	E / OFFICEHOLDER		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mary Louis NICKNAME LAST Garcia	MI SC SUFFIX	Date Bacelyed
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE; ZIP CODE	TMARK Hand-delivered or Date Hand-delivered
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST John NICKNAME LAST Avila, J	MI SUFFIX	Receipt # Amount \$ Date Processed 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	January 15 30th day befo		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 16 / 2016	молт тнясисн 12	Day Year 31 2016
11 ELECTION	ELECTION DATE Month Day Year Prima Gene	Description	
12 OFFICE	OFFICE HELD (if any) Tarrant County Clerk	13 OFFICE SOUGHT (if kno	
	GO T	O PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 С/ОН МАМЕ Ма	ary Louise	e Garcia	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUR NDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS	IT JAN 1 IT JAN 1 of Parks		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	B PAL		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	2: 36		
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED) \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$3,059.09		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$30,846.56		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	^{\$} 4,549.53		
18 AFFIDAVIT ALBIN ZRILE My Commission Expires January 30, 2018 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. Multiple Signature of Candidate or Officeholder					
AFFIX NOTARY STAM Sworn to and subsc		by the saidMARY LOUISE GARCIA	, this the 17th		
day of Annaki	, 20_17_,	to certify which, witness my hand and seal of office.	\mathcal{O}		
	1	- ALBW LRILE	Veinne Cien Branon		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath		

Forms provided by Texas Ethics Commission

Revised 9/8/2015

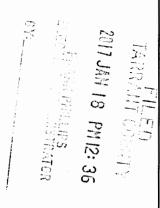
SUBTOTALS - C/OH

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	X SCHEDULE E: LOANS	\$4,549.53
5.	x SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,981.20
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.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,077.89
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	\$



LOANS			SCHEDULE E
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 2
² FILER NAME Mary Louise	Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of Ioan 6/11/2010	7 Name of lender 🗌 out-of-state F John Avila, Jr.	PAC (ID#:)	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution?	⁸ Lender address; City; S 2601 Scott Ave., Ste. 300 Fort	State; Zip Code Worth, TX 76103	10 Interest rate 0.00% 11 Maturity date
Y N		T	N/A
. .	on / Job title (See Instructions)	13 Employer (See Instructions)	
Owner		Thos. S. Byrne	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat		State; Zip Code	
Date of loan	Name of lender Out-of-state f	PAC: (ID#)	Loan Amount (\$)
6/11/2010	Chris F. Garcia		2,400.00
ls lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate 0.00%
Y N	8136 Camp Bowie Blvd. W. Fo	ort Worth TX 7611	Maturity date N/A
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (
not applicable		State; Zip Code	F C UNA 8 PM I2 8 PM I2 1 PPS
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in:	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

LOANS		· · ·	SCHEDULE E
The	Instruction Guide explains how to comp	ete this form.	1 Total pages Schedule E: 2
² FILER NAME Mary Louise	e Garcia		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
⁵ Date of Ioan 05/06/2010	7 Name of lender 🗌 out-of-state Mary Louise Garcia	PAC (ID#:)	⁹ Loan Amount (\$) 1,149.53
 6 Is lender a financial Institution? Y N 	a financial Institution? PO Box 4279 Fort Worth, TX 76164		10 Interest rate 0.00% 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (\$) 18 Guarantor address; City; State; Zip Code In not applicable 19 Amount Guaranteed (\$)			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (6)
not applicable		State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	5) 01
If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see ir	PPIES OF THIS SCHEDULE AS NI Instruction guide for additional re	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex y Gitt/Awards/Memorials Expense Printing E	xpense Wages/Contract Labor	Solicitation/Fundraising Expe Transportation Equipment & F Travel In District Travel Out Of District Other (enter a category not lis	Related Expense	
1 Total pages Schedule F1: 3	2 FILER NAME Mary Louise Garcia		3 Filer ID (Ethics Comm	ission Filers)	
4 Date 08/05/2016	5 Payee name Murphy Nasica				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
200.00	815 - A Brazos St., Ste	e. 304 Au	istin, TX 78	3701	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	tside of Texas. Complete Schedule T.		
PURPOSE OF EXPENDITURE	August Consulting		usice or lexas. Complete Schedule I., , TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office	held	
Date	Payee name				
09/05/2016	Murphy Nasica				
Amount (\$)	Payee address; City; State; Zip Code			- MARANA AND	
200.00	815 - A Brazos St., Ste. 304 Austin,	TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held	
				<u></u>	
10/05/2016	Murphy Nasica				
Amount (\$)	Payee address; City; State; Zip Code			0	
200.00	815 - A Brazos St., Ste. 304 Austin,	TX 78701	SC-10	20 И. 2018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		side of Texas. Complete Schadule T. TX, officeholder living expense	36	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Mary Louise Garcia		3 Filer ID (Ethics Commission Filers)		
4 Date 11/05/2016	5 Payee name Murphy Nasica				
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le			
200.00	815 - A Brazos St., S	ste. 304 Au	ustin, TX 78701		
8	(a) Category (See Categories listed at the top of this schedule		tota attaine Armaisia Cabadda T		
PURPOSE OF EXPENDITURE	November Consulting		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
12/05/2016	Murphy Nasica				
Amount (\$)	Payee address; City; State; Zip Code				
200.00	815 - A Brazos St., Ste. 304 Austi	n, TX 78701			
	Category (See Categories listed at the top of this schedule				
PURPOSE OF EXPENDITURE	December Consulting				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
D	Rayoo come				
Date 12/13/2016	Payee name US Postal				
Amount (\$)	Payee address; City; State; Zip Coo	le	8		
216.20	251 W. Lancaster Ave. Fort Wort	h, TX 76102-9997	PN I2 FM I2 FFFF		
	Category (See Categories listed at the top of this schedule		Ξ ω		
PURPOSE OF EXPENDITURE	Political Mailing		tside of Texas. Complete Soligiqule T.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY 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 CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fæs Office Ove Food/Beverage Expense Polling Ex y Gift/Awards/Memorials Expense Printing E:	rhead/Rental Expense Transp pense Travel xpense Travel Vages/Contract Labor Other (ation/Fundraising Expense portation Equipment & Related Expense In District Out Of District (enter a category not listed above)		
1 Total pages Schedule F1: 3	2 FILER NAME Mary Louise Garcia	3 File	er ID (Ethics Commission Filers)		
4 Date 12/16/2016	5 Payee name US POSTAL				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
280.00	2120 Ellis Ave. Fort W	orth, TX 761	64-9997		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	vae Complete Schedule T		
PURPOSE OF EXPENDITURE	Political PO Box	Check if Austin, TX, offi			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
12/16/2016	Crestview Printing, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
485.00	PO Box 161487 Fort Worth, TX 76				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Print Cards	Description Check if travel outside of Tex Check if Austin. TX, offic	•		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code		PN 12:		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Te: Check if Austin, TX, offic			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Of Food/Beverage Expense Pr By Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Inting Expense Jarles/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
10/05/2016	Friends of Jane Nelson			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
Reimbursement from political contributions intended	PO Box 608 Grapevine, TX 7609	99		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul			
OF	Donation		e of Texas. Complete Schedule T. X. officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/				
Date /	Payee name			
10 /5 /2016	NE Tarrant County F	epublican Club		
Amount (\$)	Payee address; City; State; Zip Co			
20.00	1005 FAYETTE T	DR EVLESS,	TX 76039	
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedul	e) (b) Description		
OF	Membership		e of Texas. Complete Schedule T.	
			X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
10/06/2016	Constant Contact			
Amount (\$)	Payee address; City; State; Zip Co	ode		
5.33			en m	
Reimbursement from political contributions intended	1601 Trapelo Rd. Waitham, MA 0	2451	PN 12: PN 12: PN 12:	
PURPOSE	Category (See Categories listed at the top of this schedul	e) (b) Description		
OF	Momborship		e of Texas. Complete Schedule T.	
EXPENDITURE	Membership	Check if Austin, T	X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment	Fees Off Food/Beverage Expense Po By Gitt/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G: 5	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
10/07/2016	Bill Waybourn Campaign				
6 Amount (\$) ↓ SD . ∞ Beimbursement from political contributions	7 Payee address; City; State; Zip Co PO Box 151305 Arlington, TX 76				
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Donation	Check if travel outsid	de of Texas. Complete Schedule T. "X, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name DH	Office sought	Office held		
Date 10/21/2016	Payee name Texans for Greg Abb	ott			
Amount (\$) くりり、ロワ	Payee address; City; State; Zip Co	de			
Reimbursement from political contributions intended	PO Box 308 Austin, TX 78767				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Donation	Check if travel outsid	de of Texas, Complete Schedule T. IX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
10/02/2016	Republican Party of Texas				
Amount (\$) くひむ、つつ	Payee address; City; State; Zip Co	de	PM		
Reimbursement from political contributions intended	1108 Lavaca St., Ste. 500 Austin	, TX 78701	12: 36		
PURPOSE OF	Category (See Categories listed at the top of this schedul		de of Texas. Complete Schedule T.		
EXPENDITURE	Membership	Check if Austin, T	X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Complete ONLY if direct Candidate / Officeholder name Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
Forms provided by Texas Et	hics Commission www.ethics.sta	te.tx.us	Revised 9/8/2015		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Polli By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor w to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	_	
10/25/2016	Fort Worth Republican Won	nen's Club	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e	
Go Go Reimbursement from political contributions intended	PO Box 101613 Fort Worth, TX 76	6185	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		
OF	Donation		de of Texas. Complete Schedule T.
EXPENDITURE	Donation	Check if Austin, 1	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 12/12/2016	Payee name Staples		
Amount (\$)	Payee address; City; State; Zip Cod	le	
N - 9 ☉ □ Reimbursement from political contributions intended	1600 S. University Drive, Fort Worth	n, TX 76107	
BUBBOOS	Category (See Categories listed at the top of this schedule)	(b) Description	······································
PURPOSE OF EXPENDITURE	political supplies		de of Texas. Complete Schedule T. "X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Coc	e	DO CO
Reimbursement from political contributions intended			112:36
PURPOSE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T.
EXPENDITURE			X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Of Food/Beverage Expense Po By Gitt/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense Illing Expense nting Expense Iaries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Relater Travel In District Travel Out Of District Other (enter a category not listed at			
1 Total pages Schedule G: 5	2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)		
4 _{Date} 08/08/30	5 Payee name Constant Contact					
6 Amount (\$) 5 3 3 □ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451					
8 PURPOSE OF EXPENDITURE	(Advertising Expense)	Check if travel outsid	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held Office held						
Date 09/16/2016	Payee name Arlington Republican	Club				
Amount (\$) \50.00 Reimbursement from political contributions intended	. D sement from contributions P.O. Box 14095, Arlington, Texas 76094					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	d ·		
Date 09/08/2016	Payee name Constant Contact			ANN AN		
Amount (\$) 5.33	Payee address; City; State; Zip Co		5 Miles	- C3 (* 1)		
Reimbursement from political contributions intended	1601 Trapelo Rd. Waltham, MA 0		TPNT C	5 		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Membership	Check if travel outsid	de of Texas. Complete Schedule T. X, officeholder living expense	ñ		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Consultions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offic Food/Beverage Expense Polli By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Pavee name		· · · · · · · · · · · · · · · · · · ·		
07/16/2016	Candidate Resource Committee				
6 Amount (\$) ろっっ、つつ □ Reimbursement from	7 Payee address; City; State; Zip Cod 1108 Lavaca St., Ste.500 Au				
political contributions intended	Austin, TA 70701				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Donation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date 8 8 2016	Payee name Constant Contact				
Amount (\$) 5.33	Payee address; City; State; Zip Cod	6			
Reimbursement from political contributions intended	1601 Trapelo Rd. Waltham, MA 02451				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description			
OF	ADVERTISING	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
08/30/2016	Metroplex Republican Wo	men			
Amount (\$)	Payee address; City; State; Zip Cod	e			
20.00					
Reimbursement from political contributions intended	PO Box 523 Keller, TX 76248		S 2: 3		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	<u> </u>		
OF EXPENDITURE	Membership		e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					