

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **49**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR **Mr.** FIRST **William** MI **Brian**  
NICKNAME LAST SUFFIX  
**Byrd**

**OFFICE USE ONLY**

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**6608 Long Cove Ct. Fort Worth, TX 76132**

☐ Change of Address



Date Hand Delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 682 ) 667-8081**

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR **Mr.** FIRST **Rob** MI  
NICKNAME LAST SUFFIX  
**Opitz**

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**777 Main Street, St. 2000, Fort Worth, TX 76102**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 817 ) 332-2301**

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
**03 / 23 / 2021 THROUGH 04 / 21 / 2021**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
**05 / 01 / 2021** ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)  
**City Council District 3**

13 OFFICE SOUGHT (if known)  
**Fort Worth Mayor**

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

☐ Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

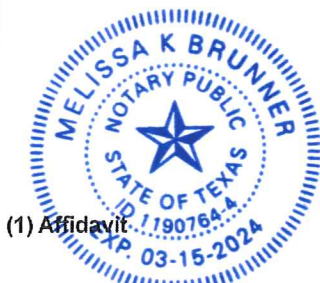
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. 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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 483,602.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 96,473.39
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 300,100.00

**18 SIGNATURE** 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.

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brian Byrd this the 23<sup>rd</sup> day of April, 2021, to certify which, witness my hand and seal of office.

Melissa K Brunner Melissa K Brunner notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Mr. William Brian Byrd

