CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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3 GANDIDATE/ OFFICEHOLDER NAME	Roymond wer	E same	OFFICE UNE CHAY
4 CANDIDATE/ OFFICEHOLDER MALING ADDRESS	ADDRESS / PO BOX; APT / BUTE 4;	OTH, STATE, 2P CODE	NI COUNT NI
Charge of Address	1		50 10 E
S CANDIDATE/ OFFICEHOLDER PHONE			Characteristical in Cara Factorated
6 CAMPAIGN TREASURER NAME	VIRNELLA MICHINALE LEWIS		Planting of Amount S Cate Processed Cate Imaged
7 CAMPAION TREASURER ADDRESS (Residence or Business)	ETHEET ACCHESE IND HO BOX PLEASE). APT /	BUTE & GIFY STATE	ar coss
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REPORT TYPE	derivaty 15		100-day after companys Insulative apparatures (Office/safes COS) final Report (March COS) - Fm)
10 PERIOD COVERED	07/137/15	THROUGH /2	31/15
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12 OFFICE	OFFICE HELD IF any	CONSTRABLE TO	TERRIT COUNTY
	до то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	n numos d	E WILLIBU	15 File	r ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	HOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXP DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MA CINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORTURES.	DE WITHOUT T	HE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME	1 = 4		
	GENERAL		ONS	RANTO	
		COMMITTEE ADDRESS	1 2	OM	
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			STR	DUNT PM 12:	
		COMMITTEE CAMPAIGN TREASURER NAME	유	<u> </u>	
Additional Pages			~		
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE		\$ Q	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 11,000.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED		\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES		\$ 5,418.9	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY	\$ &	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C AY OF THE REPORTING PERIOD	OF THE	\$ 0	
18 AFFIDAVIT	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				
	ELAYNE S. BU Notary Publ STATE OF TE My Comm. Exp. May	KAS Promission	Will candidate of	by Officeholder	
AFFIX NOTARY STAME	SEALABOVE	0			
Sworn to and subscr	ibed before me. b	by the said KALMON E Willib	4	, this the 12	
day of Januar		o certify which, witness my hand and seal of office	Ce.		
Elane S. L	Bur	ELAYNE S. BUINS	Λle	w Account	
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title	e of officer administering oath	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) ROYMOND JOLLIBY 5 Full name of contributor __ out-of-state PAC (ID#:______ ERIC Mccullum 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) \$ 1,000.00 ARLINGTON TX. 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Stephen C Horning Lockwood 12-08-15 Contributor address; City; State; Zip Code 20 Woodland C+ Mansfield Tx 76063 \$10,000.00 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Cff Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Pri al Committee Legal Services Sal The Instruction Guide explains ho	on Repayment/Reimbursement co Overhead/Rental Expense Travel In thing Expense arles/Wages/Contract Labor Other (et al., 2007)	on/Fundraising Expense tation Equipment Plated Expense District ut of District ther a category not letted above)
1 Total pages Schedule F1:	ROYMOND & WILLBY	3 Filer	ID (Ethnes Commission Filers)
4 Date /2-//-15	DEBORAH PEOLES		16
6 Amount (\$) \$ 1000.	7 Payee address; City; State; Zip Co. 38/2 RACE FORT WORT	ode 74 76/11	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul DEMOCRAFIC SELIERAL BALLOF FEE	(b) Description Check if travel outside of Texas Check if Austin, TX, officely	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 12-15-15	Payee name DERRICK L SIMMO	NS g	17-723-1550
Amount (\$) 700.90	Payee address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Down Payment Fon Sign and Labor	Check if translational of Tours	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12-18-15	Payee name Post-Master	·	
* 199.49	Payee address; City; State; Zip Coo		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Check if travel outside of Texas. Check if Austin, TX, officeho	,
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED	A 1800

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to d		To let let a calegory the listed according
1 Total pages Schedule F1	2 FILER NAME ROWS and MILLIANS	3	Filer ID (Ethics Commission Filers)
4 Date 12 - 12 - 15	5 Payer name DERRICK L SIMMONS		
12-19-15 6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$815.00		817	7-723-1550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Squs TAXES & LABOR	l —	e of Texas. Complete Schedule T. ., officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-19-15	Roymond WILLIBY Payee address; City; State; Zip Code		
Amount (\$)			
\$ 25.00	3304 BREHLACKSON DR	CROWIEY T	TA 74036-5626
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ELECTION ALUMNI ASSOCIATION		of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		102 IV
12-19-15	Raymond WILLIBY		TARR <i>I</i> JI 6 JAN JI6 JAN
Amount (\$)	Payee address; City; State; Zip Code		
\$ 54.98	Staphes Budeson	X .	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supply For Printer		Texas. Completes chedule I.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundalsing Expense Transportation Engipment of Related Expense Travel out Of District Other (enter a calegory newsted above)	
