

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

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

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Gyna M
Rivera

OFFICE USE ONLY

Date Received

RECEIVED

MAY - 3 2013

CITY OF FORT WORTH
CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ change of address

5913 McKaskle Dr
F.W. TX 76115

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 446-7454

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Chester Luckett
Luckett

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6617 Beatty
Fort Worth TX 76112

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 996-5825

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 \$500
limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

4 / 1 / 13

5 / 2 / 13

11 ELECTION

Month

ELECTION DATE
Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

5 / 11 / 13

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council
District 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL☒ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 95

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 21,500

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 35,129.36

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Gyna Buene, this the 10th day of May, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/8/13	5 Full name of contributor ☐ out-of-state PAC (ID#: Rosa Navejar 6 Contributor address: City: State: Zip Code 7840 Lake Meredith Way Ft TX 76137	7 Amount of contribution (\$) 50 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Rios Group		10 Employer (See Instructions) President	
Date 4/1/13	Full name of contributor ☐ out-of-state PAC (ID#: General or Elaine Berry Contributor address: City: State: Zip Code 103 N. Wilbourn Dallas TX 75208	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Magazine Publisher		Employer (See Instructions) Dartmouth	
Date 4/13/13	Full name of contributor ☐ out-of-state PAC (ID#: Rosie M. Williams Contributor address: City: State: Zip Code 5136 Anderson Ft TX 76105	Amount of contribution (\$) 25 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Day Case		Employer (See Instructions) Self	
Date 4/13/13	Full name of contributor ☐ out-of-state PAC (ID#: Maryellen Whitlock Hicks Contributor address: City: State: Zip Code P.O. Box 19165 Ft Worth TX 76115	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)	
Date 4/13/13	Full name of contributor ☐ out-of-state PAC (ID#: Emma Walker Contributor address: City: State: Zip Code 2700 Greenbrook Austin TX 78706	Amount of contribution (\$) \$100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/13	5 Full name of contributor ☐ out-of-state PAC (ID#: Cante for Public Safety Ft. Worth Police Officers Association 6 Contributor address; City; State; Zip Code 904 Culver S. F.W. TX 76102	7 Amount of contribution (\$) 20,000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 4/13/13	Full name of contributor ☐ out-of-state PAC (ID#: Carolyn Connor Contributor address; City; State; Zip Code 12309 Belafonte Dr. DALLAS TX 75243	Amount of contribution (\$) 2000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 4/16/13	Full name of contributor ☐ out-of-state PAC (ID#: Terry Grisham Contributor address; City; State; Zip Code PO Box 1892 F.W. TX 76101	Amount of contribution (\$) 10000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) SPOKESPERSON Administrator		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Tarrant County Sheriff's Dept			
Date 4/28/13	Full name of contributor ☐ out-of-state PAC (ID#: Earl King Contributor address; City; State; Zip Code 3425 Woodridge F TX 76140	Amount of contribution (\$) 2000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Minister		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 4/25/13	Full name of contributor ☐ out-of-state PAC (ID#: Freese & Nichols PAC Contributor address; City; State; Zip Code 4005 Internat'l Plaza, Ste 200 Fort Worth TX 76109	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Political Action Committee		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/1/13	5 Full name of contributor ☐ out-of-state PAC (ID#: DAVID L. RAGAN 6 Contributor address; City; State; Zip Code 7501 Bridges Ft TX 76112	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Realtor		10 Employer (See Instructions) Self	
Date 5/1/13	Full name of contributor ☐ out-of-state PAC (ID#: Joyce Lynn Johnson Contributor address; City; State; Zip Code 521 Missionary Rd Desoto, TX 75115	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self	
Date 4/28/13	Full name of contributor ☐ out-of-state PAC (ID#: Torchy White Contributor address; City; State; Zip Code 1812 Birch Dr Ft TX 76112	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Sub. Teacher		Employer (See Instructions) Fulton	
Date 4/14/13	Full name of contributor ☐ out-of-state PAC (ID#: Eugene Hutter Contributor address; City; State; Zip Code 1400 Country Ridge Ft TX 76112	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	
Date 4/20/13	Full name of contributor ☐ out-of-state PAC (ID#: Michelle McGregor Contributor address; City; State; Zip Code 920 High Woods Tr Ft TX 76112	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bell Helicopters	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/29/13	5 Payee name Vista Print Websites
6 Amount (\$) 29.98 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421-7942

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 4/6/13	Payee name Home Depot
Amount (\$) 29.08 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1717 Bridgewood Ft Worth TX 76112

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date /	Payee name
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/8/13		5 Payee name Kwik Kopy			
6 Amount (\$) 135.31 ☐ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1850 Handley F.W. TX 76112			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Flyers	
Date 4-6-13		Payee name Lowes			
Amount (\$) 30.25 ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1111 EASTCHASE F.W. TX 76120			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Supplies for install	
Date 4/24/13		Payee name Kwik Kopy			
Amount (\$) 325.71 ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1850 Handley F.W. TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Flyers	
Date		Payee name			
Amount (\$) ☐ Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/6/13	5 Payee name Home Depot
6 Amount (\$) 22.23 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1717 Bridgewood F.W. TX 76112

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
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Date 4-12-13	Payee name PG Sales
Amount (\$) 912.60 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5512 Mitchelldale Houston TX 77092

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Yard Signs
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Date	Payee name Home Depot
Amount (\$) 198.66 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1717 Bridgewood Supplies

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Supplies	Description (If travel outside of Texas, complete Schedule T) Banner hanging equipment
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Date 4/11/13	Payee name Dunkin' Donuts
Amount (\$) 80.00 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5700 Ramey FW TX 76105

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name
4-23-13 Clear Channel

6 Amount (\$) 7 Payee address; City; State; Zip Code
447 3700 E Ransau Mill
Arlington TX 76011
☐ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
Advertising Billboards

Date Payee name
4-22 P6-Sales

Amount (\$) Payee address; City; State; Zip Code
879.54 5512 Mitchendale
Houston TX 77092
☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
Advertising Yard & Large Signs

Date Payee name

Amount (\$) Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-11-13		5 Payee name Political Advisors			
6 Amount (\$) 16,866 ⁷⁹		7 Payee address; City; State; Zip Code 815-A Brazos Street, Ste. 304 Austin TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising, Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Mailings, Canvassing, Consultants	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-5-13		Payee name Lone Star Graphics			
Amount (\$) 220 ⁰⁰		Payee address; City; State; Zip Code 1716 S. Mann Street Ft. TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Campaign Tee-shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-12-13		Payee name Install Connect			
Amount (\$) 600		Payee address; City; State; Zip Code 2401 S. EMMA #304 Dallas TX 75215			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Sign installed	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-17-13		Payee name Kelly Graphics			
Amount (\$) 587.13		Payee address; City; State; Zip Code 1409 Quaker Ridge Austin TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Design & Rep	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-23-13		5 Payee name Political Advisors			
6 Amount (\$) 4735.00		7 Payee address; City; State; Zip Code 815-A BRAZOS Austin TX 78704 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Mobile Canvassing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-25-13		Payee name Political Advisors			
Amount (\$) 5470.00		Payee address; City; State; Zip Code 815-A BRAZOS Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Print, Design, Mailing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-29-13		Payee name Political Advisors			
Amount (\$) 3540.00		Payee address; City; State; Zip Code 815-A BRAZOS Austin TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Canvassing, calls	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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