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 78,165.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 300,100.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 483,602.80
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****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 3/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Oliver 6 Contributor address; City; State; Zip Code 2601 Torrey Pines Dr, Fort Worth, TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Coston Contributor address; City; State; Zip Code 4907 Westbriar Dr, Fort Worth, TX 76109	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Krogness Contributor address; City; State; Zip Code 3721 Arroyo Road, Fort Worth, TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin King Contributor address; City; State; Zip Code 126 Mesquite Meadow Lane, Fort Worth, TX 76126	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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 3/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Barron 6 Contributor address; City; State; Zip Code 5424 Fursman Avenue, Fort Worth, TX 76114	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Madison Contributor address; City; State; Zip Code 6436 Monarch Hills Drive, Fort Worth, TX 76132	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yo Mawh Contributor address; City; State; Zip Code 5409 Yellow Birch Drive, Fort Worth, TX 76244	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Burke Contributor address; City; State; Zip Code 2524 Cheyenne Lane, Crowley, TX 76036	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 3/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Hardgrove 6 Contributor address; City; State; Zip Code 7956 Buttercup Circle North, Fort Worth, TX 76123	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Robinson Contributor address; City; State; Zip Code 6721 Meadow Haven Dr, Fort Worth, TX 76132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Folzenlogen Contributor address; City; State; Zip Code 1916 Berkeley place, Fort Worth, TX 76110	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Athena Salone Contributor address; City; State; Zip Code 5204 Lovell Ave, Fort Worth, TX 76107	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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 3/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hunter 6 Contributor address; City; State; Zip Code 4233 Whitfield Ave, Ft Worth, TX 76109	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Rutherford Contributor address; City; State; Zip Code 6817 Vista Ridge Drive East, Fort Worth, TX 76132	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Marut Contributor address; City; State; Zip Code 3725 Somerset Lane, Fort Worth, TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marya Nienhuis Contributor address; City; State; Zip Code 608 Penta Road, Fort Worth, TX 76108	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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 4/2/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omar Laghari 6 Contributor address; City; State; Zip Code 5944 Coppermill Rd, Fort Worth, TX 76137	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Johnson Contributor address; City; State; Zip Code 10219 Gray Oak Lane, Fort Worth, TX 76108	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Clark Contributor address; City; State; Zip Code 514 Prairie Run, Aledo, TX 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Pinkerton Contributor address; City; State; Zip Code 3829 Lawndale Avenue, Fort Worth, TX 76133	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 4/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David and Teresa Shurtz 6 Contributor address; City; State; Zip Code 111 Chris Ct, Hudson Oaks, TX 76087	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Nethery Contributor address; City; State; Zip Code 6551 Harris Parkway, Fort Worth, TX 76132	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Buie Contributor address; City; State; Zip Code 6928 Baltusrol Rd., Fort Worth, TX 76132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Davis Contributor address; City; State; Zip Code 13408 Quail View Drive, Haslet, TX 76052	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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 4/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Peel 6 Contributor address; City; State; Zip Code 4504 Briar Oaks Circle, Dallas, TX 75287	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Pratt Contributor address; City; State; Zip Code 6150 Oakmont Trl, Fort Worth TX, Fort Worth, TX 76132	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Dodson Contributor address; City; State; Zip Code 2840 Oakbriar Trl, Fort Worth, TX 76109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore Callender Contributor address; City; State; Zip Code 2845 Oakbriar Trl, Fort Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 4/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Zieres 6 Contributor address; City; State; Zip Code 7501 Gleneagles Way, Fort Worth, TX 76179	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/9/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi McCain Contributor address; City; State; Zip Code 6049 WEDGMONT CIR N, FORT WORTH, TX 76133	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vern Ellis Contributor address; City; State; Zip Code 417 Verna Trail North, Fort Worth, TX 76108	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis DeCet Contributor address; City; State; Zip Code 6801 Oak Hill Dr, Fort Worth, TX 76132	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patti and Jody Ambrose 6 Contributor address; City; State; Zip Code 407 Eastwood Avenue, Fort Worth, TX 76107	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Crites Contributor address; City; State; Zip Code 5320 Benbridge Drive, Fort worth, TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes Berkovsky Contributor address; City; State; Zip Code 11616 Pine Creek Court, Aledo, TX 76008	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Runyan Contributor address; City; State; Zip Code 8025 Morning Lane, Fort Worth, TX 76123	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Freed 6 Contributor address; City; State; Zip Code 3225 Preston Hollow Rd, Fort Worth, TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Batton Contributor address; City; State; Zip Code 4101 Glenwood Dr, Fort Worth, TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Gotcher Sr. Contributor address; City; State; Zip Code 3121 Tex Boulevard, Fort Worth, TX 76116	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Ryan Contributor address; City; State; Zip Code 5805 Tracyne Dr., Westworth Village, TX 76114	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Sammons 6 Contributor address; City; State; Zip Code 4200 South Hulen Street, Ste. 350, Fort Worth, TX 76109	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Allison Contributor address; City; State; Zip Code 4324 Fair Ridge Drive, Aledo, TX 76008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Percival Contributor address; City; State; Zip Code 4800 Sidonia Court, Fort Worth, TX 76126	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Cooper Contributor address; City; State; Zip Code 5229 Trail Lake Drive, Fort Worth, TX 76133	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Palko 6 Contributor address; City; State; Zip Code 4309 Cumberland Road North, Fort Worth, TX 76116	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Wolfe Contributor address; City; State; Zip Code 2531 College Ave, Fort Worth, TX 76110	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Edmondson Contributor address; City; State; Zip Code 4304 Capra Way, Benbrook, TX 76126	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Whitaker Contributor address; City; State; Zip Code 4108 Hollow Creek Ct, Aledo, TX 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyde Womack 6 Contributor address; City; State; Zip Code 2917 Harlanwood Drive, Fort Worth, TX 76109	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Nohrenberg Contributor address; City; State; Zip Code 3717 Ben Creek Court, Aledo, TX 76008	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dak Hatfield Contributor address; City; State; Zip Code 4912 Ranch View Road, Fort Worth, TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fara Raines Contributor address; City; State; Zip Code 4400 Ranch View Road, Ft. Worth, TX. 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****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 4/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim and Steffensen 6 Contributor address; City; State; Zip Code 5409 El Dorado Dr, Fort Worth, TX 76107	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daryn Eudaly Contributor address; City; State; Zip Code 2003 Caspian Ln, Colleyville, TX 76034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Scott Contributor address; City; State; Zip Code 1320 Lake Street, Fort Worth, TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Putegnat Contributor address; City; State; Zip Code 4313 Woodwick Ct., Fort Worth, TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Williams 6 Contributor address; City; State; Zip Code 6905 Aspen Wood Trail, Fort Worth, TX 76132	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Anthony Contributor address; City; State; Zip Code 6601 Pine Valley Pl, Fort Worth, TX 76132-4512	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Cord Contributor address; City; State; Zip Code 2729 Manorwood Trl, Fort Worth, TX 76109-5589	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley Berkovsky Contributor address; City; State; Zip Code 1301 Throckmorton , Unit 2505, Fort Worth, TX 76102	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert Guzman 6 Contributor address; City; State; Zip Code 4148 Las Colina Drive, Fort Worth, TX 76179	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Fielding Contributor address; City; State; Zip Code 3555 Battle Creek Court, Fort Worth, TX 76116	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marian DeMott Contributor address; City; State; Zip Code 6709 Watermill Drive, Fort Worth, TX 76132	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ezekiel Wang Contributor address; City; State; Zip Code 2116 East 63rd St, Tulsa, OK 74136-0806	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Jensen 6 Contributor address; City; State; Zip Code 4413 Dunwick Lane, Fort Worth, TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Lumpkins Contributor address; City; State; Zip Code 2337 W. Magnolia Ave., Fort Worth, TX 76110	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Davenport Contributor address; City; State; Zip Code 409 Virginia Place, Fort Worth, TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paresh Patel Contributor address; City; State; Zip Code 3609 Clubgate Drive, Fort Worth, TX 76137	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

