

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 0;">Date Received</p> <p style="font-size: x-small; margin: 0;">BY: _____</p> <p style="font-size: x-small; margin: 0;">FRANK PHILLIPS ELECTIONS ADMINISTRATION</p> <p style="font-size: x-small; margin: 0;">2016 OCT 11 PM 2:00</p> <p style="font-size: x-small; margin: 0;">FILED TARRANT COUNTY</p> </div>	
	NICKNAME LAST SUFFIX		
Waybourn			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION	Date Hand delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt #	Amount \$
	NICKNAME LAST SUFFIX	Date Processed	
Mrs. Taya	KYLE	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2016 THROUGH 09 / 30 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) Sheriff	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Bill Waybourn **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	BY: _____ 2016 OCT 11 PM 2:01 ETHICS COMMISSION CAMPAIGN FINANCE REPORT
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 41,428.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,723.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,934.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 29,041.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bill Waybourn
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Waybourn, this the 11th day of October, 2016, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,228.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,210.59
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

BY: _____
 ELECTRONICALLY FILED
 FINANCIAL REPORTS SECTION
 OCT 11 11 2:02 AM
 WARRANT COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date 7/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adlai Pennington 6 Contributor address; City; State; Zip Code 1375 Gilman Rd. Fort Worth TX 76140	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
4 Date 8/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Fickes 6 Contributor address; City; State; Zip Code 4021 Hilltop Drive Southlake TX 76092	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 8/8/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. Gary Ritchie 6 Contributor address; City; State; Zip Code 10401 Stonehill Benbrook TX 76126	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 8/8/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack & Kristi Ely 6 Contributor address; City; State; Zip Code 1209 Justin Lane Crowley TX 76036	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

FILED
 WARRANT COUNTY
 2016 OCT 11 PM 2:02
 FRANK PHILLIPS
 CLERK OF COURTS
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date

8/8/2016

5 Full name of contributor

Perry Ayers

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

3608 Alta Mesa Blvd. Fort Worth TX 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

8/25/2016

5 Full name of contributor

Arlington Republican Club

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

P.O. Box 14095 Arlington TX 76094

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

9/2/2016

5 Full name of contributor

Neil Leibman

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City; State; Zip Code

800 Bering Drive, Suite 250 Houston TX 77057

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

9/9/2016

5 Full name of contributor

Michael Mallick

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$10,000.00

6 Contributor address;

City; State; Zip Code

3715 Camp Bowie Blvd. Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

FILED
TARRANT COUNTY
2016 OCT 11 PM 2:02
FRANK PHILLIPS
REGISTRAR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
8/24/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Republican Women

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
8/30/2016

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

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address; City; State; Zip Code

201 Main Street, Suite 2500 Fort Worth TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
8/30/2016

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

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
9/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Ardon & Iris Moore

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

1409 Thomas Pl. Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)
President & CEO

9 Employer (See Instructions)
Lee M. Bass, Inc

BY: _____
2016 OCT 11 PM 2:02
FRANK PHILLIPS
ADMINISTRATOR
FILED
FARRAR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Millie Stanbery 6 Contributor address; City; State; Zip Code 4416 Ledgeview Road Fort Worth TX 76109	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 8/8/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Annunziato 6 Contributor address; City; State; Zip Code 11700 Northview Drive Aledo TX 76008	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 9/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charla Brotherton 6 Contributor address; City; State; Zip Code 2710 W. Berry, Suite 150 Fort Worth TX 76109	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) The Brotherton Agency
4 Date 9/13/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gib Lewis 6 Contributor address; City; State; Zip Code 2300 Race Street Fort Worth TX 76111	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Lewis Label Production

FILED
 WARRANT COUNTY
 2016 OCT 11 PM 2:02
 FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
7/6/2016

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

Wes Bearden

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

1327 Aztec Avenue Metairie LA 70005

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

J.W. Bearden & Associates

4 Date
7/26/2016

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

Erick McCallum

7 Amount of contribution (\$)

\$4,500.00

6 Contributor address; City; State; Zip Code

P.O. Box 171953 Arlington TX 76003

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Self Employed

4 Date
8/5/2016

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

Ty Tipton

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

1421 Homestead Court Irving TX 75061

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Tipton insurance

4 Date
8/5/2016

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

Ty Tipton

7 Amount of contribution (\$)

\$228.00

6 Contributor address; City; State; Zip Code

1421 Homestead Court Irving TX 75061

8 Principal occupation / Job title (See Instructions)

Sales

9 Employer (See Instructions)

Tipton insurance

FILED
TARRANT COUNTY
2016 OCT 11 PM 2:02
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
9/1/2016

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2903 Burlwood Drive Arlington TX 76016

\$100.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
CLEAT

4 Date
9/2/2016

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
204 Links Court Aledo TX 76008

\$250.00

8 Principal occupation / Job title (See Instructions)
COO

9 Employer (See Instructions)
Cashion Entertainment

4 Date
9/5/2016

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2720 Andrews Circle Granbury TX 76048

\$500.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

4 Date
9/9/2016

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3311 Doty Lane Arlington TX 76001

\$500.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Moore Family Law Firm

FILED
FRANK P. LIPS
ELECTED CLERK
ADMINISTRATOR
BY: _____
2016 OCT 11 PM 2:02
TARRANT COUNTY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
9/10/2016

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
2208 Homecraft Lane Bedford TX 76021

8 Principal occupation / Job title (See Instructions)
Law Enforcement

9 Employer (See Instructions)
Tarrant County

4 Date
9/14/2016

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

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code
501 S. Fielder Road Arlington TX 76017

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

4 Date
9/15/2016

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

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code
2211 Woodmont Court Arlington TX 76017

8 Principal occupation / Job title (See Instructions)
Dir. of Administration

9 Employer (See Instructions)
Passman & Jones

4 Date
9/21/2016

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

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code
2110 Bay Club Drive Arlington TX 76013

8 Principal occupation / Job title (See Instructions)
Real Estate

9 Employer (See Instructions)
Sthenos Properties, Inc

FILED
TARRANT COUNTY
2016 OCT 11 PM 2:02
FRANK PHILLIPS
REGISTRAR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
9/21/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
James Bennett Jr.

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address; City; State; Zip Code
5033 Sun Valley Drive Fort Worth TX 76119

8 Principal occupation / Job title (See Instructions)
Owner

9 Employer (See Instructions)
JDB Towing, LLC

4 Date
9/21/2016

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
4817 Willow Branch Court Crowley TX 76036

8 Principal occupation / Job title (See Instructions)
Sergeant

9 Employer (See Instructions)
Tarrant County

4 Date
9/22/2016

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
616 Crowley Road Arlington TX 76012

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

4 Date
9/23/2016

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code
3606 Ruidoso Court Arlington TX 76017

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

FILED
TARRANT COUNTY
2016 OCT 11 PM 2:02
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date 9/23/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald Carroll 6 Contributor address; City; State; Zip Code P.O. Box 151717 Mansfield TX 76063	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) RJ Carroll Company
4 Date 9/23/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan Petsche 6 Contributor address; City; State; Zip Code 3850 Bellaire Cir. Fort Worth TX 76109	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
4 Date 9/23/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brian Couch 6 Contributor address; City; State; Zip Code 2131 N. Collins 433 Arlington TX 76011	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Investigator		9 Employer (See Instructions) TX Spartan Group
4 Date 9/23/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joanne Downs 6 Contributor address; City; State; Zip Code 205 Hurstview Drive Hurst TX 76053	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

FILED
 MARATHON
 2016 OCT 11 PM 2:02
 FRANK PHILLIPS
 EXECUTIVE ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
9/23/2016

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
812 E. 9th Street Fort Worth TX 76102

8 Principal occupation / Job title (See Instructions)
Self

9 Employer (See Instructions)
Self

4 Date
9/23/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Beth Van Der Weert

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
5012 lake Valley Court Fort Worth TX 76123

8 Principal occupation / Job title (See Instructions)
Nurse

9 Employer (See Instructions)
THR Harris Methodist

4 Date
9/28/2016

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
3110 Camellia Rose Dr. #211 Fort Worth TX 76116

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

4 Date

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

FILED
INARRANT COUNTY
2016 OCT 11 PM 2:02
FRANK PHILLIPS
ELECTRICAL ADMINISTRATOR
BY: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Bill Waybourn	3 Filer ID (Ethics Commission Filers)
----------------------------	-------------------------------	---------------------------------------

4 Date 7/1/2016	5 Payee name Constant Contact
--------------------	----------------------------------

6 Amount (\$) 85.12	7 Payee address; City; State; Zip Code www.constantcontact.com
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

4 Date 8/1/2016	5 Payee name Constant Contact
--------------------	----------------------------------

6 Amount (\$) 85.12	7 Payee address; City; State; Zip Code www.constantcontact.com
------------------------	---

8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	---

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

4 Date 9/19/2016	5 Payee name Bunni Pounds & Assoc.
---------------------	---------------------------------------

6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 620 W. State St. Garland TX 75040
---------------------------	---

8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Consultant Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 8/30/2016	5 Payee name Rental Stop	
6 Amount (\$) 688.47	7 Payee address; City; State; Zip Code 2935 TX-360 Grand Prairie TX 75052	
8 PURPOSE OF EXPENDITURE	(d) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 9/1/2016	5 Payee name Constant Contact	
6 Amount (\$) 47.88	7 Payee address; City; State; Zip Code www.constantcontact.com	
8 PURPOSE OF EXPENDITURE	(e) Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
4 Date 9/20/2016	5 Payee name Bunni Pounds & Assoc.	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 620 W. State St. Garland TX 75040	
8 PURPOSE OF EXPENDITURE	(f) Category (See Categories listed at the top of this schedule) Consultant Fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

BY: _____
 ELECTORAL ADMINISTRATOR
 2016 OCT 1 PM 2:02
 GARLAND COUNTY
 FILED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Bill Waybourn		3 Filer ID (Ethics Commission Filers)	
4 Date 9/28/2016		5 Payee name Murphy Nasica			
6 Amount (\$) 4,500.00		7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701			
8 PURPOSE OF EXPENDITURE		(g) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
4 Date 9/28/2016		5 Payee name Murphy Nasica			
6 Amount (\$) 1,500.00		7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701			
8 PURPOSE OF EXPENDITURE		(h) Category (See Categories listed at the top of this schedule) Consultant Fee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
4 Date 9/28/2016		5 Payee name Murphy Nasica			
6 Amount (\$) 1,800.00		7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701			
8 PURPOSE OF EXPENDITURE		(i) Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

BY: [Signature]

 2016 OCT 11 PM 2:02

 FROM: PALLIS

 ELECTORAL ADMINISTRATOR

 TRAFFIC CONTROL

 11401

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Bill Waybourn	3 Filer ID (Ethics Commission Filers)
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4 Date 9/28/2016	5 Payee name Anedot.com
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6 Amount (\$) \$504.00	7 Payee address; City; State; Zip Code www.Anedot.com
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8 PURPOSE OF EXPENDITURE	(j) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(k) Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(l) Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED