



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME** Mary Louise Garcia **15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

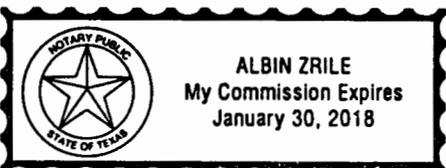
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

BY: \_\_\_\_\_  
 CLERK OF ETHICS COMMISSION  
 2017 JAN 18 PM 12:36  
 FILED  
 JANUARY 18 2017

|                                |   |              |
|--------------------------------|---|--------------|
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$           |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$           |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$           |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,059.09  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 30,846.56 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 4,549.53  |

**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.

*Mary Louise Garcia*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARY LOUISE GARCIA, this the 17<sup>th</sup> day of January, 20 17, to certify which, witness my hand and seal of office.

*[Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

ALBIN ZRILE  
\_\_\_\_\_  
Printed name of officer administering oath

Private Clerk Barrow  
\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

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

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b>                              |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | <b>\$4,549.53</b>                             |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | <b>\$1,981.20</b>                             |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | <b>\$ 1,077.89</b>                            |
| 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 | \$  |

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 TARRANT COUNTY  
 2017 JAN 18 PM 12:36  
 COURT CLERK  
 PHILLIPS  
 ADMINISTRATOR  
 BY:

**LOANS**

**SCHEDULE E**

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.                          |  | 1 Total pages Schedule E:<br><b>2</b>   |
| 2 FILER NAME<br><b>Mary Louise Garcia</b>  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$  |
| 5 Date of loan<br><b>6/11/2010</b>   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>John Avila, Jr.</b> | 9 Loan Amount (\$)<br><b>1,000.00</b>   |
| 6 Is lender a financial Institution?<br><br>Y N                                    | 8 Lender address; City; State; Zip Code<br><b>2601 Scott Ave., Ste. 300 Fort Worth, TX 76103</b>   | 10 Interest rate<br><b>0.00%</b>  |
|  |  | 11 Maturity date<br><b>N/A</b>  |
| 12 Principal occupation / Job title (See Instructions)<br><b>Owner</b>             |  | 13 Employer (See Instructions)<br><b>Thos. S. Byrne</b>   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none           |  | 15 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code  |   |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |
| Date of loan<br><b>6/11/2010</b>   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Chris F. Garcia</b>   | Loan Amount (\$)<br><b>2,400.00</b>   |
| Is lender a financial Institution?<br><br>Y N                                      | Lender address; City; State; Zip Code<br><b>8136 Camp Bowie Blvd. W. Fort Worth TX 76116</b>       | Interest rate<br><b>0.00%</b>   |
|  |  | Maturity date<br><b>N/A</b>   |
| Principal occupation / Job title (See Instructions)<br><b>Owner</b>                |  | Employer (See Instructions)<br><b>NAMC</b>  |
| Description of Collateral<br><input checked="" type="checkbox"/> none              |  | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>    |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

FILED  
 CLERK OF COURTS  
 TARRANT COUNTY  
 2017 JUN 18 PM 12:36  
 COUNTY CLERK  
 TARRANT COUNTY

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

**LOANS**

**SCHEDULE E**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                          |   | 1 Total pages Schedule E:<br><b>2</b>   |
| 2 FILER NAME<br><b>Mary Louise Garcia</b>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><b>05/06/2010</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Mary Louise Garcia</b> | 9 Loan Amount (\$)<br><b>1,149.53</b>   |
| 6 Is lender a financial Institution?<br><br>Y N                                    | 8 Lender address; City; State; Zip Code<br><b>PO Box 4279 Fort Worth, TX 76164</b>                    | 10 Interest rate<br><b>0.00%</b>  |
|  |   | 11 Maturity date<br><b>N/A</b>  |
| 12 Principal occupation / Job title (See Instructions)                             |   | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none           |   | 15 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | 17 Name of guarantor<br><br>.....<br>18 Guarantor address; City; State; Zip Code                      | 19 Amount Guaranteed (\$)   |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                | Loan Amount (\$)  |
| Is lender a financial Institution?<br><br>Y N                                      | Lender address; City; State; Zip Code   | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)                                |   | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none                         |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable               | Name of guarantor<br><br>.....<br>Guarantor address; City; State; Zip Code                            | Amount Guaranteed (\$)  |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)   |

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 2017 JAN 18 PM 12:36  
 COUNTY CLERK  
 TARRANT COUNTY, TX

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If lender 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>3</b> | <b>2</b> FILER NAME<br><b>Mary Louise Garcia</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|--|--|

|                                    |   |
|------------------------------------|---|
| <b>4</b> Date<br><b>08/05/2016</b> | <b>5</b> Payee name<br><b>Murphy Nasica</b> |
|------------------------------------|---|

|                                       |   |
|---------------------------------------|---|
| <b>6</b> Amount (\$)<br><b>200.00</b> | <b>7</b> Payee address; City; State; Zip Code<br><b>815 - A Brazos St., Ste. 304 Austin, TX 78701</b> |
|---------------------------------------|---|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                           |                                    |
|---------------------------|------------------------------------|
| Date<br><b>09/05/2016</b> | Payee name<br><b>Murphy Nasica</b> |
|---------------------------|------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>200.00</b> | Payee address; City; State; Zip Code<br><b>815 - A Brazos St., Ste. 304 Austin, TX 78701</b> |
|------------------------------|--|

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

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

|                           |                                    |
|---------------------------|------------------------------------|
| Date<br><b>10/05/2016</b> | Payee name<br><b>Murphy Nasica</b> |
|---------------------------|------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>200.00</b> | Payee address; City; State; Zip Code<br><b>815 - A Brazos St., Ste. 304 Austin, TX 78701</b> |
|------------------------------|--|

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

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

2017 JAN 18 PM 12:36  
 STATE ETHICS COMMISSION  
 OFFICE OF THE CLERK

**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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>3</b> | <b>2</b> FILER NAME<br>Mary Louise Garcia | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>11/05/2016 | <b>5</b> Payee name<br>Murphy Nasica |
|-----------------------------|--------------------------------------|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>200.00 | <b>7</b> Payee address; City; State; Zip Code<br>815 - A Brazos St., Ste. 304 Austin, TX 78701 |
|--------------------------------|--|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>12/05/2016 | Payee name<br>Murphy Nasica |
|--------------------|-----------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>200.00 | Payee address; City; State; Zip Code<br>815 - A Brazos St., Ste. 304 Austin, TX 78701 |
|-----------------------|---|

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

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

|                    |                         |
|--------------------|-------------------------|
| Date<br>12/13/2016 | Payee name<br>US Postal |
|--------------------|-------------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>216.20 | Payee address; City; State; Zip Code<br>251 W. Lancaster Ave. Fort Worth, TX 76102-9997 |
|-----------------------|---|

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

FILED  
 TARRANT COUNTY  
 2017 JAN 18 PM 12:35  
 CLERK OF COUNTY CLERK'S OFFICE

# 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>3</b> | <b>2</b> FILER NAME<br>Mary Louise Garcia | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>4</b> Date<br>12/16/2016 | <b>5</b> Payee name<br>US POSTAL |
|-----------------------------|----------------------------------|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>280.00 | <b>7</b> Payee address; City; State; Zip Code<br>2120 Ellis Ave. Fort Worth, TX 76164-9997 |
|--------------------------------|--|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/16/2016 | Payee name<br>Crestview Printing, Inc. |
|--------------------|--|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>485.00 | Payee address; City; State; Zip Code<br>PO Box 161487 Fort Worth, TX 76161 |
|-----------------------|--|

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

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

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br><p style="text-align:center">5</p>                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>10/05/2016  | <b>5</b> Payee name<br>Friends of Jane Nelson  |  |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 608 Grapevine, TX 76099            |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Donation</b> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought      Office held   |

|  |   |   |
|--|---|---|
| Date<br>10/5/2016  | Payee name<br>NE Tarrant County Republican Club                                   |   |
| Amount (\$)<br>20.00<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>1005 FAYETTE DR EULESS, TX 76039          |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Membership</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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  |

|   |   |   |
|---|---|---|
| Date<br>10/06/2016  | Payee name<br>Constant Contact  |   |
| Amount (\$)<br>5.33<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>1601 Trapelo Rd. Waltham, MA 02451        |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Membership</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1 Total pages Schedule G:<br><b>5</b>  |  | 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><b>10/07/2016</b>  |  | 5 Payee name<br><b>Bill Waybourn Campaign</b>                                       |  |   |  |
| 6 Amount (\$)<br><b>150.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address; City; State; Zip Code<br><b>PO Box 151305 Arlington, TX 76015</b>  |  |   |  |
| 8 PURPOSE OF EXPENDITURE   |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Donation</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Date<br><b>10/21/2016</b>  |  | Payee name<br><b>Texans for Greg Abbott</b>                                     |  |   |  |
| Amount (\$)<br><b>199.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | Payee address; City; State; Zip Code<br><b>PO Box 308 Austin, TX 78767</b>      |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><b>Donation</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH  |  | Candidate / Officeholder name   |  | Office sought   |  |

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|--|--|---|--|---|--|
| Date<br><b>10/02/2016</b>  |  | Payee name<br><b>Republican Party of Texas</b>  |  |   |  |
| Amount (\$)<br><b>100.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | Payee address; City; State; Zip Code<br><b>1108 Lavaca St., Ste. 500 Austin, TX 78701</b> |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><b>Membership</b>         |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| Complete ONLY if direct expenditure to benefit C/OH  |  | Candidate / Officeholder name   |  | Office sought   |  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                                       |                     |  |
|---------------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule G:<br>5 | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|---------------------|--|

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|-----------------------------|---|
| <b>4</b> Date<br>10/25/2016 | <b>5</b> Payee name<br>Fort Worth Republican Women's Club |
|-----------------------------|---|

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|---|---|
| <b>6</b> Amount (\$)<br>60.00<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 101613 Fort Worth, TX 76185 |
|---|---|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                       |
|--------------------|-----------------------|
| Date<br>12/12/2016 | Payee name<br>Staples |
|--------------------|-----------------------|

|  |  |
|--|--|
| Amount (\$)<br>11.90<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>1600 S. University Drive, Fort Worth, TX 76107 |
|--|--|

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|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>political supplies | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

**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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:<br><b>5</b>  | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><b>08/08/30</b>  | <b>5</b> Payee name<br><b>Constant Contact</b>  |  |
| <b>6</b> Amount (\$)<br><b>5.33</b><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>1601 Trapelo Rd. Waltham, MA 02451</b>            |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought      Office held   |

|  |   |   |
|--|---|---|
| Date<br><b>09/16/2016</b>  | Payee name<br><b>Arlington Republican Club</b>  |   |
| Amount (\$)<br><b>150.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>P.O. Box 14095, Arlington, Texas 76094</b> |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Golf Event</b>     | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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  |

|  |   |   |
|--|---|---|
| Date<br><b>09/08/2016</b>  | Payee name<br><b>Constant Contact</b>   |   |
| Amount (\$)<br><b>5.33</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>1601 Trapelo Rd. Waltham, MA 02451</b> |   |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Membership</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                                       |                     |  |
|---------------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule G:<br>5 | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------|---------------------|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>07/16/2016 | <b>5</b> Payee name<br>Candidate Resource Committee |
|-----------------------------|---|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br>300.00<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1108 Lavaca St., Ste.500 Austin, TX 78701 |
|--|--|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                  |                                |
|------------------|--------------------------------|
| Date<br>8/8/2016 | Payee name<br>Constant Contact |
|------------------|--------------------------------|

|   |  |
|---|--|
| Amount (\$)<br>5.33<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>1601 Trapelo Rd. Waltham, MA 02451 |
|---|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>ADVERTISING | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>08/30/2016 | Payee name<br>Metroplex Republican Women |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>20.00<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>PO Box 523 Keller, TX 76248 |
|--|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Membership | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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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