OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr.	FIRST William	Brian	OFFICE USE ONLY
NAME	NICKNAME	LAST Byrd	SUFFIX	Date Received
4 CANDIDATE/	ADDRESS / PO BOX	X; APT / SUITE #; C	CITY; STATE; ZIP CODE	A PAN 1208
OFFICEHOLDER MAILING ADDRESS	MAILING 6608 Long Cove Ct. Fort Worth, 1X 76132		RECEIVED	
CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	APR 2 3 2021
5 CANDIDATE/ OFFICEHOLDER PHONE		667-8081	EATENSION	Date Hand delivered or Date Postmarked OF FORT WORTH CITY SECRETARY Receipt # Amount \$
6 CAMPAIGN TREASURER	Ms/MRs/MR Mr.	FIRST Rob	MI	The same of the sa
NAME			OUEEN	Date Processed
	NICKNAME	Opitz	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2 7/3 A	(NO PO BOX PLEASE); APT / SUBtreet, St. 2000, For		STATE; ZIP CODE
	AREA CODE	PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	(817)	332-2301	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	X 8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	03 /	/ 23 / 2021	THROUGH 04	/ 21 / 2021
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	05 / 01 /	2021 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	City Council	I District 3	Fort Worth May	or .
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		_
	GENERAL	COMMITTEE ADDRESS	_	
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		1		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	,
		GO TO F	PAGE 2	,

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIVII AIOI	1111/11/02 1121 0111	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 78,165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 483,602.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 96,473.39
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 300,100.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. Signature of Cai	e and correct and includes all information
(1) Affidavit 190164 NOTARY STAMP/SEAL	Please complete either option below	
- 1	before me by Brian Bra this the	23^{-1} day of $14p^{-1}$,
20 to certify to certify Signature of officer administer	which, witness my hand and seal of office. Melissek Brank ring oath Printed name of officer administering oath	Title of officer administering oath
Oignature or officer administer		, the distinct during such
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (st	tate) (zip code) (country), 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C		nmission Filers)
	Mr. William Brian Byrd		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 78,165.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	X SCHEDULE E: LOANS		\$ 300,100.00
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 483,602.80
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 FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	ONS RETURNED	\$

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	Ir. William Brian Byrd		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)		
3/23/2021	6 Contributor address; City; 2601 Torrey Pines Dr, Fort Worth, TX 76	State; Zip Code	100.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)		
3/23/2021	Contributor address; City; 4907 Westbriar Dr, Fort Worth, TX 7610	State; Zip Code	2,000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
3/24/2021	Contributor address; City; 3721 Arroyo Road, Fort Worth, TX 76109	State; Zip Code	500.00		
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
3/24/2021	Contributor address; City; 126 Mesquite Meadow Lane, Fort Wortl	State; Zip Code h, TX 76126	100.00		
Principal occup	etion / Job title (See Instructions)	Employer (See Instructi	ions)		
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS N	EEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	≡ ⁄Ir. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/25/2021	6 Contributor address; City; State; Zip Code 5424 Fursman Avenue, Fort Worth, TX 76114	100.00
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/26/2021	Contributor address; City; State; Zip Code 6436 Monarch Hills Drive, Fort Worth, TX 76132	250.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/27/2021	Contributor address; City; State; Zip Code 5409 Yellow Birch Drive, Fort Worth, TX 76244	50.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/27/2021	Contributor address; City; State; Zip Code 2524 Cheyenne Lane, Crowley, TX 76036	25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		Description of the second of t
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
3/28/2021	6 Contributor address; City; State; Zip C 7956 Buttercup Circle North, Fort Worth, TX 76123	100.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer (S	Gee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
3/28/2021	Contributor address; City; State; Zip C	code 100.00
Principal occu		See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
3/29/2021	Contributor address; City; State; Zip C	100.00
Principal occu	pation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:Athena Salone	Amount of contribution (\$)
3/30/2021	Contributor address; City; State; Zip Co	40.00
Principal occu	pation / Job title (See Instructions) Employer (S	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHED	

SCHEDULE A1

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Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAM	E Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Robert Hunter	C (ID#:)	7 Amount of contribution (\$)
3/30/2021	6 Contributor address; City; 4233 Whitfield Ave, Ft Worth, TX 76109	State; Zip Code	20.00
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/30/2021	Contributor address; City: 6817 Vista Ridge Drive East, Fort Worth,	State; Zip Code , TX 76132	20.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/30/2021	Contributor address; City; 3725 Somerset Lane, Fort Worth, TX 761	State; Zip Code	50.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2/2/2021	Contributor address; City; 608 Penta Road, Fort Worth, TX 76108	State; Zip Code	200.00
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

Revised 8/17/2020

SCHEDULE A1

A Date S Full name of contributor Out-of-state PAC (ID#: T Amount of contribution (\$) A Date S Full name of contributor Omar Laghari T Amount of contribution (\$) A/2/2021 G Contributor address: City: State: Zip Code S0.00 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Ben Clark Amount of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Ben Clark Amount of contributor Site PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Ruth Pinkerton Out-of-state PAC (ID#: Amount of contribution (\$)	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Omar Laghari 4/2/2021 6 Contributor address: City: State: Zip Code 5944 Coppermill Rd, Fort Worth, TX 76137 B Principal occupation / Job title (See Instructions) Date Full name of contributor Beverly Johnson 1/2/2021 Contributor address: City: State: Zip Code 10219 Gray Oak Lane, Fort Worth, TX 76108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Ben Clark 1/3/2021 Contributor address: City: State: Zip Code Ben Clark 1/3/2021 Contributor address: City: State: Zip Code 514 Prairie Run, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address: City: State: Zip Code 250.00 Amount of contribution (\$) Amount of contribution (\$) Contributor address: City: State: Zip Code 3829 Lawndale Avenue, Fort Worth, TX 76133			, 1011	3 Filer ID (Ethics Commission Filers)
S944 Coppermill Rd, Fort Worth, TX 76137 S9	4 Date) (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 4/2/2021 Contributor address; City: State: Zip Code 10219 Gray Oak Lane, Fort Worth, TX 76108 50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Ben Clark 4/3/2021 Contributor address; City: State: Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Ruth Pinkerton out-of-state PAC (ID# Amount of contribution (\$)	4/2/2021		· •	50.00
Beverly Johnson 4/2/2021	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date Full name of contributor Out-of-state PAC (ID#:	Date		; (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	4/2/2021			50.00
Ben Clark 4/3/2021 Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Ruth Pinkerton 4/3/2021 Contributor address; City; State; Zip Code 3829 Lawndale Avenue, Fort Worth, TX 76133	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
A/3/2021 Contributor address; City; State; Zip Code 514 Prairie Run, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Ruth Pinkerton 4/3/2021 Contributor address; City; State; Zip Code 3829 Lawndale Avenue, Fort Worth, TX 76133	Date	Ben Clark		Amount of contribution (\$)
Date Full name of contributor	4/3/2021	Contributor address; City;		250.00
Ruth Pinkerton 4/3/2021 Contributor address; City; State; Zip Code 3829 Lawndale Avenue, Fort Worth, TX 76133 20.00	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
3829 Lawndale Avenue, Fort Worth, TX 76133	Date	- Car or state tries	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	4/3/2021	· · · · · · · · · · · · · · · · · · ·		20.00
I	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

Revised 8/17/2020

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/3/2021	6 Contributor address; City; State; 111 Chris Ct, Hudson Oaks, TX 76087	Zip Code 1,500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employ	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4/5/2021	Contributor address; City; State; 76551 Harris Parkway, Fort Worth, TX 76132	1,000.00
Principal occup	ation / Job title (See Instructions) Employ	er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4/5/2021	Contributor address; City; State; Z 6928 Baltusrol Rd., Fort Worth, TX 76132	100.00
Principal occup	eation / Job title (See Instructions) Employ	er (See Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:	
4/6/2021	Contributor address; City; State; Z 13408 Quail View Drive, Haslet, TX 76052	100.00
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
	ATTACH ADDITIONAL CORIES OF THIS SCI	HEDLILE AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

### FILER NAME Mr. William Brian Byrd 3 Filer ID (Ethics Commission File			i i
Kathy Peel Contributor address; City; State; Zip Code A504 Briar Oaks Circle, Dallas, TX 75287 200.00	2 FILER NAM		3 Filer ID (Ethics Commission Filers)
4/7/2021 6 Contributor address; City; State; Zip Code 200.00 3 Principal occupation / Job title (See Instructions) Date	1 Date	Kathy Peel	
Date Full name of contributor out-of-state PAC (ID#:	1/7/2021	6 Contributor address; City; State; 2	Zip Code
Jack Pratt Jack Pratt Jack	Principal oc	cupation / Job title (See Instructions) 9 Employ	ver (See Instructions)
Contributor address; City: State: Zip Code 6150 Oakmont Trl, Fort Worth TX, Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Susan Dodson L/8/2021 Contributor address; City: State: Zip Code 2840 Oakbriar Trl, Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Theodore Callender Amount of contribution (\$) Amount of contribution (\$) Contributor address: City: State: Zip Code 2845 Oakbriar Trl, Fort Worth, TX 76109	Date	Jack Pratt	Amount of contribution (\$\psi\$)
Date Full name of contributor out-of-state PAC (ID#:	/8/2021	Contributor address; City; State; 2	Zip Code 50.00
Susan Dodson /8/2021 Contributor address; City; State; Zip Code 25.00	Principal occ	upation / Job title (See Instructions) Employe	er (See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Theodore Callender /8/2021 Contributor address; City; State; Zip Code 2845 Oakbriar Trl, Fort Worth, TX 76109	Date		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Theodore Callender -/8/2021 Contributor address; City; State; Zip Code 2845 Oakbriar Trl, Fort Worth, TX 76109	/8/2021		Zip Code 25.00
Theodore Callender /8/2021 Contributor address; City; State; Zip Code 2845 Oakbriar Trl, Fort Worth, TX 76109	Principal occ	pation / Job title (See Instructions) Employe	er (See Instructions)
/8/2021 Contributor address; City; State; Zip Code 100.00 2845 Oakbriar Trl, Fort Worth, TX 76109	Date) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	/8/2021	Contributor address; City; State; Zi	
	Principal occi	upation / Job title (See Instructions) Employe	er (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.

SCHEDULE A1

The	Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Craig Zieres	
1/8/2021		tate; Zip Code 100.00
Principal occi	upation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (4)
/9/2021	Contributor address; City; S 6049 WEDGMONT CIR N, FORT WORTH, TX	tate; Zip Code 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
/10/2021	Contributor address; City; Si 417 Verna Trail North, Fort Worth, TX 76108	ate; Zip Code 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
/10/2021	Contributor address; City; S 6801 Oak Hill Dr, Fort Worth, TX 76132	ate; Zip Code 1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Patti and Jody Ambrose	C (ID#:)	7 Amount of contribution (\$)
4/10/2021	6 Contributor address; City; 407 Eastwood Avenue, Fort Worth, TX 7	State; Zip Code 76107	2,500.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	cions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/10/2021	Contributor address; City; 5320 Benbridge Drive, Fort worth, TX 76	State; Zip Code 5107	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/12/2021	Contributor address; City; 11616 Pine Creek Court, Aledo, TX 76008	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor □ out-of-state PAC Mary Runyan	(ID#:)	Amount of contribution (\$)
4/12/2021	Contributor address; City; 8025 Morning Lane, Fort Worth, TX 7612	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		

SCHEDULE A1

Deborah Freed 4/12/2021 6 Contributor address; 3225 Preston Hollow Rd, Fo 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Robert Batton 4/12/2021 Contributor address; 4101 Glenwood Dr, Fort Wo Principal occupation / Job title (See Instructions) Date Full name of contributor Chris Gotcher Sr.	9 Employer (See Instructions) Out-of-state PAC (ID#:) Amount of contribution (\$) City; State; Zip Code
Deborah Freed 4/12/2021 6 Contributor address; 3225 Preston Hollow Rd, Fo 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Robert Batton 4/12/2021 Contributor address; 4101 Glenwood Dr, Fort Wo Principal occupation / Job title (See Instructions) Date Full name of contributor Chris Gotcher Sr.	City; State; Zip Code Fort Worth, TX 76109 9 Employer (See Instructions) Amount of contribution (\$) City; State; Zip Code Forth, TX 76109 Employer (See Instructions)
3225 Preston Hollow Rd, Form B Principal occupation / Job title (See Instructions) Date Full name of contributor Robert Batton 3/12/2021 Contributor address; 4101 Glenwood Dr, Fort Wo	Sort Worth, TX 76109 9 Employer (See Instructions) Amount of contribution (\$) City; State; Zip Code Vorth, TX 76109 Employer (See Instructions)
Date Full name of contributor Robert Batton 1/12/2021 Contributor address; 4101 Glenwood Dr, Fort Wo Principal occupation / Job title (See Instructions) Date Full name of contributor Chris Gotcher Sr.	City; State; Zip Code /orth, TX 76109 Employer (See Instructions) Amount of contribution (\$) 50.00
Robert Batton 4/12/2021 Contributor address; 4101 Glenwood Dr, Fort Wo Principal occupation / Job title (See Instructions) Date Full name of contributor Chris Gotcher Sr.	City: State; Zip Code /orth, TX 76109 50.00 Employer (See Instructions)
Principal occupation / Job title (See Instructions) Date Full name of contributor Chris Gotcher Sr.	Forth, TX 76109 50.00 Employer (See Instructions)
Date Full name of contributor Chris Gotcher Sr.	
Chris Gotcher Sr.	out-of-state PAC (ID#:) Amount of contribution (\$)
3121 Tex Boulevard, Fort W	City; State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Susan Ryan	out-of-state PAC (ID#:) Amount of contribution (\$)
4/12/2021 Contributor address; 5805 Tracyne Dr., Westwor	City; State; Zip Code orth Village, TX 76114 300.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

SCHEDULE A1

	,		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
4/12/2021	6 Contributor address; City; 4200 South Hulen Street, Ste. 350, Fort	State; Zip Code Worth, TX 76109	250.00
8 Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Nancy Allison	S (ID#:)	Amount of contribution (\$)
4/12/2021	Contributor address; City; 4324 Fair Ridge Drive, Aledo, TX 76008	State; Zip Code	100.00
Principal occup	Deation / Job title (See Instructions)	I Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/12/2021	Contributor address; City; 4800 Sidonia Court, Fort Worth, TX 76126	State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Charles Cooper	(ID#:)	Amount of contribution (\$)
4/13/2021	Contributor address; City; 5229 Trail Lake Drive, Fort Worth, TX 761	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		-

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

t	., , ,	
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/13/2021	6 Contributor address; City; State; Zip Code 4309 Cumberland Road North, Fort Worth, TX 76116	2,000.00
8 Principal occi	supation / Job title (See Instructions) 9 Employer (See Instructions)	otions)
Date	Full name of contributor	Amount of contribution (\$)
4/14/2021	Contributor address; City; State; Zip Code 2531 College Ave, Fort Worth, TX 76110	250.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4/14/2021	Contributor address; City; State; Zip Code 4304 Capra Way, Benbrook, TX 76126	100.00
Principal occur	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4/15/2021	Contributor address; City; State; Zip Code 4108 Hollow Creek Ct, Aledo, TX 76008	250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Clyde Womack 6 Contributor address; City; State; Zip Code 200.00 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Nancy Nohrenberg 1/15/2021 Contributor address; City; State; Zip Code 3717 Ben Creek Court, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Nancy Nohrenberg 1/15/2021 Contributor address; City; State; Zip Code 3717 Ben Creek Court, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1/15/2021 Contributor address; City; State; Zip Code 250.00 4912 Ranch View Road, Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Cout-of-state PAC (ID#	Th	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Clyde Womack 6 Contributor address; City; State; Zip Code 2917 Harlanwood Drive, Fort Worth, TX 76109 B Principal occupation / Job title (See Instructions) Date Full name of contributor Nancy Nohrenberg 4/15/2021 Contributor address; City; State; Zip Code 3717 Ben Creek Court, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Dak Hatfield Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Fara Raines Lity: State: Zip Code 50.00 Amount of contribution (\$) Fara Raines Lity: State: Zip Code 50.00	2 FILER NAM	E Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
2917 Harlanwood Drive, Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Nancy Nohrenberg 4/15/2021 Contributor address; City; State; Zip Code 3717 Ben Creek Court, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Dak Hatfield 4/15/2021 Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Fincipal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Fara Raines 1/16/2021 Contributor address; City; State: Zip Code Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Fara Raines 1/16/2021 Contributor address; City; State: Zip Code 4400 Ranch View Road, Ft. Worth, TX. 76109	4 Date		(ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	4/15/2021		, ·	200.00
Nancy Nohrenberg 4/15/2021 Contributor address: City; State; Zip Code 3717 Ben Creek Court, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4/15/2021 Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Fara Raines 4/16/2021 Contributor address; City; State; Zip Code 50.00 4400 Ranch View Road, Ft. Worth, TX. 76109	8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruc	! :tions)
3717 Ben Creek Court, Aledo, TX 76008 Principal occupation / Job title (See Instructions) Date Full name of contributor	Date		(ID#:)	Amount of contribution (\$)
Date Full name of contributor	4/15/2021		State; Zip Code	50.00
Dak Hatfield 4/15/2021 Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Fara Raines 4/16/2021 Contributor address; City; State; Zip Code 50.00 4400 Ranch View Road, Ft. Worth, TX. 76109	Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
A/15/2021 Contributor address; City; State; Zip Code 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Fara Raines 4/16/2021 Contributor address; City; State; Zip Code 4400 Ranch View Road, Ft. Worth, TX. 76109	Date	_	(ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#) Fara Raines 4/16/2021 Contributor address; City; State; Zip Code 4400 Ranch View Road, Ft. Worth, TX. 76109	4/15/2021	Contributor address; City;	State; Zip Code	250.00
Fara Raines 4/16/2021 Contributor address; City; State; Zip Code 50.00 4400 Ranch View Road, Ft. Worth, TX. 76109	Principal occu	Jpation / Job title (See Instructions)	Employer (See Instruct	tions)
4400 Ranch View Road, Ft. Worth, TX. 76109	Date		(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1/16/2021	, , , , , , , , , , , , , , , , , , , ,	·	50.00
į.	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	#:)	7 Amount of contribution (\$)
4/16/2021	6 Contributor address; City; 5 5409 El Dorado Dr, Fort Worth, TX 76107	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor	#)	Amount of contribution (\$)
4/16/2021	Contributor address; City; S 2003 Caspian Ln, Colleyville, TX 76034	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	f:)	Amount of contribution (\$)
4/16/2021	Contributor address; City; S 1320 Lake Street, Fort Worth, TX 76102	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
4/17/2021	Contributor address; City; S	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID) Kenny Williams	#:)	7 Amount of contribution (\$)
4/17/2021	6 Contributor address; City; 8	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	#)	Amount of contribution (\$)
4/18/2021	Contributor address; City; S	State; Zip Code 4512	200.00
Principal occur	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)
4/18/2021	Contributor address; City; S 2729 Manorwood Trl, Fort Worth, TX 76109	State; Zip Code 9-5589	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	:	Amount of contribution (\$)
4/18/2021	Contributor address; City; S 1301 Throckmorton , Unit 2505, Fort Worth	State; Zip Code n, TX 76102	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Gilbert Guzman	C (ID#:)	7 Amount of contribution (\$)
4/19/2021	6 Contributor address; City: 4148 Las Colina Drive, Fort Worth, TX 76:	State; Zip Code	150.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Billy Fielding	C (ID#:)	Amount of contribution (\$)
4/19/2021	Contributor address; City; 3555 Battle Creek Court, Fort Worth, TX	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/19/2021	Contributor address; City; 6709 Watermill Drive, Fort Worth, TX 761	State; Zip Code	75.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
4/19/2021	Contributor address; City; 2116 East 63rd St, Tulsa, OK 74136-0806	State; Zip Code	25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)

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2 FILER NAME 4 Date 5	Mr. William Brian Byrd	1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers)
4 Date 5		3 Filer ID (Ethics Commission Filers)
4/19/2021 6	5 Full name of contributor out-of-state PAC (ID#: Sandra Jensen	7 Amount of contribution (\$)
,,,	Contributor address; City; State; 4413 Dunwick Lane, Fort Worth, TX 76109	Zip Code 100.00
8 Principal occupa	tion / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date	Full name of contributor	(0,
4/19/2021	Contributor address; City; State; 2337 W. Magnolia Ave., Fort Worth, TX 76110	
Principal occupati	ion / Job title (See Instructions) Emp	l loyer (See Instructions)
Date	Full name of contributor	,,,,
4/19/2021	Contributor address; City; State; 409 Virginia Place, Fort Worth, TX 76107	500.00
Principal occupati	ion / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4/19/2021	Contributor address; City; State; 3609 Clubgate Drive, Fort Worth, TX 76137	Zip Code 250.00
Principal occupation	ion / Job title (See Instructions) Empi	loyer (See Instructions)

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2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Joe Nottoli	(ID#:)	7 Amount of contribution (\$)
4/19/2021	6 Contributor address; City; 3253 Wabash Avenue, Fort Worth, TX 76:	State; Zip Code	100.00
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Byron Benard	(ID#:)	Amount of contribution (\$)
4/19/2021	Contributor address; City; 1363 Roaring Springs Rd, Ft Worth, TX 76	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/20/2021	Contributor address; City; 6116 Locke Avenue, Fort Worth, TX 7611	State; Zip Code 6	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/20/2021	Contributor address; City; 6000 Wisen Ave, Fort Worth, TX 76133	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Leland Hodges III	(ID#:)	7 Amount of contribution (\$)
4/20/2021	6 Contributor address; City; 306 W. 7th St. Ste. 701, Ft. Worth, TX 761	State; Zip Code	300.00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC Brian Newby	(ID#:)	Amount of contribution (\$)
4/20/2021	Contributor address; City; 715 South Jones Street, Fort Worth, TX 76	State; Zip Code 6102	200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/20/2021	Contributor address; City; 4233 Whitfield Ave, Ft Worth, TX 76109	State; Zip Code	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/21/2021	Contributor address; City; 7408 Pebble Ridge Drive, Fort Worth, TX 7	State; Zip Code 76132	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	James Jorns	(ID#:)	7 Amount of contribution (\$)
3/23/2021	6 Contributor address; City; 6712 Watermill Dr, Fort Worth, TX 76132	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 2865 Manorwood Trail, Fort Worth, TX 76	State; Zip Code	250.00
Princípal occup	Dation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 4709 Edenwood Dr, Fort Worth, TX 76123	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 4055 International Plaza, Ste 200, Fort Wo	State; Zip Code orth, TX 76109	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Clifton Wolfe	7 Amount of contribution (\$)
3/23/2021	6 Contributor address; City; State; Zip Code 500 Throckmorton St Unit 1112, Fort Worth, TX 76102	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor	Amount of contribution (\$)
3/23/2021	Contributor address; City; State; Zip Code 13725 Green Elm Rd, Aledo, TX 76008	500.00
Principal occup	Dation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor) Amount of contribution (\$)
3/23/2021	Contributor address; City; State; Zip Code 8055 Misty Trl, Fort Worth, TX 76123	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date 3/23/2021	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	: Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Scott Mahaffey	C (ID#:)	7 Amount of contribution (\$)
3/23/2021	6 Contributor address; City; 3532 Briarhaven Rd., Fort Worth, TX 7	State; Zip Code	5,000.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 3902 Rivergrove Ct, Fort Worth, TX 7611	State; Zip Code	20,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 2120 Ridgmar Blvd Suite 14, Fort Worth,	State; Zip Code TX 76116	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 6320 Curzon Ave, Fort Worth, TX 76116	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
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2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (S.L Frankenfield		7 Amount of contribution (\$)
3/23/2021	6 Contributor address; City; 7375 Hightower St, Fort Worth, TX 76112	State; Zip Code	500.00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 4445 Arcady Ave, Dallas, TX 75205	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 3725 Streamwood Rd, Fort Worth, TX 761	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
3/23/2021	Contributor address; City; 2505 Stadium Dr, Fort Worth, TX 76109	State; Zip Code	90.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Mr. William Brian Byrd			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC J. Michael Fite	(ID#:)	7 Amount of contribution (\$)
3/24/2021	6 Contributor address; City; 3901 W 6th St, Fort Worth, TX 76107	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/24/2021	Contributor address; City; 9600 Bois D Arc Ct, Fort Worth, TX 76126	State; Zip Code	150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/27/2021	Contributor address; City; 1716 Western Ave, Fort Worth, TX 76107	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Pat C Hawkins	(ID#:)	Amount of contribution (\$)
3/27/2021	Contributor address; City; 719 Rivercrest Dr, Fort Worth, TX 76107	State; Zip Code	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
3/27/2021	6 Contributor address; City; 4501 Crestline Rd, Fort Worth, TX 76107	State; Zip Code	500.00
	4501 Crestille Nu, Fort Worth, 17 70107		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
3/30/2021	Contributor address; City; 3917 Modlin Ave, Fort Worth, TX 76107	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/02/2021	Contributor address; City; 6917 Shadow Creek, Fort Worth, TX 76132	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor		Amount of contribution (\$)
04/02/2021	Contributor address; City;	State; Zip Code	1,000.00
	6904 Baltusrol Rd, Fort Worth, TX 76132		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
4	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC inlease see Instruct	ion quide for additional re	enorting requirements.

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Perry Mader	C (ID#:)	7 Amount of contribution (\$)
04/02/2021	6 Contributor address; City; State; Zip Code 6505 Haig Point Court, Fort Worth, TX 76132		500.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor □ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/02/2021	Contributor address; City; 3357 Kendall Ln, Irving, TX 75062	State; Zip Code	500.00
Principal occuj	Dation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
04/02/2021	Contributor address; City; 6917 Hazeltine Dr , Fort Worth, TX 76132	State; Zip Code	500.00
Principal occu	l pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor □ out-of-state PAC Dr. Buu Hanh-Phuoc	C (ID#:)	Amount of contribution (\$)
04/02/2021	Contributor address; City; 6021 Forest Highlands Dr, Fort Worth, TX 76	State; Zip Code	300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Dr. Bob Lanier	7 Amount of contribution (\$)
04/02/2021	6 Contributor address; City; State 1706 Indian Creek, Fort Worth, TX 76107	; Zip Code 250.00
8 Principal occu	upation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04/02/2021	Contributor address; City; State 6801 River Park Circle, Fort Worth, TX 76116	; Zip Code 200.00
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04/02/2021	Contributor address; City; State; 5012 Highland Meadow, Fort Worth, TX 76132	Zíp Code 200.00
Principal occup	pation / Job title (See Instructions) Emp	ployer (See Instructions)
Date	Full name of contributor	
04/02/2021	Contributor address; City; State; 6920 Desert Highlands Dr, Fort Worth, TX 76132	100.00
Principal occup	pation / Job title (See Instructions) Emp	ployer (See Instructions)
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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	: Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor	7 Amount of contribution (\$)
04/02/2021	6 Contributor address; City; State; Zip Code 4300 E Lancaster Ave, Fort Worth, TX 76103	100.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
04/02/2021	Contributor address; City; State; Zip Code 3012 Phoenix Dr, Fort Worth, TX 76116	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (\$)
04/02/2021	Contributor address; City; State; Zip Code 2705 Boyce Ave, Fort Worth, TX 76133	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (\$)
04/02/2021	Contributor address; City; State; Zip Code 6804 Sawgrass Dr, Fort Worth, TX 76132	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	#
04/06/2021	6 Contributor address; City; 100 E. 15th St. Ste 600, Fort Worth, TX 763	State; Zip Code .02 500.00
8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	#: Amount of contribution (\$)
04/09/2021	Contributor address; City; 1701 Rver Run Ste 306, Fort Worth, TX 761	State; Zip Code 07 10,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	(,,
04/09/2021	Contributor address; City; S	State; Zip Code 500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
04/09/2021	Contributor address; City; S	State; Zip Code 4 500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	<u> </u>	

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Chris F Garcia	ID#:)	7 Amount of contribution (\$)
04/09/2021	6 Contributor address; City; 8136 Camp Bowie West, Fort Worth, TX 7	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/09/2021	Contributor address; City; 3600 Ridglea Country Club Dr, Fort Worth	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/09/2021	Contributor address; City; 2716 Riverwood Trl, Fort Worth, TX 76109	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Deer Creek Ranch	D#:)	Amount of contribution (\$)
04/12/2021	Contributor address; City; 11701 South Frwy, Burleson, TX 76028	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
04/12/2021	6 Contributor address; City; State; Zip Code 6100 Western Place Suite 1000, Fort Worth, TX 76107	100.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
04/12/2021	Contributor address; City; State; Zip Code 5316 Northcrest Rd, Fort Worth, TX 76107	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
04/17/2021	Contributor address; City; State; Zip Code 4220 Harlanwood Dr, Fort Worth, TX 76109	2,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
04/20/2021	Contributor address; City; State; Zip Code 640 Paint Pony Trl N, Fort Worth, TX 76108	1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:
04/20/2021	6 Contributor address; City; 3725 Somerset Lane, Fort Worth, TX 76109	State; Zip Code
3 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	D#:) Amount of contribution (\$)
04/17/2021	Contributor address; City: 5820 Trail Lake Dr, Fort Worth, TX 76133	State: Zip Code 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	D#:) Amount of contribution (\$)
04/20/2021	Contributor address; City; 7112 Saucon Valley Dr, Fort Worth, TX 761	State; Zip Code 200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor □ out-of-state PAC (II Sheryl Bates	Amount of contribution (\$)
04/17/2021	Contributor address; City; 3404 Park Hollow, Fort Worth, TX 76109	State; Zip Code 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
		;

SCHEDULE A1

ir the reque	sted information is not applicable, DO NOT In		report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
04/20/2021	6 Contributor address; City; 5016 Barberry Dr, Fort Worth, TX 76133	State; Zip Code	100.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Verlie Edwards	(ID#:)	Amount of contribution (\$)
04/20/2021	Contributor address; City; 6328 Kenwick Ave, Fort Worth, TX 76116	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/20/2021	Contributor address; City; 5112 Paint Rock Ct, Fort Worth, TX 76132	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS NI	EEDED

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	r. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 12/29/2020	Mr. William Brian Byrd	PAC (ID#:)	9 Loan Amount (\$) 300,100.00
6 Is lender a financial Institution? Y N	8 Lender address; City; 6608 Long Cove Ct. Fort Wor	State; Zip Code rth, TX 76132	10 Interest rate NA 11 Maturity date NA
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll [X] none	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal func account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
☐ not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/W		Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethio	s Commission Filers)
4 Date 3/23/2021	5 Payee na HFC	ustom Solutions				
6 Amount (\$)	7 Payee ad	idress;		City;	State;	Zip Code
9,030.00	2612	W Waggoman St, For	t Worth,	, TX 76110		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adve	tising		Website		
EXPENDITURE	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
3/24/2021	Iron E	gg				
Amount (\$)	Payee ac			City;	State;	Zíp Code
600.00	520 S	Grand Ave. Los Ange	eles, CA	90071		
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising		Email Serv	ices	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
3/24/2021	Vangu	ard Field Strategies				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
25,000.00	1001 (Congress Ave, Suite10	00 Austi	n TX 78701		
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Politic	al consulting		Consulting		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	, 11 · · · · · · · · · · · · · · · · · ·	Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense se Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explain	ns how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER N	AME .			3 Filer ID (Ethics	Commission Filers)
4 Date 3/24/2021	5 Payee na Axiom	Strategies Inc.				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
24,752.00	800 V	V 47th St STE 200, Ka	ansas City	y, MO 64112		
8	(a) Categor	y (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE	Cons	ulting				
OF EXPENDITURE		3				
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin.	TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
3/24/2021	PoolF	louse				
Amount (\$)	Payee ac			City;	State;	Zip Code
28,223.00	23 W B	road St Ste 302, Richmond	l, VA 23220)		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising		Campaign		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
3/29/2021	Gus B	ates Insurance & Inve	estments			
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
2,500.00	3221 (Collinsworth Street, Fo	ort Worth,	TX 76107		
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Insura	nce & Investments		Refund		
		Check if Iravel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEED	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B		Gift/Awards/Memorials Expense F	Polling Expense Printing Expense	Travel In District Travel Out Of Distri	
Candidate/Officeholder/Politica Credit Card Payment	al Committee	3	Salaries/Wages/Contract Labor	Other (enter a categ	ory not listed above)
		The Instruction Guide explains I	how to complete this form.		
1 Total pages Schedule F1:	2 FILER N	AME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ime		1	
3/30/2021	, -	ustom Solutions			
6 Amount (\$)	7 Payee ad	ldress;	City;	State;	Zip Code
947.00	2612	W Waggoman St, Fort	Worth, TX 76110		
8	(a) Categor	y (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE	Adver	tisina	Website		
OF EXPENDITURE		9			
	(c)	Check if travel outside of Texas. Complete Sche	duleT. Check if Aus	itin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	Office sought		Office held
Date	Payee na	me			
04/01/2021	Camp	aign Sidekick			
Amount (\$)	Payee ac	ldress;	City;	State;	Zíp Code
264.00					
	Category	(See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	Canva	asing			
		Check if travel outside of Texas. Complete Scheo	dule T. Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held
Date	Payee na	nme			
04/01/2021	Googl	e LLC			
Amount (\$)	Payee ad	dress;	City;	State;	Zip Code
19.00	636 O	St. Sanger, CA 93657			
	Category	(See Categories listed at the top of this sched	dule) Description		
PURPOSE	Marke	ting	Printing		
OF EXPENDITURE					
		Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held
	ATT	ACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/W		Travel In District Travel Out Of Distri Other (enter a categ	ct ory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 04/01/2021	5 Payee na	Axiom Strategie	es Inc.			
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
57,830.00	800 V	/ 47th St STE 200, Ka	ansas Ci	ity, MO 64112		
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE	Cons	ulting				
OF EXPENDITURE		· ·				
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
04/01/2021	Remin	gton Research Group				
Amount (\$)	Payee ad			City;	State;	Zip Code
5,800.00	800 W	'. 47th Street, Suite 20	00, Kans	sas City, MO 64	1112	
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Surve	y		Campaign ı	research	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me)				
04/02/2021	Iron E	99				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
226.00	520 S	Grand Ave. Los Ange	eles, CA	90071		
	Сатедогу	(See Categories listed at the top of this s	chedule)	Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PURPOSE OF EXPENDITURE	Adver	tising	1000	Email Servi	ices	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
	TTA	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of Distr Other (enter a cate	ct pory not listed above)
Credit Card Payment		The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	2 FILER N	AME		3 Filer ID (Ethio	s Commission Filers)
4 Date 04/02/2021	5 Payee na Quinto	n Mills			
6 Amount (\$) 2,500.00	7 Payee ac 1509 C	dress; urtis Dr, Garland, TX 75040	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this sci	nedule) (b) Description		
	(c)	Check if travel outside of Texas. Complete Scho	edule T. Check if Aus	stin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	Office sought		Office held
Date	Payee na	me			
04/02/2021	Authn	et Gateway			
Amount (\$)	Payee ad		City;	State;	Zip Code
30.00	808 Ea	ast Utah Valley Drive, A	merican Fork, UT, 8	34003	
	Category	(See Categories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	Bankii	ng	Transactio	on Fee	
		Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held
Date	Payee na	me			
04/05/2021	Nation	uilder			
Amount (\$)	Payee ad	dress;	City;	State;	Zip Code
89.00	520 S	Grand Ave. Los Angele	es, CA 90071		
	Category	(See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	Advert	tising	Databas	Se	:
		Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name	Office sought		Office held
	TTA	ACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Legal Services	vards/Memorials Expense Printing Expense Travel Out Of District			
Credit Card Payment	i Committee	The Instruction Guide explain		_	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER N	AME	2010 T F F		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me		<u> </u>		
04/07/2021	Iron E	99				
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
63.00	2600	8th Ave. Fort Worth, T	X 7611	0		
8	(a) Categor	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Adver	tising		Website		
EXPENDITURE	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
04/07/2021	WPAi					
Amount (\$)	Payee ad			City;	State;	Zip Code
39,000.00	1001	Congress Avenue Sui	ite 100.	Austin, TX 787	701	
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Camp	aign				
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
04/07/2021	Iron E	99				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
63.00	2600 8	th Ave. Fort Worth, T	X 76110)		
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Advert	ising		Website		
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austir	n, TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Printing Expense Salaries/Wages/Cor		Travel Out Of Distr Other (enter a cate	rict gory not listed above)
Great Gard's agrifford		The Instruction Guide explains	how to complete	this form.		
1 Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethi	cs Commission Filers)
4 Date 4/14/2021	5 Payee n				1	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zíp Code
7,796.00	23 W	Broad St Ste 302, Richmo	ond, VA 232	20		
8	(a) Catego	ry (See Categories listed at the top of this sc	hedule) (b) De	escription		
PURPOSE OF EXPENDITURE	Adv	rertising	Car	mpaign		
	(c)	Check if travel outside of Texas. Complete Sch	edule T.	Check if Aust	tin, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name	Off	fice sought		Office held
Date	Payee na	ame				
04/14/2021	Axiom	Strategies Inc.				
Amount (\$)	Payee a			City;	State;	Zip Code
52,436.00	1130	Ave H East Arlington, T	exas 76011			
	Category	(See Categories listed at the top of this sch	edule) De	escription		
PURPOSE OF EXPENDITURE	Consu	lting				
		Check if travel outside of Texas. Complete Sche	edule T.	Check if Aust	in, TX. officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Off	ice sought		Office held
Date	Payee na	ame				
04/16/2021	Iron E					
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
50.00	1001	Congress Ave, Suite100) Austin TX	78701		
	Category	(See Categories listed at the top of this scho	edule) De	escription		
PURPOSE OF EXPENDITURE	Adver	tising	V	Vebsite		
		Check if travel outside of Texas. Complete Sche	dule T.	Check if Austi	n, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Off	fice sought		Office held
:	AT	FACH ADDITIONAL COPIES O	F THIS SCHED	ULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sa	Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains ho	ow to complete this form.	-	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/2021	5 Payee name WM Supercenter			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
201.00	6300 Oakmont Blvd, Fort Worl	th, TX 76132		
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	Supplies			
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/16/2021	Sams Club			
Amount (\$)	Payee address;	City;	State; Zip Code	
208.00	4400 Bryant Irvin rd. Fort Worth	n, TX 7613 2		
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Supplies			
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austic	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/16/2021	Party City			
Amount (\$)	Payee address;	City;	State; Zip Code	
348.00	4826 SW Loop 820, Fort Worth	ı, TX 76109		
	Category (See Categories listed at the top of this schedul	le) Description		
PURPOSE OF EXPENDITURE	Supplies			
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEE	:DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political Committ Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense tee Legal Services Salaries/Mages/Contract Labor The Instruction Guide explains how to complete this form.		Travel Mustand Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N			mplete tille formi	3 Filer ID (Ethic	s Commission Filers)	
4 Date 4/19/2021	5 Payee no Office	Depot					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
70.00	4613	S Hulen St B, Fort Wo	orth, TX	76132			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Supp	lies					
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
4/19/2021	Costo	o Wholesale					
Amount (\$)	Payee a			City;	State;	Zip Code	
176.00	8900	Tehama Ridge Pkwy, I	-ort vvo	rtn, 1X /61//			
	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Banki	ng		Credit Card Transaction Fee			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
4/19/2021	Whole	e Foods Market					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
1,151.00	3720 \	Vision Dr, Fort Worth,	TX 7610	09			
	Category	(See Categories listed at the top of this so	hedule)	Description			
PURPOSE OF	Suppl	ies		Database			
EXPENDITURE							
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX. officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	AT	FACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED		

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report**.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Poll y Gift/Awards/Memorials Expense Prin	te Overnead/Rental Expense ling Expense aries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	w to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 4/19/2021	5 Payee name Walmart Supercenter	***************************************	1		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
99.00	8401 Anderson Blvd, Fort Wort	h, TX 76120			
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description			
PURPOSE OF EXPENDITURE	Supplies				
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/20/2021	Axiom Strategies Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
55,344.00	800 W 47th St STE 200, Kansas Cit	y, MO 64112	ı		
	Category (See Categories listed at the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE	Consulting				
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/16/2021	Bank of America				
Amount (\$)	Payee address;	City;	State; Zip Code		
15.00					
	Category (See Categories listed at the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE	Transaction fees				
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEE	DED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethi	ics Commission Filers)	
4 Date 04/21/2021	5 Payee na Anedo						
6 Amount (\$) 936.00	7 Payee ad	ddress;		City;	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Trans	action fees		Transaction fe	ees		
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
03/23/2021	AxMe	dia					
Amount (\$)	Payee ac			City;	State;	Zip Code	
56,841.00	800 V	V. 47th Street Ste. 200). Kansa	as City, MO 64 ⁻	112		
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Media			Adertising			
		Check if travel outside of Texas. Complete S	chedule T	Check if Austir	n, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ime					
03/30/2021	AxMe	dia					
Amount (\$)	Payee ad	dress;		City;	State;	Zìp Code	
46,582.00	800 V	V. 47th Street Ste. 200). Kansa	as City, MO 641	112		
•	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Media			Adertising			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULEASNEE	DED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B	у	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of Distr	rict
Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Salaries/Wages/Contract Lab		gory not listed above)
Credit Ceru i ayment		The Instruction Guide explain	s how to complete this for	rm.	
1 Total pages Schedule F1:	2 FILER N	AME		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	me			
04/08/2021	AxMed	dia			
6 Amount (\$)	7 Payee ad		City;	State;	Zip Code
46,625.00	800 \	W. 47th Street Ste. 200). Kansas City, M	O 64112	
8	(a) Categor	y (See Categories listed at the top of this s	chedule) (b) Description	on	
PURPOSE	Media	1	Advertisi	ng	
OF EXPENDITURE					
	(c) 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/OF		ate / Officeholder name	Office sou	ght	Office held
Date	Payee na	me			
04/15/2021	AxMe	dia			
Amount (\$)	Payee ad		City;	State;	Zip Code
17,664.00	800 W	I. 47th Street Ste. 200	. Kansas City, MC) 64112	
	Category	(See Categories listed at the top of this so	nedule) Descriptio	n	
PURPOSE OF EXPENDITURE	Media		Advert	ising	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office soug	ght	Office held
Date	Payee na	me			
04/21/2021	Iron E	99			
Amount (\$)	Payee add	dress;	City;	State;	Zìp Code
125.00	1001 Congress Ave, Suite100 Austin TX 78701				
	Category	(See Categories listed at the top of this sch	edule) Description	n	
PURPOSE OF EXPENDITURE	Advert	ising	Websit	e	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense				expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	Office soug	ght	Office held
	ATT	ACH ADDITIONAL COPIES C	F THIS SCHEDULE AS	SNEEDED	