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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | aumard | | 15 Filer ID (Ethics Commission Filers) | | | |
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| 16 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR 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 | TARRANT CO | | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | M 2: 33 PS STRATOR | | | |
| 17 CONTRIBUTION TOTALS | PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THESS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | | | | |
| EXPENDITURE TOTALS | (OTHER | THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) POLITICAL EXPENDITURES OF \$100 OR LESS, B ITEMIZED | \$ 500.00 | | | |
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| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | THE \$ | | | |
| 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. Notary Public STATE OF TEXAS My Comm. Exp. May 16, 2018 Signature of Candidate or Officeholder | | | | | | |
| Sworn to and subscribed before me, by the said <u>Raymond Williby</u> , this the <u>23</u> ¹ day of <u>May</u> , 20 <u>Ite</u> , to certify which, witness my hand and seal of office. | | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Date 7 Amount of contribution (\$) ARLINGTON TX. Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code 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.

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| 182-25-14 | 5 Payee name LOUNIA Copper | | | | | | | |
| 6 Amount (\$) | 7 Payee ad | dress; City; State; | Zip Code | | T | | | |
| \$60.00_ | Homa | eless for | TU | beth B | 76 | RAYOUS T | | |
| 8 | (a) Category | (See Categories listed at the top of this | s schedule) | (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Check If Austin, TX, officeholder living expense | | | | | | | |
| 9 Complete ONLY If direct expenditure to benefit C/OF | | ate / Officeholder name | | Office sought | | Office held | | |
| Date | Pavee na | me | | | | | | |
| Date Payee name ARK WILLIAMS | | | | | | | | |
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| PURPOSE OF EXPENDITURE | 4 | (See Categories listed at the top of this | | Description Check if travel outs Check if Austin, | | omplete Schedule T. er living expense | | |
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| | ATT | ACH ADDITIONAL COPIES | OF THIS S | CHEDULE AS NEED | ŒD | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Gredit Card Payment | al Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor plains how to complete this form. | Solicitation/Fundraising Expense Transportation-Equipments Related Expense Travel Out Of Strict Other (enter a salespory not listed above) | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME ROUMONS | Willie | 3 Filer ID (Phics Commission Filers) | | | | | | |
| 4 Date △2-210-110 | 5 Payee name | e Cooper | JHTY 2: 3 75 TRAT | | | | | | |
| 6 Amount (\$) | Payee address; City; State; | _ | 74064 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Categories listed at the top of the Category (See Categories listed at the top of the Categories listed at the Categories list list list list list list list lis | Check if travel out | tside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | | | | |
| Date | Payee name | 1/9// . 4 | | | | | | | |
| Arrount (\$) Payes address; City; State; Zip Code | | | | | | | | | |
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| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | | | | | | |
| Date | Payee name | • | | | | | | | |
| X2-26-16. Amount (\$) | Payee address; City; State; | Juper Sabi | RoSa, | | | | | | |
| \$12.96 | 5737 Crowle | EY RD Ft. WA | DETU TR. 76134 | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of the Food For Elect, | Check if travel outs | side af Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | | |

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
Glf/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Candidate/Officeholder/Politic | cal Committee Legal Services Salaries/ | Vages/Contract Labor | Other (enter a category not listed above) |
|--|--|----------------------|--|
| Gredit Card Payment | The instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1 | 2 FILER NAME Raymond WILLIE | 34 | 3 Filer ID (Ethics Commission Filers) |
| # 2-26-16 | 5 Payee name Loan Facto | r RY GRAPI | LIC DESIGN |
| 6 Amount (\$) | 7 Payee address; 2ft; State; Zip Gode/ | | |
| 88100 | 116 N.W. 15th GRAND PRO | IRIC TX | 75050 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Election CARds | | side of Texas. Complete Schedule T. |
| OF EXPENDITURE | CIECTION CAROS | Li Check If Austin, | TX, officeholder living expense |
| | | | 7.016 2016 ELEC |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | TI ON RAY |
| Date | Payee name | | NT C |
| 183-X1-110 | WELDON MED | KS | |
| Amount (\$) | Payee address; City; State; Zip Code | | NTY 2: 31 RATO |
| \$48.00 | Homeless Ffw | 12. 7 | 109 3 |
| PURPOSE OF EXPENDITURE | Electron Pole | | ide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oi | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 23-01-16 | RODNEY S | mith | · |
| Amount (\$) | Payee address; City; State; Zip Code | • | |
| \$48.00 | Homeless FfW. | TX 74 | 0104 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | | | de of Texas. Complete Schedule T. |
| OF EXPENDITURE | Election Pole | Check if Austin, | FX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEED | DED |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
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| Advertising Expense Accounting/Barking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | cal Committee Legal Services | Office Over Expense Polling Expense Printing Ex | mead/Rental Expense pense pense gages/Contract Labor | Solidation/Fundating Steense Transportation Edulation & Related Expense Travel in Blatrica Travel Out Of District Other (grater a calegory not listed above) | |
| 1 Total pages Schedule F1 | 2 FILER NAME | numoud WW | NIGI | 3 File PB (Ethies Commission Filers) | |
| 4 Date X3-XV-16 | 5 Payes name | SHARON TO | ives | 11 Y 2: 34 8 RATO | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | | , , , , , , , , , , , , , , , , , , , | |
| 848.00 | Homeless | FORT Wor | ETA K | 76104 | |
| 8 PURPOSE OF EXPENDITURE | Electron Do | | | side of Texas. Complete Schedule T. TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officehold | der name | Office sought | Office held | |
| Date | Payee name | Verl Sto | VENSON | | |
| Amount (\$) | Payee address; | City; State; Zip Code | VENSOR | | |
| \$48.0 | Homeles | s Ff an | hath to | X 74104 | |
| PURPOSE OF EXPENDITURE | Electron Da | | | de of Texas. Complete Schedule T. FX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officehojd | er name | Office sought | Office held | |
| Date | Payee name | | • | | |
| N3-XI-16 | 70. | hu TAYLOR | | | |
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| 9 48.00 | Homeles | Ff Word | TE | 76104 | |
| PURPOSE OF EXPENDITURE | Electron Day | | 1 | de of Texas. Complete Schedule T. X, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officehold | er name | Office sought | Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Benking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense ansportation Equipm Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District N Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services **Credit Card Payment** The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer (Ethica Commission Filers) Check if travel outside of Texas. Complete Schedule T. PURPOSE EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: WORTE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name BRENTWOOD STAIR FF WORTH 76/12 Check If travel outside of Texas. Complete Schedule T. **PURPOSE** wel For Election Check if Austin, TX, officeholder living expense EXPENDITURE REMOVAL OF Election Sign Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
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| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | | Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction | ls Expense | Office Overt Polling Expe Printing Exp Salaries/Wa | | Transpor Travel In Travel O | District | ent & Related Expense |
| 1 Total pages Schedule F1 | 2 FILER N | AME ROW | nord | Will | 184 | 3 Filer | | Commission Filers) |
| 4 Date 9-3-93-16 | 5 Payee na | ime To | 4N H | EUS/E | <i>5</i> 4 | 2 | 公 | |
| 6 Amount (\$) \$118.00 | 7 Payee ac | idress; City | y; State; Zij | Wo Cl | D D | Kele | PH 2: 31 | 7 7 |
| 8 PURPOSE OF EXPENDITURE | PICKU | (See Categories listed: Electronic Signature Si | ON PO | 1 | <u> </u> | outside of Texas | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ate / Officeholder n | ame | | Office sought | | O | ffice held |
| Date | Payee na | | id Bi | Pork | ·c | | | Control of the Contro |
| 43-83-14 | Payee ad | | : State: Zic | | 7 | | | |
| \$48.00 | | eless | | | ZZ | 7610 | 4 | |
| PURPOSE OF EXPENDITURE | Pickup | (See Categories listed as Electric Signi | ON Po. | | | outside of Texas. in, TX, officeho | • | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | ate / Officeholder n | ame | | Office sought | | Of | fice held |
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| 43-43-16 | | ROO | NEY S | mit | h | | | |
| Amount (\$) | Home | dress; City | | Code | Z Z 74 | 104 | | |
| PURPOSE OF EXPENDITURE | | (See Categories listed a Electro Siguis | | | | utside of Texas. n, TX, officeho | • | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
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| 4 Date 183-183- 14 | 5 Payee name | Tohn | TAYlor | | 2: 31 |
| 6 Amount (\$) | 7 Payee addres | ss; City; Stat | te; Zip zode | | ₹ * |
| \$48.00 | Homeh | 'ess t | ORT WE | | 74104 |
| 8 | | e Categories listed at the top o | | (b) Description | |
| PURPOSE OF EXPENDITURE | Pull El | lection Pol From Differ Properties | RENT | | tside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | 5719NZ | Man Division | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / | | <u> </u> | Office sought | Office held |
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| Dale | Payee name | | NIST | | |
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| PURPOSE OF EXPENDITURE | Category (See | Categories listed at the top o | of this achedule) | | side of Texas. Complete Schedule T. TX, officeholder living expense |
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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/Severage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Selentes/Manual/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

| Candidate/Officeholder/Politic Gredit Gard Payment | The instruction Guide explains how to | Wages/Contract Labor Other (enter a category not listed above) |
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| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule 1 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder in the Schedule 2 Check if Austin, TX, officeholder 2 Check if Austin, TX, officeho |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEEDED |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | | The Instruction Guide explains how to complete this form. "Complete only if "Report Type" on page 1 is marked "Final Report" |
|---|--------------|---|
| 1 | C/OH N | AME Raymond WIWIBY 2 Filer ID (Ethics Commission Filer PD) |
| | 2 | |
| 3 | ing a rep | expect any further political contributions or political expenditures in connection with my candidady. I understand that designat- port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign tions or make any campaign expenditures without a campaign treasurer appointment on file. Agrand Wall Agrand Officerolder |
| 4 | | WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. •- |
| | A. | CAMPAIGN FUNDS |
| | Check | conly one: |
| | \checkmark | I do not have unexpended contributions or unexpended interest or income earned from political contributions. |
| | | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |
| | B. | ASSETS |
| | Check | conly one: |
| | | I do not retain assets purchased with political contributions or interest or other income from political contributions. |
| | | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. |
| | | Signature of Candidate |
| 5 | | EHOLDER plete this section <i>only</i> if you are an officeholder ·· |
| | | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. |
| | | Signature of Officeholder |