1 Total pages Schedule F1		AME MOND WILLIBY		3 Filer to (Ethics Commission Filers)	
4 Date 12 -20-15	5 Payee na			JAT?	
6 Amount (\$)			lp Code	16	
\$40.02		BURLESON	灰.		
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this e	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sought	Office held	
Date	Payee na		/		
12-20-15	104	ce JOHNSON	P.R Publ	LIC RELATION	
4300.00	473/	BRIDGE St.	Suite 47 For	LIC RELATION ET WORTH 76112	
PURPOSE OF EXPENDITURE		(See Catagories listed at the lop of this so	Check if travel o	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
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12-21-15	RENE	E THOMAS	•		
Amount (\$)	Payee ad				
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PURPOSE OF EXPENDITURE	Category WEBS	(See Categories listed at the top of this so	Check if travel or	utside of Texas. Complete Schedule T. I, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name	Office sought	Office held	
	ATT	ACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	EDED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Gard Payment		Legal Services	Expense morials Expense tion Guide explain	Office Overling Exp Printing Exp Salarles/Wa	pense ages/Contract Labor	Transpo Travel i Travel i	tion/Fordalising Spense Portation Edutorner Related Expense In District Port Of District Porter a safegory neristed above)
1 Total pages Schedule F1			l will	Bu		3 File	ID (Editor Commission Filers)
4 Date /2-21-/5		rhe PALS		7			6 TOR
6 Amount (\$) \$ 40.	7 Payee ac	dress;	City; State; Z	ip Code			.
8 PURPOSE OF EXPENDITURE	web:	site +	sted at the top of this so ORECE ELECTION	red			as. Complete Schedule T. sholder Ilving expense
9 Complete ONLY if direct expenditure to benefit C/O	Candid	ate / Officeholo			Office sought		Office held
Date 12-24-15	Payee na		E Wash	HINGT	ON EXH	e E M	e INORK Studio 2-4130
\$ 80.00	Payee ad	dress;	City; State; Zi	p Code	/ 482	- 43	2-4130
PURPOSE OF EXPENDITURE	SMAL		sted at the top of this so	chadule)			s. Complete Schedule T. nolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		te / Officehold	er name		Office sought		Office held
Date	Payee na	me					
12-24-15	Kwik	Kopy F	PRINTING		(81	7) 4	51-6276
Amount (\$)	Payee add	iress;	City; State; Zip	Code			
\$ 86.00	1850	HAND	ley Drive	FOR	T WORT P	74	1/12
PURPOSE OF EXPENDITURE		(See Categories lls 2054 C	ted at the top of this sol	hedule)			. Complete Schedule T. older living expense
Complete ONLY If direct expenditure to benefit C/OH		te / Officehold	er name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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/Fundraleing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to		er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Raymond WILL	3 Filer II	O (Ethics Commission Filers)
4 Date 12-24-15	5 Payes name WebSIH		
6 Amount (\$) -\$55.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this echedule) Two Months Web Site	(b) Description Check if travel outside of Texas. C Check if Austin, TX, officehold	•
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh-	Candidate / Officeholder name	Office sought	Office held
Date 12 - 24 - 15	Michael Young		TA 2016 2016 ELEC BY:-
Amount (\$)	Payee address; City; State; Zip Code		S A R
\$80.00	Homeless		TARRANT CO
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PASS out Flyer AND FOOD	Description Check if travel outside of Texas. Co Check if Austin, TX, officeholds	omplete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payes name		
12-24-15	DEMAYNE AlleH	٠	
Amount (\$)	Payee address; City; State; Zip Code		
80.00	Homeless		
PURPOSE OF EXPENDITURE	Category (See Categories illated at the top of this schedule) PASS OUT Flyer AND FOOD TO EAT	Description Check if travel outside of Texas. Col Check if Austin, TX, officeholde	· ·
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	AND FOOD		
EXPENDITURE	PAST-OUT FLYER AND FOOD		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-26-15	Home Depot		
Amount (\$)	Payee address; City; State; Zip Code		
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	Category (See Categories listed at the top of this schedule)	Description	