### 3 Filer ID (Ethics Commission Filers)

**5** Full name of contributor

**7** Amount of contribution (\$)

100.00

**9** Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

500.00

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

100.00

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

50.00

Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****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 4/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland Hodges III 6 Contributor address; City; State; Zip Code 306 W. 7th St. Ste. 701, Ft. Worth, TX 76102	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Newby Contributor address; City; State; Zip Code 715 South Jones Street, Fort Worth, TX 76102	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hunter Contributor address; City; State; Zip Code 4233 Whitfield Ave, Ft Worth, TX 76109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus Lopin Contributor address; City; State; Zip Code 7408 Pebble Ridge Drive, Fort Worth, TX 76132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****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 <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>3/23/2021</b>	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Jorns</b></div> <div>6 Contributor address; City; State; Zip Code <b>6712 Watermill Dr, Fort Worth, TX 76132</b></div>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  <b>3/23/2021</b>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Minker</b></div> <div>Contributor address; City; State; Zip Code <b>2865 Manorwood Trail, Fort Worth, TX 76109</b></div>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <b>3/23/2021</b>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Norton</b></div> <div>Contributor address; City; State; Zip Code <b>4709 Edenwood Dr, Fort Worth, TX 76123</b></div>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <b>3/23/2021</b>	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Freese &amp; Nichols PAC</b></div> <div>Contributor address; City; State; Zip Code <b>4055 International Plaza, Ste 200, Fort Worth, TX 76109</b></div>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 form.**

**2 FILER NAME**

### 3 Filer ID (Ethics Commission Filers)

**5** Full name of contributor

**7** Amount of contribution (\$)

500.00

Zip Code

9	Employer (See Instructions)
---	-----------------------------

Full name of contributor

Amount of contribution (\$)

500.00

Zip Code

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

500.00

Zip Code

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

500.00

Zip Code

Employer (See Instructions)

Revised 8/17/2020



**MONETARY POLITICAL CONTRIBUTIONS****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 3/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Mahaffey 6 Contributor address; City; State; Zip Code 3532 Briarhaven Rd., Fort Worth, TX 76109	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theresa Greig Contributor address; City; State; Zip Code 3902 Rivergrove Ct, Fort Worth, TX 76116	Amount of contribution (\$) 20,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Maddux Contributor address; City; State; Zip Code 2120 Ridgmar Blvd Suite 14, Fort Worth, TX 76116	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Seath Contributor address; City; State; Zip Code 6320 Curzon Ave, Fort Worth, TX 76116	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.L Frankenfield 6 Contributor address; City; State; Zip Code 7375 Hightower St, Fort Worth, TX 76112	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlanda Salazar Contributor address; City; State; Zip Code 4445 Arcady Ave, Dallas, TX 75205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Kellogg Contributor address; City; State; Zip Code 3725 Streamwood Rd, Fort Worth, TX 76116	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Anderson Contributor address; City; State; Zip Code 2505 Stadium Dr, Fort Worth, TX 76109	Amount of contribution (\$) 90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/24/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. Michael Fite</b> 6 Contributor address; City; State; Zip Code <b>3901 W 6th St, Fort Worth, TX 76107</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/24/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ramey Heddins</b> Contributor address; City; State; Zip Code <b>9600 Bois D Arc Ct, Fort Worth, TX 76126</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>G. Clark Kemble</b> Contributor address; City; State; Zip Code <b>1716 Western Ave, Fort Worth, TX 76107</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pat C Hawkins</b> Contributor address; City; State; Zip Code <b>719 Rivercrest Dr, Fort Worth, TX 76107</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/27/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debby Jackson Brown</b> 6 Contributor address; City; State; Zip Code <b>4501 Crestline Rd, Fort Worth, TX 76107</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/30/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Norman</b> Contributor address; City; State; Zip Code <b>3917 Modlin Ave, Fort Worth, TX 76107</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/02/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jan Brossart</b> Contributor address; City; State; Zip Code <b>6917 Shadow Creek, Fort Worth, TX 76132</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/02/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janiak Revocable Trusk Linda M. Loving-Janiak</b> Contributor address; City; State; Zip Code <b>6904 Baltusrol Rd, Fort Worth, TX 76132</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

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Revised 8/17/2020

**MONETARY POLITICAL CONTRIBUTIONS****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 04/02/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Bob Lanier 6 Contributor address; City; State; Zip Code 1706 Indian Creek, Fort Worth, TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Kubes Contributor address; City; State; Zip Code 6801 River Park Circle, Fort Worth, TX 76116	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Ross Contributor address; City; State; Zip Code 5012 Highland Meadow, Fort Worth, TX 76132	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry B Kromann Contributor address; City; State; Zip Code 6920 Desert Highlands Dr, Fort Worth, TX 76132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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 04/02/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H Logan Swords II 6 Contributor address; City; State; Zip Code 4300 E Lancaster Ave, Fort Worth, TX 76103	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Head Contributor address; City; State; Zip Code 3012 Phoenix Dr, Fort Worth, TX 76116	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Murry Contributor address; City; State; Zip Code 2705 Boyce Ave, Fort Worth, TX 76133	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Gehle Contributor address; City; State; Zip Code 6804 Sawgrass Dr, Fort Worth, TX 76132	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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 04/06/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer and Nails Club 6 Contributor address; City; State; Zip Code 100 E. 15th St. Ste 600, Fort Worth, TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Granger Campaign Fund Contributor address; City; State; Zip Code 1701 Rver Run Ste 306, Fort Worth, TX 76107	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason Odom Contributor address; City; State; Zip Code 2708 Manorwood Trl, Fort Worth, TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paun & Magdaline Peters Contributor address; City; State; Zip Code 4723 Meandering Way, Colleyville, TX 76034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



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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 04/09/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris F Garcia 6 Contributor address; City; State; Zip Code 8136 Camp Bowie West, Fort Worth, TX 76116	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Gallagher Contributor address; City; State; Zip Code 3600 Ridglea Country Club Dr, Fort Worth, TX 76116	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Lohman Contributor address; City; State; Zip Code 2716 Riverwood Trl, Fort Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deer Creek Ranch Contributor address; City; State; Zip Code 11701 South Frwy, Burleson, TX 76028	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neil VanZandt 6 Contributor address; City; State; Zip Code 6100 Western Place Suite 1000, Fort Worth, TX 76107	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alma T Foster Contributor address; City; State; Zip Code 5316 Northcrest Rd, Fort Worth, TX 76107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nissa Harrington Contributor address; City; State; Zip Code 4220 Harlanwood Dr, Fort Worth, TX 76109	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Norman Lindley Contributor address; City; State; Zip Code 640 Paint Pony Trl N, Fort Worth, TX 76108	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

Mr. William Brian Byrd

**3 Filer ID (Ethics Commission Filers)**

**7** Amount of contribution (\$)

500.00

3725 Somerset Lane, Fort Worth, TX 76109

9	Employer (See Instructions)
---	-----------------------------

Amount of contribution (\$)

250.00

5820 Trail Lake Dr, Fort Worth, TX 76133

Employer (See Instructions)

Amount of contribution (\$)

200.00

7112 Saucon Valley Dr, Fort Worth, TX 76132

Employer (See Instructions)

Amount of contribution (\$)

100.00

3404 Park Hollow, Fort Worth, TX 76109

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## 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 04/20/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everettte Latiolais Jr 6 Contributor address; City; State; Zip Code 5016 Barberry Dr, Fort Worth, TX 76133	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verlie Edwards Contributor address; City; State; Zip Code 6328 Kenwick Ave, Fort Worth, TX 76116	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc Nekhom Contributor address; City; State; Zip Code 5112 Paint Rock Ct, Fort Worth, TX 76132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**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 E:
2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>12/29/2020</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Mr. William Brian Byrd</b>	9 Loan Amount (\$) <b>300,100.00</b>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <b>6608 Long Cove Ct. Fort Worth, TX 76132</b>	10 Interest rate <b>NA</b>
		11 Maturity date <b>NA</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral  [X] none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  [X] not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/23/2021		<b>5</b> Payee name H F Custom Solutions			
<b>6</b> Amount (\$) 9,030.00		<b>7</b> Payee address; City; State; Zip Code 2612 W Waggoman St, Fort Worth, TX 76110			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising		<b>(b)</b> Description Website		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/24/2021		Payee name Iron Egg			
Amount (\$) 600.00		Payee address; City; State; Zip Code 520 S Grand Ave. Los Angeles, CA 90071			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Email Services		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/24/2021		Payee name Vanguard Field Strategies			
Amount (\$) 25,000.00		Payee address; City; State; Zip Code 1001 Congress Ave, Suite100 Austin TX 78701			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Political consulting		Description Consulting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/24/2021		<b>5</b> Payee name Axiom Strategies Inc.			
<b>6</b> Amount (\$) 24,752.00		<b>7</b> Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/24/2021		Payee name PoolHouse			
Amount (\$) 28,223.00		Payee address; City; State; Zip Code 23 W Broad St Ste 302, Richmond, VA 23220			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/29/2021		Payee name Gus Bates Insurance & Investments			
Amount (\$) 2,500.00		Payee address; City; State; Zip Code 3221 Collinsworth Street, Fort Worth, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Insurance & Investments		Description Re fund		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/30/2021		<b>5</b> Payee name H F Custom Solutions			
<b>6</b> Amount (\$) 947.00		<b>7</b> Payee address; City; State; Zip Code 2612 W Waggoman St, Fort Worth, TX 76110			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising		<b>(b)</b> Description Website		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/01/2021		Payee name Campaign Sidekick			
Amount (\$) 264.00		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Canvassing		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/01/2021		Payee name Google LLC			
Amount (\$) 19.00		Payee address; City; State; Zip Code 636 O St. Sanger, CA 93657			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Marketing		Description Printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/01/2021		<b>5</b> Payee name Axiom Strategies Inc.			
<b>6</b> Amount (\$) 57,830.00		<b>7</b> Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/01/2021		Payee name Remington Research Group			
Amount (\$) 5,800.00		Payee address; City; State; Zip Code 800 W. 47th Street, Suite 200, Kansas City, MO 64112			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Survey		Description Campaign research		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/02/2021		Payee name Iron Egg			
Amount (\$) 226.00		Payee address; City; State; Zip Code 520 S Grand Ave. Los Angeles, CA 90071			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Email Services		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/02/2021		<b>5</b> Payee name Quinton Mills			
<b>6</b> Amount (\$) 2,500.00		<b>7</b> Payee address; City; State; Zip Code 1509 Curtis Dr, Garland, TX 75040			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/02/2021		Payee name Authnet Gateway			
Amount (\$) 30.00		Payee address; City; State; Zip Code 808 East Utah Valley Drive, American Fork, UT, 84003			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Transaction Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/05/2021		Payee name Nationuilder			
Amount (\$) 89.00		Payee address; City; State; Zip Code 520 S Grand Ave. Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Database		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/07/2021	<b>5</b> Payee name Iron Egg	
<b>6</b> Amount (\$) 63.00	<b>7</b> Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Website
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date 04/07/2021	Payee name WPAi	
Amount (\$) 39,000.00	Payee address; City; State; Zip Code 1001 Congress Avenue Suite 100. Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date 04/07/2021	Payee name Iron Egg	
Amount (\$) 63.00	Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/14/2021		<b>5</b> Payee name Poolhouse			
<b>6</b> Amount (\$) 7,796.00		<b>7</b> Payee address; City; State; Zip Code 23 W Broad St Ste 302, Richmond, VA 23220			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising		<b>(b)</b> Description  Campaign		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/14/2021		Payee name Axiom Strategies Inc.			
Amount (\$) 52,436.00		Payee address; City; State; Zip Code 1130 Ave H East Arlington, Texas 76011			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/16/2021		Payee name Iron Egg			
Amount (\$) 50.00		Payee address; City; State; Zip Code 1001 Congress Ave, Suite100 Austin TX 78701			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising		Description  Website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/16/2021		<b>5</b> Payee name WM Supercenter			
<b>6</b> Amount (\$) 201.00		<b>7</b> Payee address; City; State; Zip Code 6300 Oakmont Blvd, Fort Worth, TX 76132			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/16/2021		Payee name Sams Club			
Amount (\$) 208.00		Payee address; City; State; Zip Code 4400 Bryant Irvin rd. Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/16/2021		Payee name Party City			
Amount (\$) 348.00		Payee address; City; State; Zip Code 4826 SW Loop 820, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/19/2021	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) 70.00	<b>7</b> Payee address; City; State; Zip Code 4613 S Hulen St B, Fort Worth, TX 76132	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/19/2021	Candidate / Officeholder name Costco Wholesale	
Amount (\$) 176.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Credit Card Transaction Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/19/2021	Candidate / Officeholder name Whole Foods Market	
Amount (\$) 1,151.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Database
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/19/2021		<b>5</b> Payee name Walmart Supercenter			
<b>6</b> Amount (\$) 99.00		<b>7</b> Payee address; City; State; Zip Code 8401 Anderson Blvd, Fort Worth, TX 76120			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Supplies		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/20/2021		Payee name Axiom Strategies Inc.			
Amount (\$) 55,344.00		Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 4/16/2021		Payee name Bank of America			
Amount (\$) 15.00		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transaction fees		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/21/2021		<b>5</b> Payee name Anedot			
<b>6</b> Amount (\$) 936.00		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transaction fees		<b>(b)</b> Description Transaction fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/23/2021		Payee name AxMedia			
Amount (\$) 56,841.00		Payee address; City; State; Zip Code 800 W. 47th Street Ste. 200. Kansas City, MO 64112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Media		Description Adertising		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/30/2021		Payee name AxMedia			
Amount (\$) 46,582.00		Payee address; City; State; Zip Code 800 W. 47th Street Ste. 200. Kansas City, MO 64112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Media		Description Adertising		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/08/2021		<b>5</b> Payee name AxMedia			
<b>6</b> Amount (\$) 46,625.00		<b>7</b> Payee address; City; State; Zip Code 800 W. 47th Street Ste. 200. Kansas City, MO 64112			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Media		<b>(b)</b> Description Advertising		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/15/2021		Payee name AxMedia			
Amount (\$) 17,664.00		Payee address; City; State; Zip Code 800 W. 47th Street Ste. 200. Kansas City, MO 64112			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Media		Description Advertising		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/21/2021		Payee name Iron Egg			
Amount (\$) 125.00		Payee address; City; State; Zip Code 1001 Congress Ave, Suite100 Austin TX 78701			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Website		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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