CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/PRST. MICHA	ed R.	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
	Campbel	į.	TA 2016 ELEC BY:_
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP CODE	TARRANT C 2016 FEB -1 1 ELECTIONS ADMI
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) FIRST Arnold	L .	Receipt # S Ameunt \$
	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before d		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year / 1/20/6	THROUGH //	21/2016
11 ELECTION	Month Day Year Primary 3 / 1 / 16 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	Tarrant County Constable Pet. 8	13 OFFICE SOUGHT (if known	n)
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	1.6.00	15 F	iler ID (E	Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE: NIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO UNES.	T THE CAN	IDIDATE'S OR OFFICEHOLDER'S ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME		
	O O WINITIEE I			= 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
	GENERAL	1		FEB FFEB
		COMMITTEE ASORESS		
	SPECIFIC	OOM MITTEE ABORESS	→ 1	슬۔
				PH I
		COMMITTEE CAMPAIGN TREASURER NAME		ZO E wiend
Additional Pages				4:24 RATOR
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	100.000
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	3601.55
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$	3601.55
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0
18 AFFIDAVIT				
H No	ERSHEY ANN TA stary Public, State of My Commission Exp March 22, 2017	Texas under Title 15, Election Code.		
Security	And the state of t	Signature of Candida	e or Off	lybek ficerfolder
AFFIX NOTARY STAM	P/SEALABOVE	,		
		al a: 00		
Sworn to and subsci	rihed before me	ov the said MCDPFIK ("MPREII	, thi	s the
	N. 1/	•	, trus	3 tile
day of COPUN	PY 20_16	to certify which, witness my hand and seal of office.		
HERTHA!	JUNTAR	IM HERTHALAUD TRITIM		NOTABU
Signature of officer a	idministering 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 MIChael R. Campbell 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 3000,00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3601.55
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

TARRANT COUNTY

2016 FEB - 1 PM 4: 24

FRANK PHILLIPS

ELECTIONS ADMINISTRATOR

see attached

TH	he Instruction Guide explains how to complete this	form.	1 Total pages	Schedule A1:
FILER NAM	1E		3 Filer ID (Eth	nics Commission Filers)
Date	5 Full name of contributor out-of-state PAC 6 Contributor address; City; State;		7 Amount of a	contribution (\$)
Principal oc	ccupation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:)	Amount of	contribution (\$)
	Contributor address; City; State;	Zip Code		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	ions)	anne de dels dels de la companya de
Date	Full name of contributor	(ID#:)	Amount of	contribution (\$)
	Contributor address; City; State;			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	tions)	201 ELEC
Date	Full name of contributor	(ID#:)	Amount of	contribution (\$
,	Contributor address; City; State;			PHILLIPS
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)	: 24 ATOR

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			and the second s
The	e instruction Guide explains how to complete this form		1 Total pages Schedule A2:
2 FILER NAME	E	(3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution description \$ 3000 9
01/201	7 Contributor address; City; State; Zip Cod	e	# 3000 Consult
	600 8th Auc Fe. Worth, Nr 76	104	Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
. te	Contributor address; City; State; Zip Contributor	 de	Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
			TARRAN 2016 FEB - FRANK ELECTIONS A BY:
			D OUNTY PM 4: 24 LIPS NISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name oxpledgor out-of-state PAC (ID#: Amount . 9 In-kind contribution of Pledge description 7 Piedgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Full name of pledgor Date ut-of-state PAC (ID#: Pledge\\$ description Pledgor address; City; State; Zip Code ☐ Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State; Zip Code All pages eimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Comple **EXPENDITURE** Check if Austin, TX, officeholder li-Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Credit Card Payment	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 c				
1 Total pages Schedule F1:	2 FILER NAME	3 File	r ID (Ethics Commission Filers)		
4 Date	5 Payee name				
01/26/16	7 Payee address; City; State; Zip Code				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 131 24	7950 I-35 Sown Free	Day			
4/2/ -	7950 I - 35 South Freed FT. Worth, DK. 74134 (a) Category (See Categories listed at the top of this schedule)				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Olata O de adula T		
PURPOSE	Advertising	Check if travel outside of Text	•		
OF EXPENDITURE	House	CHECK II Adsiii, 17, Onk	colonial living expenses		
			•		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/28/16	THE HOME DEPOT				
Amount (\$)	Payee address; City; State; Zip Code				
#31 ⁹	7950 I.35 South Freewa	4			
401=	FT. Worth, Tr. 76134	<u>'</u>			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Ten	·		
OF EXPENDITURE	advertising	L Check if Austin, TX, office	eholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1			B E 2		
			TAR 2016		
Amount (\$)	Payee address; City; State; Zip Code		FEB F		
			SE B A A A A A A A A A A A A A A A A A A		
	,		[\$\frac{1}{2} - \frac{1}{2} \]		
	Category (See Categories listed at the top of this schedule)	Description	1 第 3 00		
PURPOSE		Check if travel outside of Te	(7) mm		
OF EXPENDITURE		Check If Austin, TX, office	cenolder living expense		
			OR ₽		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O		Cina Cougin	Cition Held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B		morials Expense Prim	ing Expense ting Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment		5 2800	aries/Wages/ContractLabor	Other (enter a category not listed above)
		non duide explains not	v to complete this form.	4
1 Total pages Schedule F1:	2 FILER NAME	•		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			<u> </u>
11/23/15	Lone Star Pr 7 Payee address;	inting à Des	ign	
6 Amount (\$)				
\$400°	FT. Worth, (a) Category (See Categories	Main Street	Y	
8			· -	
PURPOSE	advertisin	- 9000 C	Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	000000000000000000000000000000000000000	4 - Mens	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehol	der name	Office sought	Office held
Date	Payee name		,	
12/19/15	ieltone Bepa)		
Amount (\$)	Payee address;	City; State; Zip Co	de	
\$17691	1151. Bridger	wood W. FT. L	Dorm TX 74	117
,	Category (See Categories	listed at the top of this schedul	e) Description	
PURPOSE	extent		Check if travel ou	ıtside of Texas. Complete Schedule T.
OF EXPENDITURE	Advoute.		Check if Austin	n, TX, officeholder living expense
4.4 -	Advertisi	n expense		TAI 2016 ELEC BY:
Complete ONLY if direct	Candidate / Officehol	der name	Office sought	Office held
expenditure to benefit C/OH				
Date	Payee name			宝章 「お世
12/21/15	The Child St			PA CUE
Amount (\$\)	now star 1	City; State Zip Co	is ign	4: 24
Amount (\$)	Payee address;	-	•	7 2 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
H60009	1714 South	Man Street	u u 0	
	Category (See Categories	listed at the top of this schedul	e) Description	
PURPOSE	advanti-	Creamod	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	advertion	1 oxprens	Check if Austin	n, TX, officeholder living expense
Complete ONEV if disest	Candidate / Officeho	lder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH		NG HAINE	Onice sought	Office field
	ATTACH ADDIT	IONAL COPIES OF T	THIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a) at Expense Loan Repayment/Reimburseme Office Overhead/Rental Expense

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (en	nt Of District ter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer	ID (Ethics Commission Filers)
4 Date [2/24/15	5 Payee name Warra Rachealis 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		\
\$ 16.96	F-Water, 90	76105	
8 PURPOSE OF EXPENDITURE	Food Boverage expense	(b) Description Check if travel outside of Texas Check if Austin, TX, officeh	·
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/30/15	Dennyis Restaurant		
Amount (\$)	Payee address; City; State; Zip Code		
44,18	4400 SMth Freezowy A. Worth Do 76115		ZOIK ZOIK
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Bevarage Expense	Description Check if travel outside of Texas Check if Austin, TX, officeh	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Sirard
Date	Payee name	-	
12/3/15	Star Shell		
Amount (\$)	Payee address; City; State; Zip Code		
40,30	925 N. Belt Line Kg. Grand Prairie &	15050	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Tycuel expense	Description Check if travel outside of Texas. Check if Austin, TX, officeh	·
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	

FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Politica			avel Out Of District ther (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
4 Date 19/31/15	5 Payee name G 3 Prinking & Enw 7 Payee address; City; State; Zip Code	lones	
6 Amount (\$)	7 Payee address; City; State, Zip Code		
\$44500	1219 Fort Worsh Ave. Dallas, Do 75208		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	advertising expense		of Texas. Complete Schedule T. , officeholder living expense
	printing /		8 EL 20 T
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C Office Field RRR A
Date	Payee name		
01/03/6	Razors Cuyun Cace Payee address: City: State: Zio Code		- PM
Amount (\$)	Payee address; City; State; Zip Code		STRD F:
\$34.57	Category (See Categories listed at the top of this schedule)		4: 25 STRATOR
	1	Description	•
PURPOSE OF EXPENDITURE	Tood Beverage		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/05/14	Rufe Snaw Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$9B09	6707 Rufe Snow Dar. Watayaa Ro 76468		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED .

POLITICAL EXPENDITURES MADE FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Politica	•	Gift/Awards/Memorials Expen .egal Services		ense ges/Contract Labor	Travel Out Of District Other (enter a cateo	ct ory not listed above)
Credit Card Payment		The Instruction Guide e	xplains how to co	mplete this form.		,
1 Total pages Schedule F1:	2 FILER NAI	ME			3 Filer ID (Ethic	s Commission Filers)
4 Date 01/05/16	5 Payee nam	OSF Office Tress; City; Stat	Polytechn	ic Station)	
\$49.03	7 Payee add	E. Rosedali				
8 PURPOSE OF EXPENDITURE		See Categories listed at the top A her Mai lim		<u> </u>	utside of Texas. Complete S n, TX, officeholder living	
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held
01 05 Me	Payee nam	Cell DFW Express; City; Stat	151 Pegas		BY:	TARRAN 2016 FEB
Amount (\$)	Payee add	ress; City; Stat	te; Zip Code		07	文 1 五二
M6233	1	Miller Love	#B		SA RES	PHILLIP COUNTY
PURPOSE OF EXPENDITURE		See Categories listed at the top Ofher Mone Expe			utside of Texas. Completes	Sthedule TO
Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought		Office held
01 06 16	Payee nar	no Ideaux Seaf	God Kitch	han		
Amount (\$)	Payee add	ress; City; Sta	te; Zip Code			
\$40 ⁶²	2708	West From With N	16100			
PURPOSE OF EXPENDITURE		See Categories listed at the top			utside of Texas. Complete S	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NE	EDED	

FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politics	, intinge	xpense Nages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/04/16	The Home Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$28.02	1151 Bridgewood Drive		
	orthilk Tells	7	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	side of Texas. Complete Schedule T.
PURPOSE OF	advertising		TX, officeholder living expense
EXPENDITURE			, , , , , , , , , , , , , , , , , , , ,
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H		TA 2016
Date	Payee name		FEB RRA
01/06/16	Wendy, s		8 2
	Payee address; City; State; Zip Code		
Amount (\$)			PH 4:
\$1675	2800 E. Berry St.		4: 2 STRAT
145	Category (See Categories listed at the top of this schedule)	Description	ू २५ ४
PURPOSE	Food (Beverage	, <u> </u>	side of Texas. Complete Schedule T.
OF	Took (better a)		TX, officeholder living expense
EXPENDITURE			
		1	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/04/13	Madeas Down Home Co	Doking	
Amount (\$)	Payee address; City; State; Zip Code)	
1745 65	1019 W. Enon Ste. D Gues Man, TV 7614 Category (See Categories listed at the top of this schedule)		
73	Evernan, Dr 7614	4)	
	i	1 🗔	
PURPOSE OF	Food beverage		side of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE		JIBOK II Adstill,	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations M

Event Expense Fees
Food/Beverage Expense
Giff/Awards/Memorials F Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica			ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instructio	n Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
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	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	il Committee Legal Services Salaries/Wa		ravel Out Of District Other (enter a category not listed above)	
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expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

FROM POLITICAL PERSONAL FUNDS



EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.				
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Amount (\$) ₱3 <i>0</i> 0 <i>9</i>	Payee address; City; State; Zip Code 1219 Fort Worth Ave. Dallas, DC 752	୦୫	L: 25	
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Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL Personal Funds



EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Credit Card Payment

Event Expense Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 01/21/16 U.S. Post Office - Polytechnic Station 7 Payee address; City; State; Zip Code 6 Amount (\$) Payee address,

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FT. Worth De \$9*50*9 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living ex OF EXPENDITURE Mailing の完Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH 01/23/16 The Home Depot Amount (\$) Payee address; City; State; Zip Code 7950 I-35 South Freeway \$2174 Fort Worth 1x 74134 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. advertising **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE axpense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 01/25/16 KWIK Kopy Printing City; State; Zip Code Payee address; Amount (\$) P4009 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Printing __ Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• 2 Filer ID (Ethics Commission Filers) 1 C/OH NAME **3 SIGNATURE** I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · · **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contribution I have unexpended contributions or unexpended interest or income earned from political contributions. [Understand may not convert unexpended political contributions or unexpended interest or income earned on politic 超强ntributions to personal use. I also understand that I must file an annual report of unexpended contributions and that may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than some arms filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexperiences of income earned on political contributions in accordance with the requirements of Election Code, § 25#.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** Complete this section only if you are an officeholder .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officehold