CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS/MRS/MRS/ FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Pobert	K.	Date Received		
IVANIE	NICKNAME LAST	SUFFIX	20 (1)		
	436" 671		TA ZOIH		
			TARRAN		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	YES E EN		
MAILING			Date Hand-delivered or Postmarked		
ADDRESS					
change of address		4.44.41.41.41.41.41.41.41.41.41.41.41.41	Receipt # C #mount		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed		
OFFICEHOLDER PHONE			¥ 20		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	The		t e e		
NAME	NICKNAME LAST	SUFFIX	•		
	Cayce				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:	CITY: STATE:	ZIP CODE		
ADDRESS					
(residence or business)					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE					
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign		
	Soul day before election	Kunon	treasurer appointment (officeholder only)		
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)		
	_	limit			
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	07/01/2013 THROUGH	12/31/			
		(- / 31 /	201 >		
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary	Runoff	General Special		
			Goridan Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	COTORA)E 0			
	GO TO PAG	PC 4			
	····				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Paber	+ 6. " Bob " L'11 15 ACC	OUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	TARRANT 2014 JAN 14 STEVEN
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	M 9: 2
		COMMITTEE CAMPAIGN TREASURER ADDRESS	20
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 59769.68
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 57870.56
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 11,711.94
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ O
18 AFFIDAVIT	TRISH STEG/ NOTARY PUB STATE OF TE My Comm. Exp. 12-0	LIC Arthir	ation required to be reported by
	scribed before	me, by the said ROBERT K. GILL	
day	of <u>Universe</u>	1 PUS /+ STEGAL A	nd and seal of office.
Signature of officer admi	inistering oath		le of officer administering oath

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS .		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule ACC F/7
2 FILER NAME	Risertk. "Bis " Gi	A	3 ACCOUNT # (É	thics Commission Filers)
4 Date	5 Full name of contributor □out-of-state PAC (IDE:		7 Amount of contribution (\$)	8 In kind contribution < description (if applicable)
10 14/13	6 Contributor address; City; State; Zip Code 147 Wordland Mills Dr. And. To 76008		50 0	
9 Principal occu	pation / Job title (See Instructions) L thrower	10 Employer (See		or rocas, complete constitute 17
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
Suis	william Warren		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			· [
10/4/13	4420 w. vickery Blvd.		250-	
	Brt Worth. VX 76607			• 1
		·		of Texas, complete Schedule T)
Principal occu	pation / Job title (Spe Instructions) a thruey	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (IDIt)	Amount of	In-kind contribution
	Fregory Bird		contribution (\$)	description (if applicable)
11.61	Contributor address; City; State; Zip Code			
9/14/13	779 Taylor st.		1.000-	
	B.+ W. V. VX 76102		(If toward outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule ()
	owner	Employer (See	evadlig	
Date	Full name of contributor out-of-state PAC (EDIF:)	Amount of	In-kind contribution
	Tens Hanson		contribution (\$)	description (if applicable)
alula	Contributor address; City; State; Zip Code			
2010113	6420 chauncey Pl.		200	
	But NouTL. VY 76116			
Principal occup	pation / Job title (See Instructions)	Employer (See J		of Texas, complete Schedule T)
	landman	self	,	
Date	Full name of contributor out-of-state PAC(ID#:)	Amount of	In-kind contribution
	Brent Hicks		contribution (\$)	description (if applicable)
			20.64	318-84
10/2/13	Contributor address; City; State; Zip Code		822-01	event-appeare
	FIN WINTL. VR 76132			erent expense
Principal occur	pation / Job title (See Instructions).	Employer (See I		of Texas, complete Schedule T)
	pation / Job title (See Instructions),	Self See	, sou dedUIRS)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	F THIS SCHEDULE		requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS TARRAH	LED IT COUNTY	SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Risertk. "Bis " Gi	ELECTIONS	ACCOUNT# 0	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(IDI):_ Charts Phanett	BY:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
april13	6 Contributor address; City; State; Zip Code 3429 Dovothy Ln 5		1,000	!
	Rithirt, 72 76107		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions) **Corner **Torner** **Tor	10 Employer (See	Instructions) Aru 1 H	
Date	Full name of contributor out-of-state PAC (IDF_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/27/13	Contributor address; City; State; Zip Code 20) Maih # 801		1,000	!
	BH W. T. 74 76102	_		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	attioney	Bown	Mit	
Date	Full name of contributor out-of-state PAC(IDE_		Amount of contribution (\$)	In-kind contribution description (if applicable)
almin	Contributor address; City; State; Zip Code L& L& Words Fack M		1,001	
	But WITH TULL	!	(If travel outside	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or remain complete conductor 1)
Date	Full name of contributor unt-of-state PAC(IDIE_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/3/13	Contributor address; City; State; Zip Code 20 Maih # 80		1,000	
	BHW, TL, TX 76112		(If traval cutvide	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or reves, complete serequer 17
	attorney	sal f		
Date	Full name of contributor out-of-state PAC(IDIt)	Amount of contribution (\$)	In-kind contribution description (if applicable)
to lula	Contributor address; City; State; Zip Code			
10/2015	Cherles Yeargain Contributor address: City; State; Zip Code 59 25 Cypress Pooled Dr. Rut Worth, JR 76132	•	250.00	
	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)
	oilalgas	5-11		
lf a	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
11 G	ontributor is out-of-state PAC, please see instr	uction guide foradd	itional reporting	requirements.

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANSTARRANT COUNTY SCHEDULE A Total pages Schedule A:				
The	Instruction Guide explains how to complete this			
2 FILER NAME	Risertk. Bis " Gi	ELECTIONS AD	3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDIt_	8Y:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/24/13	6 Contributor address; City; State; Zip Code		5.000-	
	hymore, 7 76051			of Texas, complete Schedule T)
9 Principal occup	pation! Job title (See Instructions) Onsilvess owner	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (IDIK_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
alrelis	Contributor address: City; State; Zip Code 801 CLuny St. #1500		15,000	
	But worth, TX 76102			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Selfrey by Lusuress	Employer (See)	Instructions)	
Date	Full name of contributor out-of-state PAC (IDAL_		Amount of contribution (\$)	In-kind contribution description (if applicable)
वीया	Contributor address; City; State; Zip Code		500.00	
	Rutural, TI 7602		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) A Thomas	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(IDIE_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/11/13	Contributor address; City; State; Zip Code	#180	1,000	
	But Winte TX 7602			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Many Light C	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/21/13	Donald Ferrill Contributor address; City; State; Zip Code 5117 Gentling Place		1,000-	1
Principal posts	Mort Milland Hills, TA			of Texas, complete Schedule T)
rincipal occup	pation / Job title (See Instructions)	Employer (See I		
if c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

POLITIC OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	FILED NST COUNTY	D1	SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Posetk BB TLE	TEVERATORN NS ADMINISTRA	ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Goul-of-state pagnos. Ralph Dussins	The second secon	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
alalis	6 Contributor address; City; State; Zip Code	• • • • • • • • •	2500. au	
	FIT WINT 76/02	T		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions) A t/orney	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (10th_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/10/13	Contributor address; City; State: Zip Code 1749 Merrick 57		500.00	
	But WITE, JA 7610	1	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) PSULLUST STUME PSULLUST PSULLUST	Employer (See Sulf	Instructions)	
Date	Full name of contributor out-of-state PAC (IDR_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/14/13	Contributor address; City; State; Zip Code 3309 Wilh Marp Aug.		100-00	
	Fit U, T. Th 16116			of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions) Finance Clause	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/14/13	Contributor address; City; State; Zip Code 9117 South wash Tower	nd.	100.00	
Principal occup	Part With, TX 76/79 pation / Job title (See Instructions) With 1	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor unt-of-state PAC (IDS:	1	Amount of	In-kind contribution
9/20/13	Drug Ren Aro Contributor address; City; State; Zip Code 1214 Briar PMys Dr.		contribution (\$)	description (if applicable)
(, , , ,	letter, TX 76248			
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS FILED TARRANT COUNTY				
The	Instruction Guide explains how to complete this	s formy JAN 14	AMTotal pages Sch	edule A:
2 FILER NAME	Ribertk. "Bib " Gi	STEVE R	30ACCOUNT# (E NHISTRATOR	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (IDI);	8Y:	7 Amount of contribution (\$)	1 8 In-kind contribution
9/5/13	6 Contributor address; City; State; Zip Code 925 87 Arc.		250.00	
	MAT WINVAL V- 18107		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) Atterney	10 Employer (See I	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Repr forher		contribution (\$)	description (if applicable)
2/5/13	Contributor address; City; State; Zip Code	A	300.00	
	arly In. 72 76011		(if travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		
	athunly	5118		
Date	Full name of contributor out-of-state PAC (IDIR_ Downlow Fur Hom		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/5/13	Contributor address; City; State; Zip Code		200.00	
	But wont, TX 74 111	-231/	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) A Howly	Employer (See I	Instructions)	
Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
	hanne St. John		contribution (\$)	description (if applicable)
9/5/13	Contributor address; City; State; Zip Code 2020 Burnett Alexa		250.00	
	13-4 WANT, VX 76102	-6510	Of transi outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		A least, complete constant if
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Rob Green		contribution (\$)	description (if applicable)
1/5/13	Contributor address; City; State; Zip Code 500 M. 77 St. L. Um + 2	27	570.00	
	Rat MATI, VX 7610		Of travel cutside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	instructions)	A 1900s, Comprote Conscient 17
	attorney	untsh	ail Co.	
if c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

POLITICAL CONTRIBUTIONS FILED OTHER THAN PLEDGES OR LOANSRANT COUNTY SCHEDULE A				
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 17
2 FILER NAME	Risertk. Bis " Gi	GTIONS ADMINIST	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor □out-of-state PAC(10) =	-	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/5/13	6 Contributor address; City; State; Zip Code 401 W. Billcuap		100.00	
0.00	Ant worth, TX 76196	48 Foodbase (See		of Texas, complete Schedule T)
a Luucibai occul	pation / Job title (See Instructions) Attrict Full name of contributor out-of-state PAC (IDIt_	10 Employer (See	<i>'</i> ' '	
Date	Harmonay Schnerm)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/5/13	Contributor address; City; State; Zip Code		50.00	
	But W-D. VX 76110	,	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) A 710 ~ nlg	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (IDIt_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/5/13	Contributor address; City; State; Zip Code 4104 Bass wood Gurt		50.00	
	a-ligh, 72 76016		(if travel outside	of Texas, complete Schedule T)
Principal occu	vient conductors	Employer (See I	nstructions) Johnny	
Date	Full name of contributor ut-of-state PAC (IDIE_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/5/13	Contributor address; City; State; Zip Code 7 425 Tambe Renee Lan		250.00	
-	NI-TO PIELLAND HILLS, VI	76182		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Data .		self		
Date	Full name of contributor out-of-state PAC(IDIT_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/5/03	Contributor address; City; State; Zip Code 503 Crizer Valley Dr		100.00	
	Roundall, VX 76040.	-6014	(If travel outside o	of Texas, complete Schedule T)
Principal occup	cation / Job title (See Instructions)	Employer (See 1	nstructions)	
lf c	ATTACH ADDITIONAL COPIES O			requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS TARRANT (es limits"	SCHEDULE A
		2014 JAN 14	AM 9: 21	
The	Instruction Guide explains how to complete this	21176 144	the second to th	רז
2 FILER NAME	Ribertk. "Bib " Gil	SX: 	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(IDE:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/5/13	6 Contributor address; City; State; Zip Code 1400 Dinna Lane Red fort, JX 76022-6	67/6	150.00	
5 5 - 1 - 1 - 1		10 Employer (See	L	of Texas, complete Schedule T)
a Luucibai occu	court opposition / Job title (See Instructions)	Tarva	not County	, ,
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Michael Councer		contribution (\$)	description (if applicable)
9/5/13	Contributor address; City; State; Zip Code 5609 Wedg mint Concl	'L P'	25.00	
	FI-+ WI- TR 78 76133		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	ehrle	Jarrac	+ County	
Date	Full name of contributor out-of-state PAC (IDS	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/5/13	Contributor address; City; State; Zip Code 4500 Riverilge Dr.		25000	
	Brt Wort, VX 76109		(If trough outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or read, complete conduits 17
	attorney	, , ,		
Date	Full name of contributor out-of-state PACEDE_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/5/13	Contributor address; City; State; Zip Code	• • • • • • • • •	50.00	1
	But WON TH 76102			
Principal occu	pation / Job title (See Instructions)	Employer (See I		or reads, complete scriedule !}
	historit check	Tarma	+ County	
Date	Full name of contributor out-of-state PAC(fD#		Amount of	In-kind contribution
	Bethy Arvin		contribution (\$)	description (if applicable)
2/5/13	Contributor address; City; State; Zip Code		400.00	1
	FANT WINTE, VZ 76110	,	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	The second secon
	ettowey	Tarren	of Could by	
If o	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	FILED VS RRANT ÇOU	JHTY	SCHEDULE A
The	Instruction Guide explains how to complete this		10 Total pages Sch	edule A:
2 FILER NAME	Ribert K. "Bob" GY El	STEVE NACOT ECTIONS ADMINIS	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC(IDR) Red Divis		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/3/13	6 Contributor address; City; State; Zip Code		250.00	
	arlingh, 77 76094			of Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions) / Mud 271	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID)*_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/4/13	Contributor address; City; State; Zip Code 570 Gmmerce, Ste 700		1.000-	
	Art WITH, TX 76102	·		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(IDE_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/5/13	Contributor address; City; State; Zip Code 4914 Camp Bruce Blue	•	10,000-	1
	But Worth, 00 76107		(If travel outside	of Texas, complete Schedule T)
Principal occus	oation / Job title (See instructions)	Employer (See)		
Date	Full name of contributor out-of-state PACIDE_ Mark Rd Smindle		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/5/13	Contributor address: City; State; Zip Code 300 Commerce, 54c 35		(01.00	
Principal occur	Ruf Wint, TX 76/07 pation / Job title (See Instructions)			of Texas, complete Schedule T)
· ; ii Opai Occup	attrine)	Employer (See I	nstructions) - Chille Si	voludle
Date	Full name of contributor [] out-of-state PAC(IDIT_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/5/13	Contributor address; City; State; Zip Code 523 Ans In Onles Dn	• • • • • • • • • • • • • • • • • • • •	500.00	
	fragerial, TX 76051	-8019	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Luguett	Employer (See I	nstructions)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	FTHIS SCHEDULE uction guide foradd	AS NEEDED litional reporting	requirements.

POLITICAL CONTRIBUTIONS FILED OTHER THAN PLEDGES OR LOANSTARRANT COUNTY SCHEDULE A				
The	Instruction Guide explains how to complete this	2014 JAN 14	Total pages Sch	edule A:
2 FILER NAME	Petrotte. Bob " bil	ZELECTIONS ADM	3 ACCOUNT (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(IDIT_	9Y:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Straliz	6 Contributor address; City; State; Zip Code		100.00	.
	Rout Wirth, JR 76104			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (IDF_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/18/13	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	2000.00	
	Rutwork, TX 76613			of Taxas, complete Schedule T)
Principal occuj	Dation / Job title (See Instructions)	Employer (See) SCH	instructions)	
Date	Full name of contributor out-of-state PAC(IDP_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/24/13	Contributor address; City; State; Zip Code		200-00	
	But WAR , VX 76102		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) **Line Transport **Transport **Transport	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PACEDE_		Amount of contribution (\$)	In-kind contribution description (if applicable)
stalis	Contributor address; City; State; Zip Code 777 Comerce Dove Than ?		500.00	
	Musst, TA 76054		(if travel outside e	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See)	instructions)	
Date	Full name of contributor out-of-state PACHOR_ Ann & Robert will by		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/29/13	Ann & Robert Will H Contributor address; City; State; Zip Code 4901 Panch view nd.	• • • • • • • • • •	500.00	
	Port worth. TX 76109		(If travel outside o	of Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions) £ thru up	Employer (See I	nstructions) Cun't	
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	FTHIS SCHEDULE uction guide foredo	AS NEEDED litional reporting	requirements.

POLITICAL CONTRIBUTIONS FILED SCHEDULE A OTHER THAN PLEDGES OR LOANS TARRANT COUNTY				
The	Instruction Guide explains how to complete this	2014 JAN 14 form.	1 A lotal pages Sch	edule A:
2 FILER NAME	Robert K. "Bob" Gill	STEVE (ELECTIONS AS	ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (EDIF	9Y:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
elvelis	6 Contributor address; City; State; Zip Code 5601 Bwlse St. #220 Part Win Th. TX 16112		250.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (IDIK_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Streliz	Contributor address; City; State; Zip Code		150.00	
	Fortwork, TX 76102		**************************************	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	Instructions) H & Elli	
Date	Full name of contributor out-of-state PAC (IDIT_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/26/13	Sol Chury So. # 2000		100.00	
	Rut With IT 76/12		(If travel outside	l of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (IDIE_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/31/13	Contributor address; City; State; Zip Code 115 m. ed 5 to 202 Root word; To 7662		H500-00	
•	Rest Worth TA 76602		(If travel outside	j of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I		Section of the sectio
Date	Full name of contributor out-of-state PAC (IDI:		Amount of	In-kind contribution
	Lynn Puss, oh		contribution (\$)	description (if applicable)
Spoler	Lynn Russ, The Contributor address; City; State; Zip Code 3650 Love U Auc.		250.00	1
	Root WOR TR 76101			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS TARRANT GOUNTY SCHEDULE A					
The	Instruction Guide explains how to complete this				
2 FILER NAME	Palert 10. "Bib" A'M	STEVE ! ELECTIONS AS	ABBACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
8/19/13	6 Contributor address; City; State; Zip Code 1301 Ballyyer Rot Wood TX 76102		250.00	 	
	-			of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
, ,	Mark Porter		, , ,	, , , , , ,	
8/23/13	Contributor address; City; State; Zip Code		100.00		
	924 summercrest Blud				
	Burlesm, VX 76028			of Texas, complete Schedule T)	
Principal occu	pation / Job, title (See Instructions)	Employer (See I			
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution	
	Petrick Curran		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
8/22/13	2101 Mineda St.		50.00		
	Bot With, 72 76117			of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_	,	Amount of	In-kind contribution	
Date	Potricle fallegher		contribution (\$)	description (if applicable)	
0/1/0	Contributor address; City; State; Zip Code				
8/14/13	555 S. Summit Ave.		200.00		
,	But W. ST. TX 74104				
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
i illiopai occa	attorney	SIM	,		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
	Robecca Meinhart		contribution (\$)	description (if applicable)	
1 10	Contributor address; City; State; Zip Code 5120 lanen Dr.				
8/2413	5120 leaven Dr.		50-00	1	
	Most Richard Hills, TX	76180	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	- Constant of the control of the con	
	Coordmadi-	1 avon	I County		
If	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see insti			requirements.	

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2 FILER NAME	Parket k. "Bib" 600	eLECTIONS A	3 ACCOUNT # AE	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (IDI:	RY:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/22/13	Dubuly Bassel 6 Contributor address; City; State; Zip Code 20 k R. 8 5 5 . 5 k 201 Fort Wruth TX 76102		150.00	
	<u> </u>			of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	This name of contributor □ out-of-state PAC (IDI)	<u> </u>	Amount of	In-kind contribution
	Ruly Smedley		contribution (\$)	description (if applicable)
8/22/13	Contributor address; City; State; Zip Code 3511 Hopper Court		200.00	
	Fransky, TX 76048		(If travel outside)	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (Şeç i		or reves, complete occidence ()
	pation / Job title (See Instructions) HALSS INSTALLED	self		
Date	Full name of contributor out-of-state PAC(IDIR_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/22/13	Contributor address; City; State; Zip Code 909 Throck months 54. Ruf Worth TV 16132		150.06	
Deinelpel				of Texas, complete Schedule T)
Principal occuj	petion / Job title (See Instructions)	Employer (See I	nstructions) Conner	
Date	Full name of contributor Out-of-state PACEDIE.		Amount of contribution (\$)	In-kind contribution description (if applicable)
Starlis	Contributor address; City; State; Zip Code 307 W. 7 St. #1905 First Win 1. 74 76102	• • • • • • • • • • • • • • • • • • • •	250.00	
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
· inopal casa,	athracy	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (IDS:		Amount of	In-kind contribution
	Laura Plores		contribution (\$)	description (if applicable)
8/22/13	Contributor address; City; State; Zip Code 4704 Bass wood Count		50.00	
	Andry to , VX 76016			
Principal occu	vicialm who care	Employer (See)	nstructions)	of Texas, complete Schedule T)
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POLITICAL CONTRIBUTIONS FILED SCHEDULE A OTHER THAN PLEDGES OR LOANSTARRANT COUNTY					
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2 FILER NAME	Probent le "Bib" 64	ELECTIONS ADM	3 TACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor □ out-of-state PAC (IDE:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
Striliz	6 Contributor address; City; State; Zip Code 5313 Rel Cimpo Ave. Ruf Wirth, TX 76187		/50,00	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title, (See Instructions)	10 Employer (See	L		
	probable afficer	State of	TCKAS		
Date	Full name of contributor out-of-state PAC (IDIS_)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
8/2/13	Contributor address; City; State; Zip Code 33 # Wes + 6 * 5 %.		250.00		
	Rut WINTL. TX 76107	•	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	attorney	7.676			
Date	Full name of contributor out-of-state PAC (IDIR_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/22/13	Contributor address; City; State; Zip Code 101 Summit Ave # 107 Rut Worth 77 7610		250.00	 	
			(If travel outside	i of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/2/13	Contributor address; City; State; Zip Code 115 W - 2 1 SV. 1 Sur A 20	2_	500.00		
-	First Went, TX 76102		/If the set outside a	d Tours	
Principal occuj	pation / Job title (See Instructions) Attrice	Employer (See		of Texas, complete Schedule T)	
Date	Full name of contributor unt-of-state PAC (IDE_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/11/13	Contributor address; City; State; Zip Code 1328 Thinky Dr.		75.00		
	Berbook, VX 76126		(If travel outside d	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions) Life hely	Employer (See I		The second secon	
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS FILED Tarrant col	YTYI	SCHEDULE A
	lucturation Outdoorselets how to complete this		1 Total pages Sch	
The	Instruction Guide explains how to complete this	ON JAN 14 AM	9: 22	67
2 FILER NAME	Ribertk. "Bob" A'll	STEVE RABOI ECTIONS ADMINIS	•	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Nizam Perwahi 8	Camanan georgi () () () () () () () ()	a set on the description of their	desar paem (in application)
8/1/13	6 Contributor address; City; State; Zip Code		500.00	
-	But WILT. VX 16/01-02	06	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I		
	medical examiner	51/4		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	John Cummings		contribution (\$)	description (if applicable)
8/1/13	Contributor address; City; State; Zip Code 4200 W. Vickery Blud	,	500.00	
	But Mitt. 72 7660	1	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
	a tho-ney	Self		
Date	Full name of contributor out-of-state PAC (IDF.		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/13/n	Contributor address; City; State; Zip Code 300 W. Lown & 20 S. w.		50000	
	Fout worth TX 76108		(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions) Car Andrew	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution
	Patrile A. Reauton		contribution (\$)	description (if applicable)
8/14/13	Contributor address; City; State; Zip Code	n @	100.00	•
	13-t WINT TX 76102		-	
Dinainal accord		Employer (See)		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions) after my	Employer (See	instructions)	
Date	Full пате of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
	Tom Krampitz		contribution (\$)	description (if applicable)
8/20/13	Contributor address; City; State; Zip Code 749 W. Mark Fort Wals	11, VX 7616Y	250,00	
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) **CTI*********************************	Employer (See	Instructions)	
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if c	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst			requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN		ILED NT COUNTY	SCHEDULE A
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2 FILER NAME	Robert K. "Bob" Fill	STEV ELECTIONS	L ³ R ACCOUNT # (E ADMINISTRATO)	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (10#: Leish Ann Schenk	BY:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/29/13	6 Contributor address; City; State; Zip Code		100.00	
	Ashy to 1 76 817			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See)	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Peter fraham		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/31/13	Contributor address; City; State; Zip Code		500.00	<u> </u>
	Anlity In, 72 76011		(if travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	<i>)</i>	
Date	Full name of contributor out-of-state PAC (ID#_ De & S. Fin ky, Jr.		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/31/13	Contributor address; City; State; Zip Code 2412 Med And CH. East		100.00	
	First wirth. TX 76109	P		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions) In leg & Bis/	Ĺ
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/1/13	Contributor address; City; State; Zip Code 1113 Bed Avd Rd.		100.00	
	Bel And. TX 76022-666	4	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	or reads, complete Scriedule 17
Date	Full name of contributor out-of-state PAC (ID#_	1	Amount of	In-kind contribution
5,40	Charles Beavers		contribution (\$)	description (if applicable)
8/6/13	Contributor address; City; State; Zip Code 4604 E. Laucas Kr		50.00	1
	Port WINT. TX 76103-3	217	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	Instructions)	
lf (ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst			requirements.

Texas Ethics Com	mission	P.O. Box 12070	Austin, Texa	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		NTRIBUTIO PLEDGES O		IS FILE Tarrant (SCHEDULE A
The	Instruction G	Guide explains how to	complete this	form: JAN 14	1 Total pages Scho	edule A:
2 FILER NAME	12,	butle. "B	36 G	W STEVERA	3 ACCOUNT# (ER CORN NESTRATOR	hics Commission Filers)
4 Date	5 Full name		-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Merl	2 Daniel		BY:	1 ' '	A 3-18-84
10/2/13		or address; City; St. 2 4 2 With T				event eaperse
9 Principal occup		le (See Instructions)	I	10 Employer (See		of Texas, complete Schedule T)
		attirney		self	1	
Date	1	e of contributor 🗆 ou a L Bossus	t-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 0 /00/13	Contribut	tor address; City; St.	ate; Zip Code		100	
	Kell	w, TR 762	48		(If travel outside o	of Texas, complete Schedule T)
Principal occuj	pation / Job tit	le (See Instructions)		Employer (See		,
Date		e of contributor 🔲 ou	t-of-state PAC (ID#:		Amount of	In-kind contribution
9/5/13	Contribut	toraddress; City; St J. Nonstr S J. West, Th	- .		contribution (\$)	description (if applicable) Trust Texas, complete Schedule T)
Principal occu		le (See Instructions)		Employer (See		
Date	Full name		t-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Strilis	Contribut	for address; City; St	ate; Zip Code アスナレル	N 14104	1550	event expense
Oringinal agent	nation / Joh tit	I_ (C I		· · · · · · · · · · · · · · · · · · ·		of Texas, complete Schedule T)
Principal occup		le (See Instructions)		Employer (See	instructions)	
Date	Full name	e of contributor	t-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contribut	or address; City; St	ate; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job tit	le (See Instructions)		Employer (See		
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITION	SCHEDULE A			
The	Instruction Guide explains how to complete this	form. 014 JAN 14 AM	1 Total pages Sch 9: 22	edule A:
2 FILER NAME	Rosentle. " Bob" Gi	4 STEVE RABO	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Harald Johnson	Y:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Melis	Haveld Johnson 6 Contributor address; City; State; Zip Code 3624 W. Vickery		250	
	13rt WirTL, TX 74101		(If travel outside	of Texas, complete Schedule T)
9 Principal occuj	pation / Job title (See Instructions) a Hour 1	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Densinal accus	asia / lab titla (San Instructions)	E-player (See)	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If trough outside	
Principal occu	l pation / Job title (See Instructions)	Employer (See	h	or rexas, complete Scredule 1)
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Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
				47-1470 Materiania
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	· · · · · · · · · · · · · · · · · · ·		requirements.

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FILED TARRANT COUNTY

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense	htrax Lador Loan Repayment/Reimbursement Transportation Equipment & Related Ex Contributions/Donations Made By Candidate/Officeholder/Political Cor OTHER (enter a category not listed abo	mmittee
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Protect k. "Bob" Gil	3 ACCOUNT # (Ethics Commission	on Filers)
4 Date 8 (21/13	5 Payee name Stampele Consulting 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code 1400 Livica Aughn, T	78701	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T))
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
(° (\$ (13 Amount (\$)	Stampede Cusultry Payee address; City; State; Zip Code		
308-64	1400 Lavaca Austh, TI	78701	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T))
EXPENDITURE	waltry expense	companyor services	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
10/25/13	l 🗻 -		
Amount (\$)	Payee address; City; State; Zip Code		
5.75	198 CASA 135 + Plant 3	Tru Francisco, CA 94105	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T))
EXPENDITURE	Solicitate / Andreway & per	e commission	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date (0/1/13)	Payee name Pibyk Tuk.		
Amount (\$)	Payee address; City; State; Zip Code		
57.50	144 2457. 154 floor 5	'an Tanneiser, CA 94105	-
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OF EXPENDITURE	Solisatel Andrassily Jonense	Commission	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held	
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P.O. Box 12070 SCHEDULE F POLITICAL EXPENDITURES TARRANTOOUS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Solicitation/Fendraising Expense Advertising Expense Loan Repayment/Reimbursement Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Contributions/Donations Made By Event Expense STravel Out Of District Candidate/Officeholder/Political Committee Polling Expense ELECTION Description of the Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) Parkert 12. "B. 5" Gitt 4 Date 7 Payee address; City; State; Zip Code PIBOX 14095 Arldyton, TR 76044 8/15/13 6 Amount (\$) 85 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE news letter at Adventsily Office sought Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Part with Republican Women Payee address; City; State; Zip Code 4640 Thousand Oales Arlyton, Th. 76017 8/21/13 Amount (\$) 100 Description (If travel outside of Texas, complete Schedule T) PURPOSE Category (See categories listed at the top of this schedule) grent Leberts event expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Marathan Straty/L Communications Payee address; City; State; Zip Code 377/ Vihe Crest Dellas, TX 75229 2500 Description (If travel outside of Texas, complete Schedule T) Production (If travel outside of Texas, complete Schedule T) Company Services Category (See categories listed at the top of this schedule) **PURPOSE** Consulting expense **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH Payee name /0/3//3 Amount (\$) 3771 VINEWEST Dollas, TA 76229 2501 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Carpain services

P.O. Box 12070

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	A		· · · · · · · · · · · · · · · · · · ·
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Ci		an Repayment/F	Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundra		ansportation Equ		ed Expense
Consulting Expense	Food/Beverage Expense Travel In District		entributions/Dona	tions Made Rv	•
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Offic	ehdider/Politica	Committee
Fees	Printing Expense Office Overhead/F	Rental Expense O	THER (enter a ca	ategory not list	above]
	The Instruction Guide explains how to	complete this form.	-	_ ±00 €	= $\widetilde{\approx}$
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT	# (Ethics Com	ssion Fliers)
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		0 /4	1	5211	<u> </u>
4 Date	5 Payee name			7.7	_ 21
10/3/13	leage Moreno		ķ		335
6 Amount (\$)	7 Payee address; City; State; Zip Code			- 	20 1
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a	1713 Kilpie CT. 19v7 Wi	Mr'18 J	614	二	<u>ڪ</u> ن ڪَ [©] َ
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texa	s, complete Sched	lujeT)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	1	Office he	
expenditure to benefit C/C	OH .			70	
				7	<u>~~~</u>
Date	Payee name		5	OR	N
10/15/13	Anne Manda			1	
Amount (\$)	Payee address; City; State; Zip Code		**************************************		
, and an (4)			, _,		
1000	801 Cheny St. #1500 Rout	WATER IN	× 76103	<u>L</u>	
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Fees		•	OTHER (enter a category not listed above)	4		
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8 PURPOSE OF	(a) Category (See categories listed at the top of this sch	1 1 1	(If travel outside of Texas, complete Schedule T)			
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POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District	ontract Labor Lising Expense	Transportation E Contributions/De	t/Reimbursement quipment & Relate	ed Expense
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8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (if travel outside of To	exas, complete Sche	dule T)
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P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			
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colialis	Do ug Ren Ars 7 Payee address; City; St				1 33	<u>고 이</u>
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			(25)	9 =
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8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
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POLITICAL EXPENDITURES

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4 Date /0/25/13	5 Payee name Tom Krampi	42		707
6 Amount (\$)	7 Payee address; City; State;	•		
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8 PURPOSE	(a) Category (See categories listed at the top of t	' ' '	iption (If travel outside of Tex	
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memonals Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
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P.O. Box 12070

	EXPENDITURE	CATEGORIES				
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4 Date 10/24/13	5 Payee name Matle Daniel			2	25 F	
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	EXPENDITURE CATEGORIES I	FOR BOX 8(a)	
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Consulting Expense	Food/Beverage Expense Travel In District		ntributions/Donations Made By
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Texas Ethics Commission

SCHEDULE F

EXPENDITURE CATE	GORIES FOR BOX 8(a)		
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Austin, Texas 78711-2070

Advertising Expense Accounting/Banking	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra	ontract Labor Loar ising Expense Tran	n Repayment/Reimbursement sportation Equipment & Related Expense	
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	The Instruction Guide explains how to	complete this form.	30 7 20	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Consulting Expense** Travel In District **Event Expense** Polling Expense Travel Out Of District OTHER (enter setategory not listed above) Printing Expense Office Overhead/Rental Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME Robert K "BoL" Gill 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date 9/10/13 Stickers Bunners . com City; State; Zip Code 6 Amount (\$) 3741 Venture Dr. # 335 Dulut. 6A 30046 772,22 Reimbursement from political contributions (a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule T) PURPOSE bumper steles alvertising torsense EXPENDITURE Stickers Banners. com City; State; Zip Code 3741 Venture Dr. #335 Delute A 30096 Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE advertising repense humper strakers 8/20/13 Stickers Banners. com Amount (\$) 333,33 344/ Vonture Dr. #335 Dulate, GA 30001 Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE humper stiles advertising expense Payee name Vista Punt Date 8/12/13 City; State; Zip Code Amount (\$) 15.86 95 Highen me Leveryth, MA 02421 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE educations expense 12645 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Event Expense Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Robert K "BoL" Gill 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Scheduje G: 4 Date 9/5/13 Post Place City; State; Zip Code 6 Amount (\$) 1130 Are. H East Anlyon. VR 76011 90,72 Reimbursement from political contributions (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Dosters EXPENDITURE punting expense Date Proh & Place a/2/13 Amount (\$) City; State; Zip Code 24.70 1130 Are 4 East Anly In. 72 7604 Reimbursement from political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE adver polity where bushuss cards Date Payee name 8/29/13 Pun & Place Amount (\$) City: State: Zip Code 1130 Ave Il Exit Anlington, VX 76011 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE business cards pulling expense 8/31/13 Build A sign. com City; State; Zip Code Amount (\$) 107.14 11525 A Shuchallow Dr. #100 Austh, 78 78758 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE alvertish ofpense Campuign sign ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense EXPENDITURE CATEGORIES Salaries/Wages/Co Solicitation/Fundrai Travel In District Polling Expense Office Overhead/R	Intract Labor Loan Repayment/Reimbursement Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not lived above)
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4 Date	5 Payee name	92 t of
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6 Amount (\$)	7 Payee address; City; State; Zip Code	12 7/1/8 3 2 2
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Reimbursement from political contributions intended	8000 Dente Hay. wat	nya. 77 16148
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OF EXPENDITURE	event expense	name badges
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Reimbursement from political contributions intended	1130 Ne H Enst Arling	Am, 1x 76011
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OF EXPENDITURE	adverting expense	busiliess ands
9/26/13	Payee name USPS	
Amount (\$)	Payee address; City; State; Zip Code	
Q Z Reimbursement from political contributions intended	251 W. Lancask- Part L	1. N. VX 76102-9997
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	adventisity superse	letter mailing
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P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Rese explains how to c	ntract Labor Lo sing Expense Ti Ci ct ental Expense O	oan Repayment/F ransportation/Equ ontributions/Sona Candidate/Offic THER (enter a ca	ippent & Relat ations Made By eholder/Politic	ed Exper	idee
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The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	Ribertle. "Bob" Gill	3 ACCOUNT # (Et	hics Commission Filers)
4 Date 9/11/13	5 Name of person from whom amount is received 5 tampi le Gusu Hug 6 Address of person from whom amount is received; City; State; Zip Code 1400 Lavaca Augdh, 77 78701		8 Amount (\$) 324-75
	7 Purpose for which amount is received he fund of overcharge		
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Date	Name of person from whom amount is received		Amount (\$)
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	