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OF EXPENDITURE	Supply For Elections Staple bun & stc	Gheck if Austin, TX, office	holder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	-Office held
EXPENDITURE	Candidate / Officeholder name		-Office held
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Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		TARRAN FILECTONS
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		TARRANT OF HEAD FANN PHECTIONS ADM
Complete ONLY if direct expenditure to benefit C/Oh Date /2-27-/5 Amount (\$)	Payee name SHELL GAS STATION		TARRANT COUNTY OF THE PROPERTY
Complete ONLY if direct expenditure to benefit C/OrDete /2-27-15	Payee name SHELL GAS STATION		TARRANT OF HEAD FANN PHECTIONS ADM
Complete ONLY if direct expenditure to benefit C/OPDate /2-27-/5 Amount (\$) \$ 37.42	Payee name SHELL GAS STATION	Office sought Description	TARRANT COUNTY 2016 JAN 13 PM 12: 17 RECTONS AUMINISTRATOR BY:
Complete ONLY if direct expenditure to benefit C/Oh Date /2-27-/5 Amount (\$) \$37, 42 PURPOSE OF	Candidate / Officeholder name Payee name SHE// GAS SFAFION Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule)	Office sought	TARRANT COUNTY ITARRANT COUNTY PARANK PHILLIPS BY: BY: Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OP Date /2-27-/5 Amount (\$) \$37, 42 PURPOSE	Candidate / Officeholder name Payee name SHCII BAS SFAFION Payee address; City; State; Zip Code	Office sought Description Check if travel outside of Texas	TARRANT COUNTY ITARRANT COUNTY PARANK PHILLIPS BY: BY: Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Oh Date /2-27-/5 Amount (\$) \$37, 42 PURPOSE OF	Candidate / Officeholder name Payee name SHE// GAS SFAFION Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule)	Office sought Description Check if travel outside of Texas	TARRANT COUNTY ITARRANT COUNTY PARANK PHILLIPS BY: BY: Complete Schedule T.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12-28-15 8525 BRUSHY CREEK FORT NORTH TO 76118 (b) Description (a) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Flyer 4,000 ___ Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name LOWIE'S 12-29-15 Payee address; Amount (\$) City; State; Zip Code 920 N BURLESON BLVD 817-4260-1700 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** H. BRACKLEL OF Gheck if Austin, TX, officeholder living expense EXPENDITURE FOR SIGNS Candidate - Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date > **IRRA** CHICKEN EXPRESS Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Sche PURPOSE ELECTION FOOD OF Check if Austin, TX, officeholder living expe EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Bolicitation Fundralsing Expenser Transportation Equipment & Palated E Travel in District Travel Out of District Other (entered category not listed above Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Raymond WILLIBY 5 Payee name Home Depot 7 Payee address; City; State; Zlp Code 7950 I-35 South FREEWAY 12-29-15 6 Amount (\$) FORT WORTH TO (a) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE 40. Poles FOR Signs Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12-29-15 City; State; Zip Code \$ 32.71 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Fuel Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 12-29-15 Home DEPot Amount (\$) Payee address; City; State; Zip Code \$ 18.77 7950 I-35 South FREEIMAY FORT MORTH TO. \$28.77 76134 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense 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 3 Filer ID (Ethics Commission Filers) 5 Payee name BENEE THOMAS 7 Payee address; City; State; Zip Code 8525 BRUSHY CREEK FORT WORTH TO 76118 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Flyer 4,000 __ Check If Austin, TX, officeholder living expense **OF** EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name LOWIES 12-29-15 Amount (\$) City; State; Zip Code 920 N BURLESON BLVD 817-426-1700 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE H. BRACKLEL OF Check if Austin, TX, officeholder living expense EXPENDITURE FOR SIGNS Candidate Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH TARRA Payee name CHICKEN EXPRESS 12-29-15 Payee address; City; State; Zlp Code Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. PURPOSE ELECTION FOOD OF Check if Austin, TX, officeholder living expense EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense		Event Expense	Loan Repa	yment/Reimbursement	,	/Fundralsing Expense
Accounting/Banking		Fees		rhead/Rental Expense	Transports	ation Equipment & Related Expense
Consulting Expense		Food/Beverage Expense	Polling Exp		Travel in D	
Contributions/Donations Made I	Ву	Glft/Awards/Memorials Expense	Printing Ex			t Of District
Candidate/Officeholder/Politic	al Committee	Legal Services	Salaries/W	/ages/Contract Labor		er a category not listed above
Credit Card Payment		The instruction Guide explain			SE IUI JUILLE	EP WOM
1 Total pages Schedule F1	2 FILER N	AME			3 Files II	D (Ethice-Commission Filers)
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4 Date	5 Payee na	ume /			- 1	~ ~
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6 Amount (\$)	7 Payee ac		Zip Code			
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8	(a) Category	(See Categories listed at the top of this of	schedule)	(b) Description		
PURPOSE				Check if travel ou	itside of Texas.	Complete Schedule T.
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9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H .					
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Date	Payee na	me ·				
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12-30-15	KAYI	ON NAYS				
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Complete ONLY if direct	Candida	ite / Officeholder name	1	Office sought		Office held
expenditure to benefit C/Ol	4					
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12-30-15	dima	ny ALFORD		817	. 812-	7229
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OF	-)0x	Poles AND SET	/	Check if Austin,	TX, officehold	fer living expense
EXPENDITURE						-
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Complete ONLY if direct		te / Officeholder name	L	Office sought		Office held
expenditure to benefit C/OH		TO A STREET STREET LINES				
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Raymond WILLIBY 817-723-1550 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 18 LARGE ELECTION PURPOSE Check If Austin, TX, officeholder living expense Signs EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Tommy ToHNSON Payee address; City; State; Zip Code Night SHELLER HoracLESS Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE PASS OUT FlyER OF Check if Austin, TX, officeholder living expense EXPENDITURE Plus FOOD Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date RRA Roderick WILSON 12-31-15 Amount (\$) \$ 50.00 Night SHELLER Homeless Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule PURPOSE PASS out Flyer OF Check if Austin, TX, officehelder living expense EXPENDITURE Plus FOOD Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repsyment/Reinfoursement Office Overhead/Rental Expense Polling Expense ning Exp Summing Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking Consulting Expense Contributions/Donations Made By Food/Beverage Expense GII/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salariae/Wanee/Contract Labor Legal Services Other (enter a category not fisted above) **Gredit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12-31-15 7 Payee address; Night SHELTER Hameless (b) Description PASS out Flyer Plus food to EAT. Check If travel outside of Texas. Complete Schedule T. PURPORE Check If Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH 12-31-15 BENNY WILSON Amount (\$) Payee address; City; State; Zip Code Night SHELTER Homeless \$ 50.00 Description pass out flyel plus food to Eat Check if travel outside of Texas. Complets Schedule T. PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2016 JAN 13 TARRANT City; State; Zlp Gode Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** O۴ ☐ Check if Austin, TX, officeholds EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED