

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:

47 ⁴⁸ _{un}

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

William

B.

NICKNAME

LAST

SUFFIX

"Brian"

Byrd

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 33767

Fort Worth, TX 76162

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682)

667 - 8081

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Robert

E.

NICKNAME

LAST

SUFFIX

"Rob"

Opitz

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

3200 Riverfront Drive, Suite 200

Fort Worth, TX 76107

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 \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07 / 01 / 2018

THROUGH

Month

Day

Year

12 / 31 / 2018

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2019

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Fort Worth City Council, District 3

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME William B. Byrd

15 Filer ID (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

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

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

\$ 0.00

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

\$ 58,600.00

**EXPENDITURE
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 7,830.33

**CONTRIBUTION
BALANCE**

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

\$ 94,745.27

**OUTSTANDING
LOAN TOTALS**

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

\$ 150.00

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian Byrd, this the 15 day of January, 20 19, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Stephanie Mills
Printed name of officer administering oath

Notary
Title of officer administering oath

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

William B. 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	\$ 58,600.00
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	\$ 150.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,830.33
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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

08/30/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Steven Greig

6 Contributor address; City; State; Zip Code

2902 Rivergrove Ct., Fort Worth, TX 76116

7 Amount of contribution (\$)

1,000

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/07/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Dabney

Contributor address; City; State; Zip Code

4340 Winding Way, Benbrook, TX 76126

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eduardo Castillo

Contributor address; City; State; Zip Code

5101 Turtle Creek Court, Fort Worth, TX 76116

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Janice Knebl

Contributor address; City; State; Zip Code

5725 Medinah Drive, Fort Worth TX 76132

Amount of contribution (\$)

500

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/10/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Richard Roark

7 Amount of contribution (\$)

25

6 Contributor address;

City; State; Zip Code

6209 Kenwick Avenue, Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gail Tidwell

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

11712 Wind Creek Court, Fort Worth, TX 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stacey Jandrucko

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

617 Westwood Avenue, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Janice Fersing

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

3800 Trailwood Lane, Fort Worth, TX 76109

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/10/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

G. Malcolm Louden

6 Contributor address; City; State; Zip Code

500 W. 7th Street, Unit #27 Suite 1007, Fort Worth, TX 76102

7 Amount of contribution (\$)

5,000

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jerrell Miller

Contributor address; City; State; Zip Code

6300 Ridglea Place, Suite 1007, Fort Worth, TX 76116

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Martha Leonard

Contributor address; City; State; Zip Code

1411 Shady Oaks Lane, Fort Worth, TX 76107

Amount of contribution (\$)

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Benda

Contributor address; City; State; Zip Code

608 Paint Pony Trail N, Fort Worth, TX 76108

Amount of contribution (\$)

500

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/10/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Judy Needham

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

6341 Klamath Road, Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anthony Creme

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

5160 Peach Willow Lane

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dennis Opitz

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

3949 Stonehenge Road, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anthony Lee

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

3516 Ranch View Terrace, Fort Worth, TX 76109

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/10/18

5 Full name of contributor

Jeff Prostok

☐ out-of-state PAC (ID#: _____)**6** Contributor address; City; State; Zip Code

777 Main Street, Suite 1290, Fort Worth, TX 76102

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/10/18

Full name of contributor

Joseph Cappel

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3801 Bellaire Circle, Fort Worth, TX 76109

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

Jeff Farmer

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5100 Cliffrose Lane, Fort Worth, TX 76109

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

Calvin Crider

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5001 Highland Meadows Drive, Fort Worth, TX 76132

Amount of contribution (\$)

250

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7/28

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/18

5 Full name of contributor

Lorna Benes

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

4205 Tamworth Road, Fort Worth, TX 76116

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/10/18

Full name of contributor

William Meadows

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

121 Rivercrest Drive, Fort Worth, TX 76107

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

Mark Moorman

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

13725 Green Elm Road, Fort Worth, TX 76008

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

Judy Strickland

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3110 Camellia Rose Drive, Unit 211, Fort Worth, TX 76116

Amount of contribution (\$)

100

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/10/18

Jerry Conatser

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

6716 Saint Andrews Road, Fort Worth, TX 76132

7 Amount of contribution (\$)

2,500

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/10/18

Full name of contributor

Thomas Deas, Jr

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

PO Box 16280, Fort Worth, TX 76162

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

Jerry Daniel

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4304 Tamworth Road, Fort Worth, TX 76116

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/18

Full name of contributor

J. David Tracy

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2734 Colonial Parkway, Fort Worth, TX 76109

Amount of contribution (\$)

100

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9/28

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/18

5 Full name of contributor

David Watts

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250

6 Contributor address; City; State; Zip Code

6004 Laural Valley Court, Fort Worth, TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/11/18

Full name of contributor

Brett Austin

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

501 Wood Lake Rd., Aledo, TX 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/18

Full name of contributor

Mary Smith

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25

Contributor address; City; State; Zip Code

5500 Timber Green Dr. Fort Worth, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/18

Full name of contributor

Melissa Mitchell & Michael Bennett

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

2429 Rogers Ave, Fort Worth, TX 76109

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10/28

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

09/12/18

5 Full name of contributor

Louise Appleman

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

3855 Bellaire Ct., Fort Worth, TX

76109

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/14/18

Full name of contributor

Daryn Eudaly

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2003 Caspian Ln., Colleyville, TX 76034

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/18

Full name of contributor

Thomas & Mae Jones

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

F11809 Blue Creek Dr. Fort Worth, TX 76008

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/17/18

Full name of contributor

John Burke

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

4484 Rawleigh Dr. Benbrook, TX 76126

Amount of contribution (\$)

1,000

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/18/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Terry Montesi

6 Contributor address; City; State; Zip Code

1701 River Run, Suite 500, Fort Worth, TX 76107

7 Amount of contribution (\$)

1,000

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

R. Denny Alexander

Contributor address; City; State; Zip Code

4200 S. Hulen Street, Suite 617, Fort Worth, TX 76109

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melody Johnson

Contributor address; City; State; Zip Code

2709 Manorwood Trail, Fort Worth, TX 76109

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mae Ferguson

Contributor address; City; State; Zip Code

908 Monroe Street, Fort Worth, TX 76102

Amount of contribution (\$)

100

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12/28

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

09/18/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linebarger Goggan Blairl & Sampson, LLP

6 Contributor address; City; State; Zip Code

PO Box 17428, Austin, TX 76760

7 Amount of contribution (\$)

2,500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shield Engineering Group, PLLC

Contributor address; City; State; Zip Code

PO Box 470636, Fort Worth, TX 76147

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Dannenbaum

Contributor address; City; State; Zip Code

3908 Del Monte Drive, Houston, TX 77019

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brad Gorrondona

Contributor address; City; State; Zip Code

108 Enchanted Court N, Burleson, TX 76028

Amount of contribution (\$)

500

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/18/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Rosa Navejar

7 Amount of contribution (\$)

250

6 Contributor address; City; State; Zip Code

2701 Calder Court, Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Dewar

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2932 Owenwood Drive, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dana Shumard

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

317 Parkview Drive, Hurst, TX 76053

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carl Krogness

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

3721 Arroyo Road, Fort Worth, TX 76109

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14/28

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

09/18/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rone Engineering Services

Contributor address; City; State; Zip Code

8908 Ambassador Row, Dallas, TX 75247

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Political Action Committee of Pacheco Koch

Contributor address; City; State; Zip Code

7557 Rambler Road, Suite 1400, Dallas, TX 75231

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mickey Nowell

Contributor address; City; State; Zip Code

7316 Madeira Drive, Fort Worth, TX 76116

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/20/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Keith Thompson

Contributor address; City; State; Zip Code

6755 Ridgmar Boulevard, Fort Worth, TX 76116

Amount of contribution (\$)

100

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/24/18

5 Full name of contributor

Elizabeth McCurdy

☐ out-of-state PAC (ID#: _____)**6** Contributor address; City; State; Zip Code

6813 Lahontan Drive, Fort Worth, TX 76132

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/24/18

Full name of contributor

Janet Kraftson

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6901 Vist Ridge Court, Fort Worth, TX 76132

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/18

Full name of contributor

Reed Pigman, Jr

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

200 Texas Way, Fort Worth, TX 76106

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/18

Full name of contributor

Go Sports Complex (Trevor Armstrong)

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2600 Alemeda Street, Fort Worth, TX 76108

Amount of contribution (\$)

100

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 16/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/24/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Robert Chiang

6 Contributor address; City; State; Zip Code

6440 Monarch Hills Drive, Fort Worth, TX 76132

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cooper Collins

Contributor address; City; State; Zip Code

6462 Sumac Road, Fort Worth, TX 76116

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Bucher

Contributor address; City; State; Zip Code

4344 Whitfield Avenue, Fort Worth, TX 76109

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nathan McGrew

Contributor address; City; State; Zip Code

4900 Westridge Avenue, Apt 2, Fort Worth, TX 76116

Amount of contribution (\$)

100

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/24/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

John Maddux

6 Contributor address; City; State; Zip Code

2120 Ridgmar Boulevard, Fort Worth, TX 76116

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

09/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Debra Carney

Contributor address; City; State; Zip Code

4317 Miraloma Drive, Fort Worth, TX 76126

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Fort Capital, LP

Contributor address; City; State; Zip Code

105 Nursery Lane, Fort Worth, TX 76114

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bob Galvan

Contributor address; City; State; Zip Code

11601 Wind Creek Court, Aledo, TX 76008

Amount of contribution (\$)

100

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 18/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

09/26/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

George Faris

6 Contributor address; City; State; Zip Code

6650 Trinity Heights Boulevard, Fort Worth, TX 76132

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/07/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

F. Howard Walsh, III

Contributor address; City; State; Zip Code

500 W. 7th Street, Suite 1007, Fort Worth, TX 76102

Amount of contribution (\$)

5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JD Johnson Campaign

Contributor address; City; State; Zip Code

PO Box 136021

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Harold Muckleroy

Contributor address; City; State; Zip Code

3455 Ranch View Court, Fort Worth, TX 76109

Amount of contribution (\$)

250

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19/28

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/18

5 Full name of contributor

Beverly Bettis

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

11 Bounty Road E, Fort Worth, TX 76132

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/07/18

Full name of contributor

Richard Bender

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

6613 Crooked Stick Drive, Fort Worth, TX 76132

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/18

Full name of contributor

Freese & Nichols PAC

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4055 International Plaza, Suite 200, Fort Worth, TX 76109

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/18

Full name of contributor

Raj Gandhi

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

PO Box 33937, Fort Worth, TX 76162

Amount of contribution (\$)

1,000

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 20/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/07/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Patrick Powers, Jr.

7 Amount of contribution (\$)

250

6 Contributor address; City; State; Zip Code

PO Box 100758, Fort Worth, TX 76158

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/07/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kay Granger Campaign

Amount of contribution (\$)

5,000

Contributor address; City; State; Zip Code

1701 River Run, Suite 308, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

H. R. Perot, Jr

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

3000 Turtle Creek Boulevard, Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/09/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Ewin

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1816 Westover Square, Fort Worth, TX 76107

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 21/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/10/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

David Petit

Contributor address; City; State; Zip Code

306 West 7th Fort Worth, TX 76102

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

R.E. Palm

Contributor address; City; State; Zip Code

3025 Bellaire Ranch Road Fort Worth, TX 76109

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lamar Smith

Contributor address; City; State; Zip Code

1814 Westover Square Fort Worth, TX 76107

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Byron Benard

Contributor address; City; State; Zip Code

1363 Roaring Springs Road Fort Worth, TX 76114

Amount of contribution (\$)

500

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 22/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/15/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Nancy Nunnallee Davis

6 Contributor address; City; State; Zip Code

4216 Hildring Drive E. Fort Worth, TX 76109

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Groomer

Contributor address; City; State; Zip Code

6324 Skylark Fort Worth, TX 76180

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tom Locke

Contributor address; City; State; Zip Code

3800 Ben Creek Ct. Aledo, TX 76008

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Roark

Contributor address; City; State; Zip Code

6209 Kenwick Ave. Fort Worth, TX 76116

Amount of contribution (\$)

25

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 23/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/15/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Shirley Wells

6 Contributor address; City; State; Zip Code

4716 Oak Trail Fort Worth, TX 76109

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stephen Tatum

Contributor address; City; State; Zip Code

600 West 6th St., Ste. 300 Fort Worth, TX 76102

Amount of contribution (\$)

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Fred Rohm

Contributor address; City; State; Zip Code

5013 Daylily Ct. Fort Worth, TX 76123

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Pope

Contributor address; City; State; Zip Code

6958 Miramar Circle Fort Worth, TX 76126

Amount of contribution (\$)

500

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 24/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/20/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Micha Scharchburg

6 Contributor address; City; State; Zip Code

3425 Kelvin Ave. Fort Worth, TX 76133

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/22/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Verne Garrison

Contributor address; City; State; Zip Code

6717 S Meadows West Drive Fort Worth, TX 76132

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Cappel

Contributor address; City; State; Zip Code

3801 Bellaire Circl Fort Worth, TX 76109

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nathan McGrew

Contributor address; City; State; Zip Code

4900 Westridge Ave. Apt. 2 Fort Worth, TX 76116

Amount of contribution (\$)

100

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/24/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Travis Clegg

6 Contributor address; City; State; Zip Code

4020 Volk Court Keller, TX 76244

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Beverly Bielss

Contributor address; City; State; Zip Code

3725 Shelby Drive Fort Worth, TX 76109

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Raylene Latta

Contributor address; City; State; Zip Code

5017 River Buff Drive Fort Worth, TX 76132

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Byrd

Contributor address; City; State; Zip Code

3701 Ridglea Country Club Drive Fort Worth, TX 76107

Amount of contribution (\$)

250

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 26/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/24/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Eddie Lesok

6 Contributor address; City; State; Zip Code

4900 Westridge Ave. #1 Fort Worth, TX 76116

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Haydn Cutler, Jr.

Contributor address; City; State; Zip Code

3825 Camp Bowie Blvd. Fort Worth, TX 76107

Amount of contribution (\$)

2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Olivia Eudaly

Contributor address; City; State; Zip Code

PO Box 1726 Colleyville, TX 76034

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tim Fleet

Contributor address; City; State; Zip Code

3045 Lackland Road Fort Worth, TX 76116

Amount of contribution (\$)

5,000

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 27/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/24/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Gloria Hutchinson

6 Contributor address; City; State; Zip Code

6321 Calmont Ave. Fort Worth, TX 76116

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kathryn Lattimore-Norris

Contributor address; City; State; Zip Code

4133 Hallow Creek Court Aledo, TX 76008

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Stolarzyk

Contributor address; City; State; Zip Code

3470 Riverston Ct. #1531 Fort Worth, 76116

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Graham Norris

Contributor address; City; State; Zip Code

4109 Ridglea Country Club Drive Fort Worth, TX 76126

Amount of contribution (\$)

25

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 28/28**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

10/28/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Kenneth Barr

Contributor address; City; State; Zip Code

3101 Avondale Ave. Fort Worth, TX 76109

7 Amount of contribution (\$)

150

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/28/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leo Wagemer

Contributor address; City; State; Zip Code

4736 Trail Bend Circle Fort Worth, TX 76109

Amount of contribution (\$)

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Nethery

Contributor address; City; State; Zip Code

6551 Harris Parkway #200 Fort Worth, TX 76132

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Harrington

Contributor address; City; State; Zip Code

3117 Overton Park Drive East Fort Worth, TX 76109

Amount of contribution (\$)

500

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$ 150.00

5 Date of loan

10/3/17

7 Name of lender☐ out-of-state PAC (ID#: _____)

William B. Byrd

9 Loan Amount (\$)

150.00

6 Is lender
a financial
institution?Y ☒ N**8** Lender address;

City; State; Zip Code

P.O. Box 33767

Fort Worth, TX 76162

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political
account (See Instructions)☒**16** GUARANTOR
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City; State; Zip Code

☒ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ 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

☒ noneCheck if personal funds were deposited into political
account (See Instructions)☒GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

☒ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 1/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 7/2/18		5 Payee name Google Services Applications			
6 Amount (\$) 15.99		7 Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing App Monthly Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/5/18		Payee name Nation Builder			
Amount (\$) 59.00		Payee address; City; State; Zip Code 520 Grand Ave. Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/11/18		Payee name Texas Planning			
Amount (\$) 25.00		Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Planning Workshop	
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

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.

1 Total pages Schedule F1: 2/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 7/16/18		5 Payee name Iron Egg			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/18/18		Payee name Harbuck Charity			
Amount (\$) 150.00		Payee address; City; State; Zip Code 520 S Grand Avenue Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/2/18		Payee name Google Services Applications			
Amount (\$) 15.99		Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Application Monthly Fee	
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

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.

1 Total pages Schedule F1: 3/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 8/6/18		5 Payee name Nation Builder			
6 Amount (\$) 59.00		7 Payee address; City; State; Zip Code 520 Grand Ave. Los Angeles, CA 90071			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/16/18		Payee name Iron Egg			
Amount (\$) 50.00		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 Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/16/18		Payee name USPS			
Amount (\$) 113.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 4/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 8/27/18		5 Payee name Staples			
6 Amount (\$) 282.46		7 Payee address; City; State; Zip Code 1660 S University Dr Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/27/18		Payee name Wishlist Direct			
Amount (\$) 687.39		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/28/18		Payee name Iron Egg			
Amount (\$) 341.50		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 Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 5/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/18		5 Payee name JD Johnson			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 6713 Telephone Road, Suite 301 Fort Worth, TX 76135			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/4/18		Payee name Google Services Applications			
Amount (\$) 15.99		Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Application Monthly Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/5/18		Payee name Nation Builder			
Amount (\$) 59.00		Payee address; City; State; Zip Code 520 Grand Ave. Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 6/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 9/13/18		5 Payee name Event Helper			
6 Amount (\$) 104.30		7 Payee address; City; State; Zip Code 1020 McCourtney Road Grass Valley, CA 95949			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/17/18		Payee name Iron Egg			
Amount (\$) 50.00		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 Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/1/18		Payee name Google Services Applications			
Amount (\$) 15.99		Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Application Monthly Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 7/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 10/2/18		5 Payee name Authnet Gateway			
6 Amount (\$) 45.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/2/18		Payee name CyberSource			
Amount (\$) 0.30		Payee address; City; State; Zip Code PO Box 8999 San Francisco, CA 94128			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/4/18		Payee name OTT Advertising			
Amount (\$) 139.84		Payee address; City; State; Zip Code 3205 Lamesa Place Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 8/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 10/5/18		5 Payee name Nation Builder			
6 Amount (\$) 59.00		7 Payee address; City; State; Zip Code 520 Grand Ave. Los Angeles, CA 90071			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/9/18		Payee name Wishlist Direct			
Amount (\$) 860.78		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/18		Payee name Iron Egg			
Amount (\$) 50.00		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 Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 9/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 10/24/18		5 Payee name Servers			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Server Tips	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 10/25/18		Payee name Spec's Wines Spirits and Finer Foods			
Amount (\$) 726.19		Payee address; City; State; Zip Code 2750 S Hulen Street Fort Worth, Tx 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks for Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 10/26/18		Payee name Taylor Rental			
Amount (\$) 136.40		Payee address; City; State; Zip Code 220 University Drive Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tables and Chairs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 10/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 10/26/18		5 Payee name Trader Joe's			
6 Amount (\$) 112.40		7 Payee address; City; State; Zip Code 2701 S Hulen Street Fort Worth, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for Event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/26/18		Payee name Office Depot			
Amount (\$) 36.47		Payee address; City; State; Zip Code 520 Grand Ave. Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description Supplies <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 10/31/18		Payee name Intuit, Inc.			
Amount (\$) 1,120.00		Payee address; City; State; Zip Code 2700 Coast Ave. Mountain View, CA 94043			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Event		Description Food Expense <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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 11/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 11/2/18		5 Payee name Google Services Applications			
6 Amount (\$) 15.99		7 Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Application Monthly Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/5/18		Payee name Nation Builder			
Amount (\$) 59.00		Payee address; City; State; Zip Code 520 S Grand Avenue Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/16/18		Payee name Iron Egg			
Amount (\$) 50.00		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 Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 12/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 11/16/18		5 Payee name USPS			
6 Amount (\$) 113.00		7 Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description Postage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/1/18		Payee name Trey Sprinkle Creative Consulting			
Amount (\$) 537.50		Payee address; City; State; Zip Code 3300 Lawnwood Street Fort Worth, TX 76111			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) 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		Candidate / Officeholder name		Office sought Office held	
Date 11/2/18		Payee name Authnet Gateway			
Amount (\$) 25.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Transaction Fees <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

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.

1 Total pages Schedule F1: 13/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 11/3/18		5 Payee name CyberSource			
6 Amount (\$) 3.00		7 Payee address; City; State; Zip Code PO Box 8999 San Francisco, CA 94128			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/2/18		Payee name Google Services Applications			
Amount (\$) 15.99		Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Application Monthly Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/2/18		Payee name Nation Builder			
Amount (\$) 59.00		Payee address; City; State; Zip Code 520 S Grand Avenue Los Angles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 14/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 12/17/18		5 Payee name Iron Egg			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Design <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/3/18		Payee name CF Events			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Facility 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		Candidate / Officeholder name		Office sought	
Date 12/4/18		Payee name Authnet Gateway			
Amount (\$) 25.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		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		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 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.

1 Total pages Schedule F1: 15/15		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 12/4/18		5 Payee name CyberSource			
6 Amount (\$) 0.30		7 Payee address; City; State; Zip Code PO Box 8999 San Francisco, CA 94128			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/4/18		Payee name CyberSource			
Amount (\$) 195.56		Payee address; City; State; Zip Code PO Box 8999 San Francisco, CA 94128			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee	
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 <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	

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