

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 Filer ID (Ethics Commission Filers)	2 Total pages filed: 48	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI B.	OFFICE USE ONLY
	NICKNAME "Brian"	LAST Byrd	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE	
	P. O. Box 33767		Fort Worth, TX 76162	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (682)	PHONE NUMBER 667 - 8081	EXTENSION	Date Received
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI E.	Date Hand-delivered or Date Postmarked
	NICKNAME "Rob"	LAST Opitz	SUFFIX	Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE	Amount \$
	3200 Riverfront Drive, Suite 200		Fort Worth, TX 76107	Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 332 - 2301	EXTENSION	Date Imaged
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 07	Day 01	Year 2017	THROUGH
	Month 12	Day 31	Year 2017	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month 05	Day 06	Year 2017	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

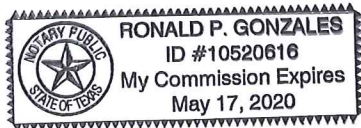
COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 60,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,857.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 52,345.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15.00

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William Byrd, this the 16th day of January, 20 18, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Ronald P. Gonzales Notary
Signature of officer administering oath Printed name of officer administering oath 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	\$ 60,550.00
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	\$ 15.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,857.45
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: 1/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 7/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Q PAC 6 Contributor address; City; State; Zip Code 301 Commerce Street Fort Worth, TX 76102	7 Amount of contribution (\$) 1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Real Estate Council PAC Contributor address; City; State; Zip Code 777 Main Street Fort Worth, TX 76109	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Byrd Contributor address; City; State; Zip Code 3701 Ridglea Country Club Drive Fort Worth, TX 76116	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judie Byrd Contributor address; City; State; Zip Code 3701 Ridglea Country Club Drive Fort Worth, TX 76116	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: 2/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/17

5 Full name of contributor

Ruth Nethery

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

3860 Bellaire Circle Fort Worth, TX 76109

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/17

Full name of contributor

Calvin Crider

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5001 Highland Meadow Drive Fort Worth, TX 76132

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/17

Full name of contributor

Richard Roark

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6209 Kenwick Avenue Fort Worth, TX 76116

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/17

Full name of contributor

Susan Mrrin Pritchett

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

450 FM 2871 Fort Worth, TX 76126

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: 3/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Havener 6 Contributor address; City; State; Zip Code P.O. Box 121969 Fort Worth, TX 76121	7 Amount of contribution (\$) 1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Woodard Contributor address; City; State; Zip Code 1300 S University Drive, Ste 600 Fort Worth, TX 76107	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Virginia Smith Contributor address; City; State; Zip Code 5500 Timber Green Drive Fort Worth, TX 76016	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raylene Latta Contributor address; City; State; Zip Code 5017 River Bluff Drive Fort Worth, TX 76132	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/31

2 FILER NAME
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date
8/19/17

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
6801 River Park Circle Fort Worth, TX 76116

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Gary Fickes Campaign

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4704 Cabernet Circle Fort Worth, TX 76034

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Olivia Eudaly

Amount of contribution (\$)

Contributor address; City; State; Zip Code
P.O. Box 1726 Colleyville, TX 76034

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/19/17

Full name of contributor out-of-state PAC (ID#: _____)
Jerry Conatser

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6716 Saint Andrews Road Fort Worth, TX 76132

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: 5/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Wyatt <hr/> 6 Contributor address; City; State; Zip Code 6716 River Bend Road Fort Worth, TX 76132	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Allen <hr/> Contributor address; City; State; Zip Code 7302 Tidal Trace Fort Worth, TX 76016	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer and Nails Club <hr/> Contributor address; City; State; Zip Code 100 E 15th Street Fort Worth, TX 76102	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Granger Campaign Fund <hr/> Contributor address; City; State; Zip Code 1701 River Run, Ste 1010 Fort Worth, TX 76107	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: 6/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

8/24/17

5 Full name of contributor

David Parker

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250

6 Contributor address;

City; State; Zip Code

6212 Cruzon Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/25/17

Full name of contributor

John V. Roach II

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

2805 Alton Road Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/25/17

Full name of contributor

Kenneth Barr

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

3101 Avondale Avenue Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/25/17

Full name of contributor

Chris Gavras

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

1301 Throckmorton #2105 Fort Worth, TX 76102

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: 7/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Gray 6 Contributor address; City; State; Zip Code 3508 Elm Creek Court Fort Worth, TX 76109	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett Austin Contributor address; City; State; Zip Code 501 Wood Lake Road Aledo, TX 76008	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Virginia Cochran Contributor address; City; State; Zip Code 4000 Hartwood Drive Fort Worth, TX 76109	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Ullmann Contributor address; City; State; Zip Code 6513 Saucon Valley Drive Fort Worth, TX 76132	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: 8/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/17

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

Freese & Nichols PAC

6 Contributor address; City; State; Zip Code

4055 International Plaza, Ste 200 Fort Worth, TX 76109

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/28/17

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

Mike Groomer

Contributor address; City; State; Zip Code

6324 Skylark Circle Fort Worth, TX 76180

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/17

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

R. Denny Alexander

Contributor address; City; State; Zip Code

4200 S Hulen Street, Ste 617 Fort Worth, TX 76109

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/17

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

Mike & Rosie Moncrief

Contributor address; City; State; Zip Code

777 Taylor Street, Ste 1030 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: 9/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 8/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassco Management Company LLC 6 Contributor address; City; State; Zip Code 4200 S Hulen Street, ste 614 Fort Worth, TX 76109	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/28/17	Full name of contributor <input type="checkbox"/> 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 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila & Walter Owen Contributor address; City; State; Zip Code 3709 Mockingbird Lane Fort Worth, TX 76109	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/29/17	Full name of contributor <input type="checkbox"/> 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 (\$) 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: 10/31

2 FILER NAME
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date
8/29/17

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
306 W 7th Street, Ste 1025 Fort Worth, TX 76102

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/31/17

Full name of contributor out-of-state PAC (ID#: _____)
Melissa Mitchell & Michael Bennett

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2429 Rogers Avenue Fort Worth, TX 76109

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/31/17

Full name of contributor out-of-state PAC (ID#: _____)
Jerry Conatser

Amount of contribution (\$)

Contributor address; City; State; Zip Code

6716 Saint Andrews Road Fort Worth, TX 76132

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/31/17

Full name of contributor out-of-state PAC (ID#: _____)
Travis Clegg

Amount of contribution (\$)

Contributor address; City; State; Zip Code

9800 Hillwood Parkway, Ste 250 Fort Worth, TX 76177

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: 11/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 8/31/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monty Trimble 6 Contributor address; City; State; Zip Code 2857 Manorwood Trail Fort Worth, TX 76109	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael-Austin Reilly Contributor address; City; State; Zip Code 1017 South FM Road 5 Aledo, TX 76008	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Lesok Contributor address; City; State; Zip Code 4900 Westridge Avenue, #1 Fort Worth, TX 76116	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy Price Campaign Contributor address; City; State; Zip Code P.O. Box 100066 Fort Worth, TX 76116	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: 12/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

8/31/17

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

Wayne Osborne

6 Contributor address; City; State; Zip Code

8433 Arroyo Lane Fort Worth, TX 76126

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/17

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

G. Malcolm Louden

Contributor address; City; State; Zip Code

500 W 7th Street #27, Ste 1007 Fort Worth, TX 76102

Amount of contribution (\$)

5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/17

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

Stacey Jandrucko

Contributor address; City; State; Zip Code

617 Westwood Avenue Fort Worth, TX 76107

Amount of contribution (\$)

2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/17

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

Judy Needham

Contributor address; City; State; Zip Code

6341 Klamath Road 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: 13/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 8/31/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan, Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code 100 Throckmorton, #300 Fort Worth, TX 76102	7 Amount of contribution (\$) 2,500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/2/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Barber Contributor address; City; State; Zip Code 6913 Camino Court Fort Worth, TX 76109	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy Fleet Contributor address; City; State; Zip Code 3045 Lackland Road Fort Worth, TX 76116	Amount of contribution (\$) 2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Bettis Contributor address; City; State; Zip Code 11 Bounty Road E Benbrook, TX 76132	Amount of contribution (\$) 300
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: 14/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/17

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

Cooper Collins

7 Amount of contribution (\$)

500

6 Contributor address; City; State; Zip Code

6462 Sumac Road Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/5/17

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

PMB Capital Investments C/O Taylor Baird

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

4245 Travis Street, Ste 202 Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/17

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

Phillip Shero

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

7625 Chestnut Drive North Richland Hills, TX 76182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/17

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

Jim Tidwell

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

11712 Wind Creek Court Aledo, TX 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

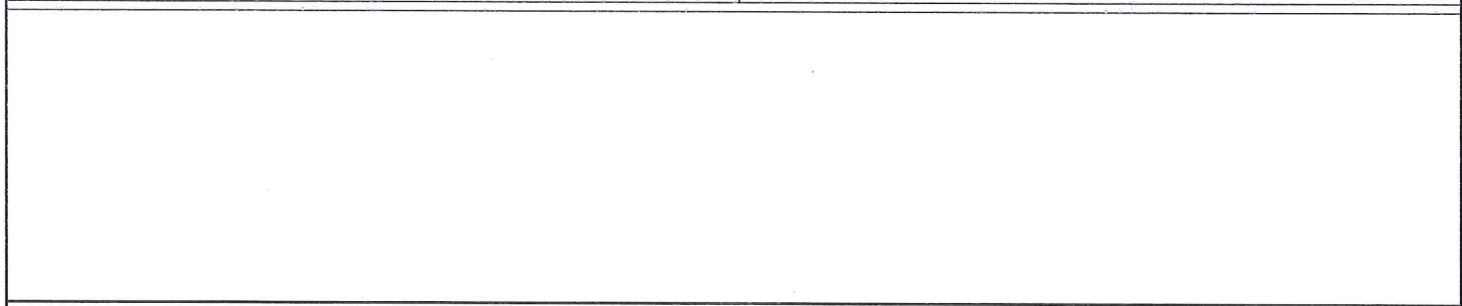
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 15/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Norton 6 Contributor address; City; State; Zip Code 4709 Edenwood Drive Fort Worth, TX 76123	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Powell Contributor address; City; State; Zip Code 13813 Riviera Drive Burleson, TX 76028	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Deas Contributor address; City; State; Zip Code 6912 Desert Highlands Drive Fort Worth, TX 76132	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Fersing Contributor address; City; State; Zip Code 3800 Trailwood Lane Fort Worth, TX 76109	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 16/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/17

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

Joanna Crain

6 Contributor address; City; State; Zip Code

4450 Oak Park Lane, # 100427 Fort Worth, TX 76109

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/26/17

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

Terry Montesi

Contributor address; City; State; Zip Code

1701 River Run, Ste 500 Fort Worth, TX 76107

Amount of contribution (\$)

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

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

Jason Ray

Contributor address; City; State; Zip Code

2703 Pin Oak Lane Arlington, TX 76012

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/17

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

Becky Young

Contributor address; City; State; Zip Code

12033 Yarmouth Lane Fort Worth, TX 76108

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 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: 17/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/17

5 Full name of contributor

Linda Pavlik

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

1600 Texas Street, Apt 3P204 Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/13/17

Full name of contributor

Martha Leonard

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

1411 Shady Oaks Lane Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/17

Full name of contributor

Bell Helicopter PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

P.O. Box 482 Fort Worth, TX 76101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/17

Full name of contributor

Gib Lewis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

2300 Race Street Fort Worth, TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 18/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/17

5 Full name of contributor

Melinda Vance

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

3901 Mockingbird Lane Fort Worth, TX 76109

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/20/17

Full name of contributor

Harold Muckleroy

out-of-state PAC (ID#: _____)

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)

Date

9/20/17

Full name of contributor

Betty Chapman

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2705 Hartwood Drive Fort Worth, TX 76109

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/17

Full name of contributor

Jarod Cox

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6809 Dwight Street Fort Worth, TX 76110

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 19/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Watts 6 Contributor address; City; State; Zip Code 6004 Laurel Valley Court Fort Worth, TX 76132	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Spano Contributor address; City; State; Zip Code 10709 Lipan Trail Fort Worth, TX 76108	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Creme Contributor address; City; State; Zip Code 5160 Peach Willow Lane Fort Worth, TX 76109	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F. Howard Walsh, Jr. Contributor address; City; State; Zip Code 500 W 7th Street Fort Worth, TX 76102	Amount of contribution (\$) 5,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 20/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/17

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

Leo Wegemer

7 Amount of contribution (\$)

1,000

6 Contributor address; City; State; Zip Code

4824 Overton Hollow Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/26/17

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

Melissa Rogers

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

4008 Edgemoor Road Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/17

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

Jeff Prostok

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

777 Main Street, Ste 1290 Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/17

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

Shirley Wells

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

4716 Oak Trail Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 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: 21/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diego Girodano 6 Contributor address; City; State; Zip Code 712 Roaring Springs Road Fort Worth, TX 76114	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dunaway Contributor address; City; State; Zip Code 500 Alta Drive Fort Worth, TX 76107	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanie Ott Contributor address; City; State; Zip Code 3205 Lamesa Place Fort Worth, TX 76109	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JD Johnson Campaign Fund Contributor address; City; State; Zip Code P.O. Box 136021 Fort Worth, TX 76136	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 22/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/17

5 Full name of contributor

Haydn Cutler

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000

6 Contributor address; City; State; Zip Code

3825 Camp Bowie Blvd Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/26/17

Full name of contributor

David Bucher

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

4344 Whitfield Avenue Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

F. Howard Walsh III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

5,000

Contributor address; City; State; Zip Code

500 W 7th Street, Unit 27 Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/8/17

Full name of contributor

Brian Childers

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

3609 Ridglea Country Club Drive Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 23/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Association of Realtors PAC <hr/> 6 Contributor address; City; State; Zip Code 3650 Parkview Drive Fort Worth, TX 76102	7 Amount of contribution (\$) 2,500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verne Garrison <hr/> Contributor address; City; State; Zip Code 6717 S Meadows West Fort Worth, TX 76132	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooke Allen Campaign <hr/> Contributor address; City; State; Zip Code P.O. Box 17257 Fort Worth, TX 76102	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Retired Firefighters & Widows Committee for Responsible Government <hr/> Contributor address; City; State; Zip Code 1617 Tierney Road	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 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: 24/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/17

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

Randall & Elizabeth Gideon

6 Contributor address; City; State; Zip Code

2600 W 7th Street, Apt 2548 Fort Worth, TX 76107

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/17

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

Dennis Opitz

Contributor address; City; State; Zip Code

3949 Stonehenge Road Fort Worth, TX 76109

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/17

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

William Meadows

Contributor address; City; State; Zip Code

121 Rivercrest Drive Fort Worth, TX 76107

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/17

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

H.R. Perot, Jr.

Contributor address; City; State; Zip Code

3000 Turtle Creek Blvd Dallas, TX 75219

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 25/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/17

5 Full name of contributor

H.B. Baker

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

121 E Exchange Avenue Fort Worth, TX 76164

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/17

Full name of contributor

B.W. Cauble

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3860 Westcliff Road S Fort Worth, TX 76109

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/17

Full name of contributor

Scott Mahaffey

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3532 Briarhaven Fort Worth, TX 76109

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/17

Full name of contributor

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)

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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: 26/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/17

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

Donald Jury

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

436 Haltom Road Fort Worth, TX 76117

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/17

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

Joe Shannon

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4836 Overton Woods Drive Fort Worth, TX 76109

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/17

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

Rebecca Lucas

Amount of contribution (\$)

Contributor address; City; State; Zip Code

4836 Overton Woods Drive Fort Worth, TX 76109

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/17

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

Mae Ferguson

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1107 Loch Lomond Ct Fort Worth, TX 76012

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 27/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/17

5 Full name of contributor

Raj Gandhi

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000

6 Contributor address;

City; State; Zip Code

P.O. Box 33937 Fort Worth, TX 76162

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/17

Full name of contributor

Reed Pigman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

200 Texas Way Fort Worth, TX 76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/17

Full name of contributor

Vijay Kalaria

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100

Contributor address;

City; State; Zip Code

6016 Annandale Drive Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/17

Full name of contributor

Patrick Powers, Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

6859 Shorecrest Court Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 28/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/17

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

Frank Liao

6 Contributor address; City; State; Zip Code

6612 Sahalee Drive Fort Worth, TS 76132

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/17

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

Rob Opitz

Contributor address; City; State; Zip Code

4705 Fieldcrest Fort Worth, TX 76109

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/17

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

Darren Keyes

Contributor address; City; State; Zip Code

6312 Halifax Fort Worth, TX 76116

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/17

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

Tyler Arbogast

Contributor address; City; State; Zip Code

5212 Wharton Drive Fort Worth, TX 76133

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 29/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Hecker 6 Contributor address; City; State; Zip Code 4712 Boulder Run Fort Worth, TX 76109	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Muckleroy, Jr. 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)
Date 10/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Cozzen Contributor address; City; State; Zip Code 4017 Anita Avenue Fort Worth, TX 76109	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eileen Stancukas Contributor address; City; State; Zip Code 3500 Overton Part Drive W Fort Worth, TX 76109	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 30/31

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/17

5 Full name of contributor

Dorothy Blackman

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

3549 Bellair Drive S Fort Worth, TX 76109

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/17

Full name of contributor

Kathryn Norris

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

4133 Hollow Creek Court Fort Worth, TX 76008

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/17

Full name of contributor

John Pritchett

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6836 Brants Lane Fort Worth, TX 76116

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/17

Full name of contributor

David Shurtz

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

111 Christ Court Fort Worth, TX 76087

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 31/31
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Mirabal 6 Contributor address; City; State; Zip Code 810 W 7th Street Fort Worth, TX 76107	7 Amount of contribution (\$) 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Perkins Contributor address; City; State; Zip Code 6129 Plum Valley Place Fort Worth, TX 76116	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salim Bhaloo Contributor address; City; State; Zip Code 7401 Brightwater Road Fort Worth, TX 76132	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Benda Contributor address; City; State; Zip Code 951 West 7th Street Fort Worth, TX 76102	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.

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		\$ 15.00
5 Date of loan 10/3/17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) William B. Byrd	9 Loan Amount (\$) 15.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	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 <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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: 1/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 7/5/17	5 Payee name Nation Builder	
6 Amount (\$) 59.00	7 Payee address; City; State; Zip Code 520 S Grand Avenue 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 7/13/17	Payee name Macias Strategies	
Amount (\$) 500.00	Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 76163	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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 7/18/17	Payee name Mail Chimp	
Amount (\$) 50.00	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) 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 Emailing Services
	9 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: 2/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)			
4 Date 8/7/17	5 Payee name WishList Direct/Voter Direct Texas				
6 Amount (\$) 416.76	7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131				
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 Printing and mailing			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 8/7/17	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 8/8/17	Payee name Office Depot				
Amount (\$) 323.40	Payee address; City; State; Zip Code 4613 Hulen, Ste B 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 Supplies			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 3/12		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 8/15/17		5 Payee name Macias Strategies			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 76163			
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 8/18/17		Payee name Mail Chimp			
Amount (\$) 50.00		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) 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 Emailing Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/28/17		Payee name 4 Color Press			
Amount (\$) 731.15		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) Printing 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	
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: 4/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 8/29/17	5 Payee name US Postal Service	
6 Amount (\$) 40.45	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 8/29/17	Payee name US Postal Service	
Amount (\$) 196.00	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	
Date 9/6/17	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	

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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: 5/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 9/6/17	5 Payee name Staples	
6 Amount (\$) 32.46	7 Payee address; City; State; Zip Code 1660 S University Drive 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 9/12/17	Payee name Macias Strategies	
Amount (\$) 500.00	Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 76163	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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 9/13/17	Payee name The Event Helper	
Amount (\$) 104.19	Payee address; City; State; Zip Code 1020 McCourtney Road, Ste B Grass Valley, CA 95949	
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 Supplies
	9 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: 6/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 9/18/17	5 Payee name 4 Color Press	
6 Amount (\$) 236.32	7 Payee address; City; State; Zip Code 3300 Lawnwood Street Fort Worth, TX 76111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 9/18/17	Payee name Mail Chimp	
Amount (\$) 50.00	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) 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 Emailing Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/3/17	Payee name Costco	
Amount (\$) 286.69	Payee address; City; State; Zip Code 5300 Overton Ridge Blvd Fort Worth, TX 76132	
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 Supplies
	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: 7/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 10/4/17	5 Payee name Trader Joe's	
6 Amount (\$) 58.55	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for event
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/5/17	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
	Candidate / Officeholder name Office sought Office held	
Date 10/5/17	Payee name US Postal Service	
Amount (\$) 49.00	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
	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: 8/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 10/5/17	5 Payee name Spec's Wine, Spirits, and Finer Foods	
6 Amount (\$) 79.70	7 Payee address; City; State; Zip Code 2750 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for event
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/6/17	Payee name Tom Thumb	
Amount (\$) 125.97	Payee address; City; State; Zip Code 3000 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 Food for event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/18/17	Payee name Macias Strategies	
Amount (\$) 500.00	Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 76163	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	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
	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: 9/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/17	5 Payee name Mail Chimp	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308	
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 Emailing Services
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/24/17	Payee name Ott Advertising	
Amount (\$) 750.00	Payee address; City; State; Zip Code 3205 Lamesa Pl 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 Notecards, envelopes, rack cards
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/25/17	Payee name Joanna Crain	
Amount (\$) 5,700.00	Payee address; City; State; Zip Code 4320 Bellaire Drive S #227W Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
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4 Date 11/6/17	5 Payee name Trey Sprinkle Creative Consulting
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6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 3300 Lawnwood Street Fort Worth, TX 76111
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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 Consulting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/17	Payee name Nation Builder
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Amount (\$) 59.00	Payee address; City; State; Zip Code 520 S Grand Avenue Los Angles, CA 90071
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/17	Payee name Pearl Snap Kolaches
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Amount (\$) 1,228.80	Payee address; City; State; Zip Code 4006 White Settlement Road Fort Worth, TX 76107
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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 Food for event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11/12		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 11/20/17		5 Payee name Mail Chimp			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
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 Emailing Service	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/5/17		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	
Date 12/18/17		Payee name Mail Chimp			
Amount (\$) 50.00		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) 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 Emailing Service	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12/12	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
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4 Date 12/31/17	5 Payee name Democracy Engine
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6 Amount (\$) 443.80	7 Payee address; City; State; Zip Code 2125 14th Street NW Washington, DC 20009
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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 Charge for processing online donations
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

William B. Byrd

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder