# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C(OH Instruction C	uido avalaine bou to samelete	1	ID (Ethics Commission Edois)	2 Total pages filed
rne G/OH Instruction G	uide explains how to complete			
3 CANDIDATE / OFFICEHOLDER NAME	MR. T	si Sill isi YBOURN	E. SUFFIX	Date Received  Date Received  Date Received  Date Received  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER	APEA CODE PHONE N	TEH. GITY	STATE. ZIP CODE	TARRANT COULT FINAL TO THE Postmarked to the Postmarked
PHONE  6 CAMPAIGN TREASURER NAME	MS.	IRST TAYA AST KULE	MI	Recept # Amount \$  Date Processed  Date Imagett
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS INO PO BOX PL	EASE) APT SUITE F.	CITY STATE.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	UMBER	EXTENSION	
9 REPORT TYPE	January 15	36th day before election 6th day before election	Excessed \$500 bins	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD COVERED	Morth Day 05 / 15 /	Nexts THE	Month OUGH	Nay Year 30 16
11 ELECTION	ELECTION DATE  Month Day Year  11 / 9 / 16	Primary General	ELECTION TYPE Rungh Other Description Special	
12 OFFICE	OFFICE HELD of any)		13 OFFICE SOUGHT OF MICHAE	
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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

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14 COH NAME	The second control of	<b>15</b> F:	ler iti (Ethica Commission Flers)	
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	GOMMITTEE NAME	EL RADIO MAN AND AND AND AND AND AND AND AND AND A	
	SIMIRAL	s and the second of the second	T 2	
	The second of th	COMMUNICO ALEBROSA	TARRAKI FILL FRANK	
		COMMITTEE CAMPAIGN TREASURER NAME	T COUNT	
Admirinar Pages				
		COMMUTIEF CAMPAGN OFFASOR R ADDRESS	7.4TOR	
17 CONTRIBUTION TOTALS	1 TOTAL POLITICAL CONTRIBUTIONS OF 550 OR LESS TOTALER THAN		\$ 1,951.56	
			\$ 16,776.56	
			\$ 200.00	
			\$ 56,030.91	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 547.65	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0	
18 AFFIDAVIT	A BOOK TO THE STREET OF THE ST		The second secon	
	DAVID S. MCCLELL latary Public, State of	of Texas		
Magnether .	My Commission Ex March 15, 201	5 Sell 2 Word		
rka film like til retom i sakul	#1 - 12 k	Signatu(e)of Candidat	e or Unicenoider	
Il			this the 13th	
day of July	20 16	to certify which, witness my hand and seal of office.		
	m/Elel	W DAVID MCCIELLAND	MUTARY PUBLIC	
Signature of officer	accomistering cam	Printed name of officer administering oath	Title of officer administering path	

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,257.5%
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,251.56 \$ 14,525.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 56,030.91
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

TARRANT COUNTY

2016 JUL 15 PM 4: 18

ELECTRONIC AND LIPS

ELECTRONIC AND LIPS

## 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) 2 FILER NAME BILL E. WAYBOURN 4 Date 7 Amount of contribution (\$) 5/21/16 6 Contributor address; City; State; Zip Code \$100.00 1614 ROYAL MILE DR., ARL, TX 76015 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) KIDS DOC PEDIATRICS. DOCTOR Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) WRITER SELF Date Amount of contribution (\$) DALE KNOTT Contributor address; 5/23/16 1530 INDIAN CREEK, MIDLOTHIAM, TX Employer (See Instructions) Principal occupation / Job title (See Instructions) AMERICAN AIRLINES PILOT Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: State; Zip Code Contributor address: City: Employer (See Instructions) Principal occupation / Job title (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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

	***************************************		
The Instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
BILL E. WAYBOURN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	_		9 In-kind contribution description
7 Contributor address; City; State; Zip Coo	Ty TIPTON 7 Contributor address: City; State; Zip Code 4021 Rochester Dr., Keller, TR 76344		Sign Stolage
4021 ROCHESTER DR., KELLER, 7	12 76244	Check if travel outs	side of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	IPTON INS	IAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu		JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor   out-of-state PAC (ID#:	de TlæNle	Amount of Contribution \$	In-kind contribution description  ADVERTISING  BILLBOARDS  side of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDIC	IAL)(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)	<u> </u>	A	TARR 2016 JU
			FILED ANT COUNTY 1 15 PM 4: 18
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruction	THIS SCHEDU on guide for a	ULE AS NEEDED additional reporting	requirements.

Revised 9/8/2015

# 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	6 Full name of contributor   out-of-state PAC (ID#:)  THE LIVE OAK, LLC		8 Amount of 9 In-kind contribution Contribution \$ description		
Ce/1/16	THE LIVE OAK, LLC 7 Contributor address; City; State; Zip Cod 1311 LIPSCOMB, FORT WORTH	10 TWO	EXPENSE  Check if travel outside of Taxas Complete Schedule T		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
7	RESTAURANT	5	DELF		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description		
Contributor address; City; State; Zip Code			Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ			er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)  Cont		Contribu	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		BY 5 20 1		
			FILED  MARRANT COUNTY  JESSEL STRATOR		
If	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Revised 9/8/2015

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees
Food/Beverage Expense
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 ory 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 5/23/14	5 Payee name  MURPHY NAS	51CA		
6 Amount (\$) 29,995.67	7 Payee address; City; State; Zip Code 815-A BRAZOS, AUST	78 XI, Ur	10701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING  EXPENSE	<del>                                   </del>	side of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/16/16	ARLINGTON VOICE			
Amount (\$)	Payee address; City; State; Zip Code			
300.00	5904 S. COOPER, SUITE	104-104,1	ARL., TX 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADU.  EXPENSE  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office heigh	
Date 5/18/16	Payee name FACE BOOK		F PH 4	
Amount (\$)	Payee address; City; State; Zip Code	M	TY 18	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  AOV.  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/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa  The Instruction Guide explains how to co		r (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME BILL WAYBOURA		er ID (Ethics Commission Filers)
5/31/16	5 Payee name DAN FERNANDEZ		
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code		TARRAN  2016 JUL 1
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of T	exas. Complete Schedula T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, of	iceholder living expense CDD
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	S Office held
Date	Payee name		
5/31/16	SALJO'S PIZZA		
Amount (\$)	Payee address; City; State; Zip Code		_
2,400	2229 W. PARK ROW,	PANTEGO, T	76613
PURPOSE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of To	exas. Complete Schedule T.
OF EXPENDITURE	EVENT Expense	Check if Austin, TX, off	iceholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/2/16	TARRANT COUNTY (	LAW ENFORCE	MENT ASSOC.
Amount (\$)	Payee address; City; State; Zip Gode		7 7/10
20,000.00	6815 MANHATTAN SUIT	e 105, fort u	NORTH, 1X 16120
	Category (See Categories listed at the top of this schedule)	Description	iouse Campion Sahadi ia T
PURPOSE OF	ADVERTISING	$\overline{}$	exas. Complete Schedule T. liceholder living expense
EXPENDITURE	Expense		
Complete ONLY if direct expenditure to benefit C/OI	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

se Travel In Distr ise Travel Out Of is/Contract Labor Other (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 WAY BOY		ID (Ethics Commission Filers)		
4 Date 6/18/16	5 Payee name	NTACT			
6 Amount (\$)	7 Payee address; City; State; Zip Code				
85.12	WWW. CONSTANT	CONTACT. COM	^		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texa	as. Complete Schedule T.		
OF	AOVERTISING	Check if Austin, TX. office	eholder living expense		
EXPENDITURE	EXPENSE	G	<b>.</b>		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		AANT C		
Amount (\$)	Payee address; City; State; Zip Code		D DUNTY M 4: 18		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texa Check if Austin, TX, office	•		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this 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/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			