE OF EXPENDITURE	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

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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 Commissioners)
4 Date 11/2/15	5 Payee name PARTY CITY	
6 Amount (\$) 97.18	7 Payee address; City; State; Zip Code ARLINGTON - 2215 COOPER ST.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE - WHIST BANOS	(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: _____	
Date 11/2/15	Payee name BOOT BARN	
Amount (\$) 53.99	Payee address; City; State; Zip Code 2500 CENTENIAL, ARL. TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GIFT/AWARD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/5/15	Payee name ARLINGTON REPUBLICAN CLUB	
Amount (\$) 75.84	Payee address; City; State; Zip Code P.O. Box 14095, ARLINGTON TX 76094	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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)

The Instruction Guide explains how to complete this form.

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 TARRANT COUNTY
 2016 JAN 15 PM 4:39
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule F1: 2 FILER NAME **BILL WAYBORN** 3 Filer ID (Ethics Commission File #)

4 Date **11/5/15** 5 Payee name **MURPHY NASICA**

6 Amount (\$) **2,750.00** 7 Payee address; City; State; Zip Code **815-A BRAZOS ST. AUSTIN, TX 78701**

8 PURPOSE OF EXPENDITURE **CONTRACT LABOR**

(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **11/5/15** Payee name **MURPHY NASICA**

Amount (\$) **2,500** Payee address; City; State; Zip Code **815-A BRAZOS, AUSTIN TX 78701**

PURPOSE OF EXPENDITURE **CONSULTING EXPENSE**

Category (See Categories listed at the top of this schedule)

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 **11/16/15** Payee name **CONSTANT CONTACT**

Amount (\$) **85.12** Payee address; City; State; Zip Code **CONSTANT CONTACT.COM**

PURPOSE OF EXPENDITURE **FUNDRAISING EXPENSE**

Category (See Categories listed at the top of this schedule)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE 1
 FILED
 CLERK COUNTY
 16 JAN 15 PM 4:39
 REGISTRAR

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

Loan Repayment/Reimbursement
 Office Overhead/Rental Expense
 Polling Expense
 Printing Expense
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
 Transportation, Incident & Related Expenses
 Travel In District
 Travel Out Of District
 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 WAYBURN	3 Filer ID (Ethics Commission Filers)
4 Date 11/6/15	5 Payee name MURPHY NASICA	
6 Amount (\$) 90.93	7 Payee address; City; State; Zip Code 515-A BLAZOS, 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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 11/17/15	Payee name JEB 2016	
Amount (\$) 750.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE	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: _____	
Date 11/19/15	Payee name OFFICE DEPOT	
Amount (\$) 33.53	Payee address; City; State; Zip Code HURST, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES OFFICE OVERHEAD	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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 (Elections Commission Use)
4 Date 11/18/15	5 Payee name MURPHY NASILA	
6 Amount (\$) 15,571.77	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 - YARD & ROAD SIGNS.	(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

Date 12/14/15	Payee name CRAIG OLOWBY	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 716 LIGHTHOUSE RD., ARL. TX 76008	
PURPOSE OF EXPENDITURE	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

Date 12/14/15	Payee name COLLEYVILLE LIONS CLUB	
Amount (\$) 250.00	Payee address; City; State; Zip Code 5301 RIVERWALK, COLLEYVILLE TX 76034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/ DONATION	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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FILED
 TARRANT COUNTY
 2015 JAN 15 PM 4:39
 CLERK PHILLIPS
 ELECTIONS ADMINISTRATOR

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.

FILED
 TARRANT COUNTY
 2016 JAN 15 PM 4:39
 ELECTION ADMINISTRATOR
 BY:

1 Total pages Schedule F1:	2 FILER NAME BILL WAYBOURN	3 Filer ID (Texas Commission on Ethics)
4 Date 12/3/15	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	(a) Category (See Categories listed at the top of this schedule) CONSULTING 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: _____	
Date 12/4/15	Payee name MURPHY NASICA	
Amount (\$) 162.38	Payee address; City; State; Zip Code 815-A BRAZOS, AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	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: _____	
Date 12/7/15	Payee name CONSTANT CONTACT	
Amount (\$) 85.12	Payee address; City; State; Zip Code CONSTANTCONTACT.COM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION / FUNDRAISING.	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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

FILED
 TARRANT COUNTY
 2016 JAN 15 PM 4:39
 ELECTIONS
 CLERK
 BY:

1 Total pages Schedule F1:	2 FILER NAME BILL WAYBOURN	3 Filer ID (Ethics Commission Filer)
4 Date 12/10/15	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	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(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: _____	

Date 12/10/15	Payee name MURPHY NASICA	
Amount (\$) 900.00	Payee address; City; State; Zip Code 815-A BRAZOS, AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS	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: _____	

Date 12/16/15	Payee name MURPHY NASICA	
Amount (\$) 9,522.38	Payee address; City; State; Zip Code 815-A BRAZOS, AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	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

FILED
 TARRANT COUNTY
 2016 JAN 15 PM 1:39
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

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 WAYBORN	3 Filer ID (Elections Commission #)
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4 Date 12/21/15	5 Payee name MURPHY NASICA
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6 Amount (\$) 186.41	7 Payee address; City; State; Zip Code 815-A BRAZOS, AUSTIN TX 78701
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/15	Payee name ARLINGTON VOICE
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Amount (\$) 700.00	Payee address; City; State; Zip Code 5904 S. COOPER, ARL. TX 76017
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOFTAD ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/15	Payee name QT
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Amount (\$) 28.50	Payee address; City; State; Zip Code ARLINGTON
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION RELATED EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

FILED
 WARRANT COUNTY
 2016 JAN 16 PM 4:39
 SCHEDULE E
 SECTIONS 11.001-11.003
 FRANK PHILLIPS
 CLERK
 BY:

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 Filer)
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4 Date 12/10/15	5 Payee name CAMPO VERDE
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6 Amount (\$) 35.20	7 Payee address; City; State; Zip Code 2918 W. PIONEER PKWY., ARL. TX 76013
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/2/15	Payee name SIG. MCNT
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Amount (\$) 20.00	Payee address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76180
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PURPOSE OF EXPENDITURE	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED