OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2	Total pages filed: 59				
3 CANDIDATE / OFFICEHOLDER NAME	William B.	OFFICE USE ONLY				
	NICKNAME LAST SUFFIX	e Received 2 3 4				
	"Brian" Byrd	A 6-70				
4 CANDIDATE / OFFICEHOLDER		RECEIVED				
MAILING ADDRESS	P. O. Box 33767 Fort Worth, TX 76162	APR - 6 2017				
Change of Address		CITY OF FORT WORTH CITY SECRETARY				
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION					
PHONE	(682) 667 - 8081	Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	Dolont D	eipt # Amount \$				
NAME	Date	Processed				
	1175 1 11	• Imaged				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP (CODE				
ADDRESS	3200 Riverfront Drive, Suite 200 Fort Worth, TX 7610)7				
(Residence or Business)	å .					
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION					
TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 332 - 2301					
THONE						
9 REPORT TYPE	January 15 X 30th day before election Runoff	15th day after campaign treasurer appointment				
	July 15 Sth day before election Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Da	ay Year				
vices solvenia	01 / 01 / 2017	/ 2017				
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day Year Primary Runoff Other Description					
	05 / 06 / 2017 X General Special					
2 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)					
	Fort Worth City Council,	District 3				
	- or worm only counten,	, 21311101 3				
GO TO PAGE 2						
GO TO FAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 COLL NAME					
14 C/OH NAME W	illiam B. Byrd	15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	JUFFORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE IDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFITURES.	IT THE CANDIDATE'S OR OFFICEUR DED'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
47 OONTDIDUTION					
17 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00		
			\$ 0.00		
	2. TOTAL F (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,000.00		
EXPENDITURE			20,000,00		
TOTALS	 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 		\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES		\$ 24,434.78		
CONTRIBUTION BALANCE	CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
			\$ 29,813.66		
OUTSTANDING LOAN TOTALS	6. TOTAL PR	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE			
	LAST DAY	OF THE REPORTING PERIOD	\$ 150.00		
8 AFFIDAVIT					
		I swear, or affirm, under penalty of perjury, t true and correct and includes all information under Title 15, Election Code.	that the accompanying report is n required to be reported by me		
A AVOCA	O WARREN				
Sept	MISSION EXPIRES ember 22, 2017				
		Signature of Candidate of	or Officeholder		
AFFIX NOTARY STAMP /	SEALABOVE				
Sworn to and subscrib	ed before me, by	the said William B. Byrd	thio the		
day of HOril		certify which, witness my hand and seal of office.	, this the		
()n////		1)			
Signature of officer administering oath Printed name of officer administering oath Printed name of officer administering oath					
organice of officer adm	ninistering oath	Printed name of officer administering oath Title	of officer administering oath		
me provided by Tarra - Eur			1		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

William B. Byrd 21 SCHEDULE SUBTOTALS SUBTOTALS AMOUNT 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 50,000.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 24,326.78 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 108.00 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 108.00 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS \$ \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	19	19 FILER NAME 20 Filer ID (Et		ommission Filers)	
NAME OF SCHEDULE 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 108.00		William B. Byrd			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 108.00					
3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 108.00	1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 50,000.00	
4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 24,326.78 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 108.00 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 108.00 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 24,326.78 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 108.00 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 108.00 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	4.	SCHEDULE E: LOANS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 108.00	5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 24,326.78	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 108.00 9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 108.00 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 108.00 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
SOFTED SEE FIT. FATMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 108.00	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	12.	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: 1/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Susan Thomas 01/03/2017 6 Contributor address; City; State; Zip Code 6955 Battle Creek Rd Fort Worth, TX 76116 \$25 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Hanmanth Bejjanki 01/05/2017 Contributor address; City; State; Zip Code 6809 Saucon Valley Dr Fort Worth, TX 76132 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Katherine Harvey 01/05/2017 Contributor address; City; State; Zip Code 4009 Hildring Drive W Fort Worth, TX 76109 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Chris Pratt 01/08/2017 Contributor address: City; State; Zip Code 4600 Porto Villa Ct Fort Worth, TX 76126 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Will Martin 01/09/2017 6 Contributor address; City; State; Zip Code 1612 Summit Ave, Ste 400 Fort Worth, TX 76102 \$1,000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Peter Ochs 01/10/2017 Contributor address; City; State; Zip Code P. O. Box 10156 Newport Beach, CA 92658 \$300 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) David Watts 01/10/2017 Contributor address; City; State; Zip Code 6004 Laurel Valley Ct Fort Worth, TX 76132 \$1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Clifton DuBose 01/10/2017 Contributor address; City; State; Zip Code 1904 College Avenue \$250 Midland, TX 79701 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 1 Total pages Schedule A1: 3/37 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Lamar Smith 01/12/2017 6 Contributor address; City; State; Zip Code 1814 Westover Square \$1,000 Fort Worth, TX 76107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Andrew Soule 01/18/2017 Contributor address; City; State; Zip Code 5125 River Bluff Drive Fort Worth, TX 76132 \$25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Josh Burgess 01/19/2017 Contributor address; City; State; Zip Code 4816 Willow Run Ct. Fort Worth, TX 76132 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) David Nethery 01/19/2017 Contributor address; City; State; Zip Code 6551 Harris Pkwy, Ste 200 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 4/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Corbin Wilson 01/23/2017 6 Contributor address; City; State; Zip Code 4225 Rainer Ct Fort Worth, TX 76109 \$250 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Walton Lawrence 01/23/2017 Contributor address; City; State; Zip Code 313 Ridgewood Road Fort Worth, TX 76107 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Helen Boydstun 01/23/2017 Contributor address; City; State; Zip Code 1406 Clubview Ct Arlington, TX 76013 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Vince Miller 01/23/2017 Contributor address; City; State; Zip Code 455 Oak Creek Drive S Vadnais Heights, MN 55127 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 5/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Chris Pool 01/23/2017 6 Contributor address; City; State; Zip Code 8516 Virginia Meadows Drive Manassas, VA 20109 \$200 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Susan Dixon 01/23/2017 Contributor address; City; State; Zip Code 6821 River Bend Road Fort Worth, TX 76132 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) David Rapp 01/24/2017 Contributor address; City; State; Zip Code 116 Mesquite Meadow Ln Fort Worth, TX 76126 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Marten Hoekstra 01/25/2017 Contributor address; City; State; Zip Code 111 Central Park N, 8A New York, NY 10026 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 6/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Don Addington 01/25/2017 6 Contributor address; City; State; Zip Code 3257 Odessa Avenue Fort Worth, TX 76109 \$50 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Sharon White 01/26/2017 Contributor address; City; State; Zip Code 4325 Clayton Drive W Fort Worth, TX 76116 \$200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Gene Gray 01/26/2017 Contributor address: City; State; Zip Code 3508 Elm Creek Ct Fort Worth, TX 76109 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Cooper Collins 01/30/2017 Contributor address; City; State; Zip Code 6462 Sumac Road Fort Worth, TX 76116 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 7/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Paul Coulter 01/26/2017 6 Contributor address; City; State; Zip Code \$500 8321 Estandarte Ct Benbrook, TX 76126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) William Byrd 01/27/2017 Contributor address; City; State; Zip Code 3701 Ridglea Country Club Dr Fort Worth, TX 76116 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Robert Batton 01/30/2017 Contributor address; City; State; Zip Code 4101 Glenwood Drive Fort Worth, TX 76109 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Sean Valderas 01/30/2017 Contributor address: City; State; Zip Code 4204 Hartwood Drive Fort Worth, TX 76109 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Terry Van der Aa 02/07/2017 6 Contributor address; City; State; Zip Code 506 West Maple Street Hinsdale, IL 60521 \$1,000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Verna Sholdra 02/07/2017 Contributor address; City; State; Zip Code \$200 3755 Tamarack Ct Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Richard Neill 02/08/2017 Contributor address; City; State; Zip Code 4908 Bradford Ct Fort Worth, TX 76132 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Kendall Draper 02/08/2017 Contributor address; City; State; Zip Code 2617 Mockingbird Ct Fort Worth, TX 76109 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 9/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Lavanya Nagineni 6 Contributor address; 01/14/2017 City; State; Zip Code 6617 Oak Hill Ct Fort Worth, TX 76132 \$1,000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Jeff Prostok 02/09/2017 Contributor address; City; State; Zip Code \$50 4925 Riverbend Drive Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Long Hoang 02/09/2017 Contributor address; City; State; Zip Code 3509 Hilltop Road Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Lauren Williams 02/09/2017 Contributor address; City; State; Zip Code 1217 Blue Lake Blvd Arlington, TX 76005 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Byron Benard 02/09/2017 6 Contributor address; City; State; Zip Code 1363 Roaring Springs Rd Fort Worth, TX 76114 \$250 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) William Robertson 02/09/2017 Contributor address; City; State; Zip Code 4136 Coral Circle Fort Worth, TX 76126 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Michael Crain 02/09/2017 Contributor address: City; State; Zip Code 4320 Bellaire Drive Fort Worth, TX 76109 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Chris Ewin 02/09/2017 Contributor address; City; State; Zip Code 1816 Westover Square Fort Worth, TX 76107 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Chris Segrest 02/09/2017 6 Contributor address; City; State; Zip Code 6800 Vallecito Drive Austin, TX 78759 \$25 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Teresa Shrutz 02/09/2017 Contributor address; City; State; Zip Code 111 Chris Ct Hudson Oaks, TX 76087 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Brett Austin 02/09/2017 Contributor address; City; State; Zip Code 501 Wood Lake Drive Aledo, TX 76008 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Benjamin Salihu 02/09/2017 Contributor address; City; State; Zip Code 5202 Bryant Irvin, Apt 2205 Fort Worth, TX 76132 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 12/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Russell Matthews 6 Contributor address; 02/09/2017 City; State; Zip Code 7424 Sweet Meadows Drive Fort Worth, TX 76123 \$100 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Micah Scharchburg 02/09/2017 Contributor address; City; State; Zip Code 3425 Kelvin Avenue Fort Worth, TX 76133 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Sonya Morrison 02/10/2017 Contributor address; City; State; Zip Code 911 Roaring Springs Road Fort Worth, TX 76114 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Melinda Vance 02/10/2017 Contributor address; City; State; Zip Code 3901 Mockingbird Lane Fort Worth, TX 76109 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 13/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Ed Palm 02/11/2017 6 Contributor address; City; State; Zip Code 3025 Bellaire Ranch, Apt 1613 Fort Worth, TX 76109 \$250 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) Kathy Sibello 02/12/2017 Contributor address; City; State; Zip Code 6300 Walburn Ct Fort Worth, TX 76133 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Pat Hawkins 02/12/2017 Contributor address; City; State; Zip Code 719 Rivercrest Drive Fort Worth, TX 76107 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Kevin Ullmann 02/13/2017 Contributor address; City; State; Zip Code 6513 Saucon Valley Drive Fort Worth, TX 76132 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 14/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Debby Brown 02/13/2017 6 Contributor address; City; State; Zip Code 4501 Crestline Drive Fort Worth, TX 76107 \$250 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Chris Guild 02/13/2017 Contributor address; City; State; Zip Code 6000 Wisen Avenue Fort Worth, TX 76133 \$25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) J. Michael Fite 02/13/2017 Contributor address; City; State; Zip Code 4701 Ranch View Road Fort Worth, TX 76109 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Beverly Branham 02/16/2017 Contributor address: City; State; Zip Code 6487 Woodstock Road Fort Worth, TX 76116 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 15/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Radhakrishna Kurup 02/16/2017 6 Contributor address; City; State; Zip Code 8108 Rain Dance Trail Fort Worth, TX 76123 \$500 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:__ Amount of contribution (\$) Margaret Thomas 02/16/2017 Contributor address; City; State; Zip Code 5005 Cockrell Avenue Fort Worth, TX 76133 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Mary Ann Giordano 02/16/2017 Contributor address: City; State; Zip Code 712 Roaring Springs Road Fort Worth, TX 76114 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Gramon Gunn 02/16/2017 Contributor address: City; State; Zip Code 7013 Treehaven Road Fort Worth, TX 76116 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 16/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Chris Klein 6 Contributor address; 02/17/2017 City; State; Zip Code 6913 Sanctuary Heights Rd Fort Worth, TX 76132 \$250 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Robert Rearden 02/19/2017 Contributor address; City; State; Zip Code 3455 Lantern Hollow Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) J. David Tracy Contributor address; 02/19/2017 City; State; Zip Code 2734 Colonial Pkwy Fort Worth, TX 76109 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Susan McDonald 02/20/2017 Contributor address; City; State; Zip Code 3108 Edgehill Road Fort Worth, TX 76116 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Charles Cooper 02/20/2017 6 Contributor address; City; State; Zip Code \$25 5229 Trail Lake Drive Fort Worth, TX 76133 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Peter Rutledge 02/21/2017 Contributor address; City; State; Zip Code \$50 2125 Bradford Park Ct Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) John Duban 02/21/2017 Contributor address; City; State; Zip Code 4433 Tamworth Road Fort Worth, TX 76116 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Clyde Womack 02/22/2017 Contributor address: City; State; Zip Code 2917 Harlanwood Drive Fort Worth, TX 76109 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 18/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Mitch Reitman 02/23/2017 6 Contributor address; City; State; Zip Code 3805 Trails Edge Fort Worth, TX 76109 \$50 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Joseph Cappel 02/23/2017 Contributor address; City; State; Zip Code 3801 Bellaire Circle Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Chris Jordan Contributor address; 02/24/2017 City; State; Zip Code 9128 Benview Ct Fort Worth, TX 76126 \$300 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) William Byrd 02/23/2017 Contributor address; City; State; Zip Code 3701 Ridglea Country Club Dr Fort Worth, TX 76116 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 19/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Jerry Berkowitz 02/27/2017 6 Contributor address; City; State; Zip Code 3224 Collinsworth Street \$50 Fort Worth, TX 76107 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Becky Young 02/28/2017 Contributor address; City; State; Zip Code 12033 Yarmouth Lane Fort Worth, TX 76108 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Ryan Harrington 03/02/2017 Contributor address; City; State; Zip Code 3117 Overton Park Drive E Fort Worth, TX 76109 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Rudolf Brun 03/03/2017 Contributor address; City; State; Zip Code 3006 Tanglewood Park W Fort Worth, TX 76109 \$1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 20/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ William Bettis 03/03/2017 6 Contributor address; City; State; Zip Code 11 Bounty Road E Fort Worth, TX 76132 \$100 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Karen Bonham 03/04/2017 Contributor address; City; State; Zip Code 1210 S Lamar St, Apt 1426 Dallas, TX 75215 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Walter Floyd 03/04/2017 Contributor address; City; State; Zip Code 2205 Hidden Creek Road Fort Worth, TX 76107 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Jeb Bradshaw 03/05/2017 Contributor address; City; State; Zip Code 2919 Alton Road Fort Worth, TX 76109 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 21/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Sharaon Rappa 03/06/2017 6 Contributor address; City; State; Zip Code 4005 Snow Creek Drive Fort Worth, TX 76008 \$50 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Shirley Hull 03/06/2017 Contributor address; City; State; Zip Code 4944 Westbriar Drive Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Sharon Cooper 03/06/2017 Contributor address; City; State; Zip Code 3605 Country Club Circle Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) William Byrd 03/08/2017 Contributor address; City; State; Zip Code 3701 Ridglea Country Club Dr Fort Worth, TX 76116 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 22/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Mary Jane Martinez 6 Contributor address; 03/09/2017 City; State; Zip Code \$50 6713 Morning Dew Drive Fort Worth, TX 76132 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Tom Locke 03/11/2017 Contributor address; City; State; Zip Code 3800 Ben Creek Ct Aledo, TX 76008 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) **Beverly Bielss** 03/11/2017 Contributor address; City; State; Zip Code 3725 Shelby Drive Fort Worth, TX 76109 \$25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Betty Chapman 03/13/2017 Contributor address; City; State; Zip Code 2705 Hartwood Drive Fort Worth, TX 76109 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 23/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_____ Leo Wegemer 03/15/2017 6 Contributor address; City; State; Zip Code 4824 Overton Hollow St Fort Worth, TX 76109 \$1,000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Carolyn Moore 03/15/2017 Contributor address; City; State; Zip Code 6720 Blue Meadow Drive Fort Worth, TX 76132 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Randy Hall 03/15/2017 Contributor address; City; State; Zip Code 6712 Morning Dew Drive Fort Worth, TX 76132 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Shirley Wells 03/16/2017 Contributor address; City; State; Zip Code 4716 Oak Trail Fort Worth, TX 76109 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 24/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Eddie Hale 03/17/2017 6 Contributor address; City; State; Zip Code 3858 Pelham Road Fort Worth, TX 76116 \$50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Lou Ann Burke 03/20/2017 Contributor address; City; State; Zip Code 4700 Shady Ridge Ct Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Michael Reilly 03/20/2017 Contributor address; City; State; Zip Code 1024 S FM Road 5 Aledo, TX 76008 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Beverly Reilly 03/20/2017 Contributor address; City; State; Zip Code 1024 S FM Road 5 Aledo, TX 76008 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 25/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor Out-of-state PAC (ID#: 7 Amount of contribution (\$) Judy Strickland 03/20/2017 6 Contributor address; City; State; Zip Code 3110 Camellia Rose Drive, Unit 211 Fort Worth, TX 76109 \$100 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Rebecca Lucas 03/20/2017 Contributor address; City; State; Zip Code 4836 Overton Woods Drive Fort Worth, TX 76109 \$200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Sharon Messer 03/20/2017 Contributor address; City; State; Zip Code 5108 Patridge Road Fort Worth, TX 76132 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Ken Keenum 03/21/2017 Contributor address; City; State; Zip Code 3516 Bellaire Park Ct Fort Worth, TX 76109 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 26/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ 7 Amount of contribution (\$) Scott Wade 03/21/2017 6 Contributor address; City; State; Zip Code 6428 Garland Avenue Fort Worth, TX 76116 \$50 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Garland Dummit 03/21/2017 Contributor address; City; State; Zip Code 1217 Forest Park Drive Weatherford, TX 76087 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) John Batton 03/21/2017 Contributor address; City; State; Zip Code 4101 Glenwood Drive Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Matthew Madison 03/21/2017 Contributor address; City; State; Zip Code 6436 Monarch Hills Drive Fort Worth, TX 76132 \$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 1 Total pages Schedule A1: 27/37 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ 7 Amount of contribution (\$) Elizabeth Ingram 6 Contributor address; 03/21/2017 City; State; Zip Code 3750 Tamarack Ct Fort Worth, TX 76116 \$50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Teresa Shurtz 03/21/2017 Contributor address; City; State; Zip Code 111 Chris Ct Hudson Oaks, TX 76087 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Melissa Rogers 03/21/2017 Contributor address; City; State; Zip Code 4008 Edgehill Road Fort Worth, TX 76116 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Ryan Pugliano 03/21/2017 Contributor address; City; State; Zip Code 7109 Riverport Road Fort Worth, TX 76116 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 28/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Todd Spake 03/21/2017 6 Contributor address; City; State; Zip Code 6516 Trinity Heights Blvd Fort Worth, TX 76132 \$100 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Robert May 03/21/2017 Contributor address; City; State; Zip Code 4225 Brooktree Drive Fort Worth, TX 76109 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Kim Norton 03/21/2017 Contributor address; City; State; Zip Code 4709 Edenwood Drive Fort Worth, TX 76123 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Janet Capua 03/21/2017 Contributor address; City; State; Zip Code 4313 Capra Way \$50 Fort Worth, TX 76126 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 29/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Eric Wear 03/21/2017 6 Contributor address; City; State; Zip Code 4400 Stonedale Road Fort Worth, TX 76116 \$100 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Kim Miller 03/21/2017 Contributor address; City; State; Zip Code 6420 High Brook Drive Fort Worth, TX 76132 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Wilson Peppard 03/21/2017 Contributor address; City; State; Zip Code 3940 Bent Elm Lane Fort Worth, TX 76109 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Deborah Troxell 03/21/2017 Contributor address; City; State; Zip Code 4121 Coral Circle Fort Worth, TX 76126 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 30/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Joseph Milling 6 Contributor address; 03/21/2017 City; State; Zip Code 6455 El Toro Ct Fort Worth, TX 76133 \$50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) J. Michael Fite 03/21/2017 Contributor address: City; State; Zip Code \$250 4701 Ranch View Road Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Eric Wear 03/21/2017 City; State; Zip Code Contributor address; 4400 Stonedale Road Fort Worth, TX 76116 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Amanda Wear 03/21/2017 Contributor address; City; State; Zip Code 4400 Stonedale Road Fort Worth, TX 76116 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 31/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Traci Jenkins 03/21/2017 6 Contributor address: City; State; Zip Code \$25 3836 Mattison Avenue Fort Worth, TX 76107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Andrea Loftin 03/21/2017 Contributor address; City; State; Zip Code \$100 10513 Bing Drive Fort Worth, TX 76108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Chad Reisner Contributor address; 03/22/2017 City; State; Zip Code 3817 Wilkie Way Fort Worth, TX 76133 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) **James Sammons** 03/22/2017 Contributor address; City; State; Zip Code 4955 Overton Woods Ct Fort Worth, TX 76109 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 32/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Ben Moss 03/22/2017 6 Contributor address; City; State; Zip Code 2951 Sandage Avenue, Apt 701 Fort Worth, TX 76109 \$25 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Robert Hunter 03/24/2017 Contributor address; City; State; Zip Code \$25 4233 Whitfield Avenue Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Nancy Davis 03/24/2017 Contributor address; City; State; Zip Code 4216 Hildring Drive E Fort Worth, TX 76109 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Frederick Cordray 03/25/2017 Contributor address; City; State; Zip Code 4112 Pebblebrook Ct Fort Worth, TX 76109 \$50 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 33/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) Chris Gotcher 03/25/2017 6 Contributor address: City; State; Zip Code Fort Worth, TX 76116 3121 Tex Blvd \$100 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Betty Gotcher 03/25/2017 Contributor address; City; State; Zip Code \$50 1193 Roaring Springs Road Fort Worth, TX 76114 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Robert Galvan 03/25/2017 Contributor address; City; State; Zip Code 11601 Wind Creek Ct Aledo, TX 76008 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) William Byrd 03/27/2017 Contributor address; City; State; Zip Code 3701 Ridglea Country Club Dr Fort Worth, TX 76116 \$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.

Forms provided by Texas Ethics Commission

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 34/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ FW Retired Firefighters & Widows Committee for Responsible Government 03/03/2017 City; State; Zip Code 6 Contributor address; \$2,000 1617 Tierney Road Fort Worth, TX 76112 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) FW Firefighters Committee for Responsible Government 03/06/2017 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107 \$5,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Conservative Voters Forum 03/08/2017 City; State; Zip Code Contributor address; 1144 Terrace Trail Hurst, TX 76053 \$5,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) FW Retired Firefighters & Widows Committee for 03/20/2017 City; State; Zip Code Contributor address; Fort Worth, TX 76112 1617 Tierney Road \$6,000 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 35/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Alta Thompson 01/31/2017 **6** Contributor address; City; State; Zip Code \$50 6755 Ridgmar Blvd, Apt 210 Fort Worth, TX 76116 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Joyce Moore 02/01/2017 Contributor address; City; State; Zip Code \$1,000 6804 Riverdale Drive Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) John Freeman 02/01/2017 Contributor address; City; State; Zip Code 6804 Riverdale Drive Fort Worth, TX 76132 \$1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Monty Trimble Contributor address: 02/02/2017 City; State; Zip Code 2857 Manorwood Trail Fort Worth, TX 76109 \$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.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 36/37 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Melissa McFadden 02/02/2017 6 Contributor address; City; State; Zip Code Benbrook, TX 76126 \$250 425 Meadowhill Drive 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Wishard Lorimer III 02/03/2017 Contributor address; City; State; Zip Code \$250 7032 Shadow Creek Ct Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Earlene Conrad 02/04/2017 City; State; Zip Code Contributor address; 1051 Roaring Springs Road Fort Worth, TX 76114 \$25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Michael Stanley 02/06/2017 Contributor address; City; State; Zip Code 6916 Vista Ridge Drive W 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.

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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 37/37
2 FILER NAME William B. By		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)
03/25/2017	David McLendon 6 Contributor address; City; State; Zip Code	
	P.O. Box 126572 Fort Worth, TX 76126	\$150
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	Dation / Job title (See Instructions) Employer (See I	Instructions)

Forms provided by Texas Ethics Commission

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Accounting/Banking Fees Office Ov. Consulting Expense Food/Beverage Expense Polling Ex Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Ex			Office Ove Polling Ex Printing Ex Salaries/M	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER N	AME TATILLE D. D. I.			3 Filer ID (Ethics Commission Filers)	
1/16		William B. Byrd				
4 Date 01/04/2017	5 Payee na	5 Payee name Nation Builder				
6 Amount (\$)	7 Payee ac	ddress; City; State; Zi	ip Code			
\$319.00	520 S G	Frande Avenue Los Ang	eles, CA	90071		
8	(a) Category	/ (See Categories listed at the top of this so	chedule)	(b) Description		
PURPOSE				l —	utside of Texas. Complete Schedule T.	
OF EXPENDITURE	Fees			L Cneck if Austin	n, TX, officeholder living expense	
				Database		
9 Complete ONLY if direct	Candid	late / Officeholder name		Office sought	Office held	
expenditure to benefit C/OF	 					
Date	Payee na	ıme				
01/09/2017	Zoe's Kitchen					
Amount (\$)	Payee ad	dress; City; State; Zi	p Code			
\$215.33	\$215.33 5917 Convair Drive, Ste 309 Fort Worth, TX 76109					
	Category	(See Categories listed at the top of this sc	chedule)	Description Check if travel out	tside of Texas. Complete Schedule T.	
PURPOSE OF	Event E	Ivnanca		l —	. TX, officeholder living expense	
EXPENDITURE	Event	,xpense			- '	
				Food and Drinl	ks	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	
Date	Payee na	ıme				
01/10/2017	_	al Service				
01/10/2017	001000	ii bei vicc				
Amount (\$)	Payee add	dress; City; State; Zip	o Code	MANAGEMENT CONTROL OF THE PROPERTY OF THE PROP		
\$470.00	7101 Bry	ant Irvin Road Fort W	orth, T	X 76132		
	Category	(See Categories listed at the top of this sch	hedule)	Description		
PURPOSE OF					side of Texas. Complete Schedule T.	
EXPENDITURE	Office Ov	verhead		Check if Austin,	TX, officeholder living expense	
				Postage		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp		Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explain	ins how to co	omplete this form.	·
1 Total pages Schedule F1: 2/16	2 FILER N	NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2017	5 Payee na	wishList Direct/Vo	oter Dire	ct Texas	
6 Amount (\$)	7 Payee ad				
\$156.98	P.O. Bo	ox 312100 New Braunfel	ls, TX 78	3131	
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description	
PURPOSE OF					outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE	Advertis	ising Expense		Oneon in 7.55	1, TX, Uniteriorder living expense
				Postage and Ca	ard Printing
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought	Office held
Date	Payee na	ame			
01/12/2017	WishList	t Direct/Voter Direct Tex	xas		
Amount (\$)	Payee ac	ddress; City; State; Z	Zip Code		
\$247.90	P.O. Box	x 312100 New Braunfels	s, TX 781	131	
	Category	y (See Categories listed at the top of this s	schedule)	Description	
PURPOSE					utside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertis	sing Expense		Check if Austin,	n, TX, officeholder living expense
!				Postage and Car	rd Printing
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	Office held
Date	Payee na	ama			
01/12/2017	1	st Direct/Voter Direct Te	exas		
Amount (\$)	Payee ad	ddress; City; State; Z	 	**************************************	
\$74.56	P.O. Box	x 312100 New Braunfels	ls, TX 78	131	
	Category	y (See Categories listed at the top of this s	schedule)	Description	
PURPOSE OF	1				utside of Texas, Complete Schedule T,
EXPENDITURE	Adverti	ising Expense		L Check if Austin,	n, TX, officeholder living expense
				Postage and Car	rd Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEF	EDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Control Fees Food/Beverage Expense Food	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	chedule F1: 2 FILER NAME William B. Byrd 3 Filer ID (Ethics Commission Filers)				
3/16 4 Date 01/19/2017	5 Payee name City of Fort Worth				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
\$100.00	1000 Throckmorton Fort Worth,	, TX 76	102		
8	(a) Category (See Categories listed at the top of this school	nedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			utside of Texas. Complete Schedule T. a, TX, officeholder living expense	
			Filing fee to be		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
01/21/2017	WishList Direct/Voter Direct Texa	as			
Amount (\$)	Payee address; City; State; Zip	Code			
\$308.08	P.O. Box 312100 New Braunfels,	, TX 78	131		
PURPOSE	Category (See Categories listed at the top of this sche	edule)	Description Check if travel out:	side of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense		Check if Austin,	TX, officeholder living expense	
			Postage and Ca	rd Printing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
01/21/2017	WishList Direct/Voter Direct Texa	as			
Amount (\$)	Payee address; City; State; Zip 0	Code			
\$213.71	P.O. Box 312100 New Braunfels,	TX 781	31		
	Category (See Categories listed at the top of this sche	edule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			side of Texas. Complete Schedule T. TX, officeholder living expense	
		I	Postage and Car	d Printing	
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					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	By Gift/Awards/Memorials Expense Prin	lling Expense Travel In District nting Expense Travel Out Of District aries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officerolder/Politica Credit Card Payment	The Instruction Guide explains ho	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4/16	William B. Byrd	
4 Date 01/20/2017	5 Payee name Macias Strategies	<u>'</u>
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,000.00	31540 Smithson Valley Road Bulve	erde, TX 78163
8	(a) Category (See Categories listed at the top of this schedu	
PURPOSE		Check if Avatia TX officeholds living avances
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
		Campaign Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/23/2017	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Co	de
\$3.50	7101 Bryant Irvin Road Fort Worth	n, TX 76132
	Category (See Categories listed at the top of this schedul	Description
PURPOSE	000 04	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
		Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/24/2017	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Cod	
\$10.59	7101 Bryant Irvin Road Fort Worth	n, TX 76132
	Category (See Categories listed at the top of this schedule	e) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
		Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	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)			
Credit Card Payment	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1: 5/16	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)			
4 Date 01/02/2017	5 Payee name US Postal Service					
6 Amount (\$)	7 Payee address; City; State; Zip	Code				
\$2.62	\$2.62 7101 Bryant Irvin Road Fort Worth, TX 76132					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Office Overhead	Check if travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
01/02/2017	Office Depot					
Amount (\$)	Payee address; City; State; Zip	Code				
\$30.27	\$30.27 4613 Hulen, Ste B Fort Worth, TX 76132					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense			
		Envelopes				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
01/03/2017	US Postal Service					
Amount (\$) \$94.00	Payee address; City; State; Zip 7101 Bryant Irvin Road Fort Wo					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	Check if travel out	tside of Texas. Complete Schedule T. . TX, officeholder living expense			
		Postage				
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						

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lo Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	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)	
1 Total pages Schedule F1: $6/16$	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 01/25/2017	5 Payee name US Postal Service			
6 Amount (\$) \$98.00	7 Payee address; City; State; Zip C 7101 Bryant Irvin Road Fort Wort			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Postage Office sought	Office held	
Date 01/25/2017	Payee name WishList Direct/Voter Direct Texas	.s		
Amount (\$) \$186.51	Payee address; City; State; Zip C P.O. Box 312100 New Braunfels, T.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Postage and Car Office sought	Office held	
Date 01/31/2017	Payee name Campaign Sidekick			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$99.00	1550 Old Annetta Road Aledo, TX	. 76008		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees (Food/Beverage Expense ; By Gift/Awards/Memorials Expense ;	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)		
Official Card Flayment	The Instruction Guide explains	how to complete this form.	_		
1 Total pages Schedule F1 7/16	William B. Byrd		3 Filer ID (Ethics Commission Filers)		
4 Date 02/01/2017	5 Payee name Northwest Engravers				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
\$10.00	3300 Cherry Lane Fort Worth, TX	76116			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Nametag				
9 Complete ONLY if direct expenditure to benefit C/OI					
Date 02/04/2017	Payee name Nation Builder				
Amount (\$)	Payee address; City; State; Zip (Code			
\$319.00 520 S Grande Avenue Los Angeles, CA 90071					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/03/2017	Campaign Sidekick				
Amount (\$)	Payee address; City; State; Zip C	Code			
\$99.00	1550 Old Annetta Road Aledo, TX	76008			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched $Fees \\$	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made I	Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	ce Overneau/Rental Expense ing Expense ting Expense	Travel In District Travel Out Of District Other (out on eathers a part listed should)
Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Sala The Instruction Guide explains how	aries/Wages/Contract Labor w to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1 8/16	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2017	5 Payee name Office Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de	
\$192.40	4613 Hulen, Ste B Fort Worth, TX 7	⁷ 6132	
8	(a) Category (See Categories listed at the top of this schedule	· · ·	
PURPOSE OF			outside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE	Office Overhead		
		Envelopes, Pos	······································
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
02/14/2017	WishList Direct/Voter Direct Texas		
Amount (\$)	Payee address; City; State; Zip Coo		
\$172.93	P.O. Box 312100 New Braunfels, TX	78131	
-	Category (See Categories listed at the top of this schedule		
PURPOSE OF	A June Minimum Designation		utside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	<u> </u>	, IA, Ullicetiologi training expenses
		Postage & Car	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
02/15/2017	US Postal Service		
Amount (\$)	Payee address; City; State; Zip Cod	ie	
\$108.00	7101 Bryant Irvin Road Fort Worth,	TX 76132	
	Category (See Categories listed at the top of this schedule)	,	
PURPOSE OF	Office Overhead	i —	tside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	l	Unidok ii zidokiii,	TX, officendider living expense
		Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	By Gift/Awards/	age Expense /Memorials Expense	Office Overl Polling Exp Printing Exp		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instr	ruction Guide explain	is how to co	mplete this form.		
1 Total pages Schedule F1: 9/16	2 FILER NAME Wil	lliam B. Byrd			3 Filer ID (Ethics Commission Filers)	
4 Date 02/16/2017	5 Payee name Mai	Mail Chimp				
6 Amount (\$)	7 Payee address;	City; State; Zi	ip Code			
\$50.00	675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categori Office Overhead		chedule)		utside of Texas. Complete Schedule T. o, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	L Candidate / Officeh	nolder name		Office sought	Office held	
Date	Payee name					
02/20/2017	Macia Strategies					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
\$1,500.00	31540 Smithson V	√alley Road Bu	ılverde, T	ΓX 78163		
PURPOSE OF EXPENDITURE	Category (See Categoria Consulting Expen		:hedule)		side of Texas. Complete Schedule T. TX, officeholder living expense VICES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name	<u>.</u>	Office sought	Office held	
Date	Payee name					
02/23/2017	WishList Direct/	Voter Direct Te	exas			
Amount (\$)	Payee address;	City; State; Zip	o Code			
\$383.12	P.O. Box 312100	New Braunfels,	, TX 781	.31		
PURPOSE OF EXPENDITURE	Category (See Categorie Advertising Exper	nse	hedule)		tide of Texas. Complete Schedule T. TX, officeholder living expense d Printing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	older name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense F By Gift/Awards/Memorials Expense F	Office Overl Polling Exp Printing Exp Salaries/Wa	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: $10/16$	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/2017	5 Payee name WishList Direct/Vote	er Direc	ct Texas		
6 Amount (\$)	7 Payee address; City; State; Zip				
\$200.75	P.O. Box 312100 New Braunfels,	, TX 78	3131		
8	(a) Category (See Categories listed at the top of this sche	redule)	(b) Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF				utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
EXPENDITURE	Advertising Expense				
			Postage & Card	d Printing	
9 Complete ONLY if direct			Office held		
Date	Payee name	A STATE OF THE STA			
02/23/2017	WishList Direct/Voter Direct Texa	as			
Amount (\$)	Payee address; City; State; Zip (Code			
\$369.13	P.O. Box 312100 New Braunfels,	, TX 78	3131		
	Category (See Categories listed at the top of this sche	edule)	Description		
PURPOSE OF	1			tside of Texas. Complete Schedule T. , TX, officeholder living expense	
EXPENDITURE	Advertising Expense				
	l .		Postage & Car	d Printing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
02/26/2017	Party City				
Amount (\$)	Payee address; City; State; Zip C	Code			
\$32.44	4826 SW Loop 820 Fort Worth, T	ΓX 761 _	.09	I	
	Category (See Categories listed at the top of this sched	dule)	Description		
PURPOSE OF	Event Expense			side of Texas. Complete Schedule T. TX, officeholder living expense	
EXPENDITURE	1		Plates	1X, officenoider living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 4 Date 03/01/2017 5 Payee name Campaign Sidekick 6 Amount (\$) 7 Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 3 Filer ID (Ethics Commission Filers) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database	Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
11/16		· ·		Onor former a sungery
Campaign Sidekick Campaign Sidekick Campaign Sidekick Sales City: State: Zip Code 1550 Old Annetta Road Aledo, TX 76008 S99.00 1550 Old Annetta Road Aledo, TX 76008		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
S99.00 S99.00 S99.00 S99.00 S99.00 See Categories listed at the top of this schedule) Category (See Categories listed at the top of this sched		Campaign Sidekick		
Septembrium	6 Amount (\$)			
PURPOSE OF EXPENDITURE Pees Candidate / Officeholder name	\$99.00	1550 Old Annetta Road Aledo,	TX 76008	
Complete ONLY if direct openditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this sc		To a Consiste Cahadda T
Pare name Office Sought Payee name Costco Amount (\$) Payee address; City: State: Zip Code \$48.75 S300 Overton Ridge Blvd Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Postage Complete ONLY if direct expenditure to benefit C/OH Payee address; City: State: Zip Code \$48.75 S300 Overton Ridge Blvd Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Postage Complete ONLY if direct expenditure to benefit C/OH Payee name 03/04/2017 Amount (\$) Payee address: City: State: Zip Code \$319.00 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Postage Office sought Office held Candidate / Officeholder name 03/04/2017 Amount (\$) Payee address: City: State: Zip Code \$319.00 Category (See Categories listed at the top of this schedule) Purpose Expenditure Candidate / Officeholder name Office sought Office Sought Office held Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Database Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		1		
Semplete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Fees		, , , , , , , , , , , , , , , , , , ,
Date Payee address: City: State: Zip Code S48.75 5300 Overton Ridge Blvd Fort Worth, TX 76132 PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Office hold Date Payee address: City: State: Zip Code Candidate / Office holder name Office sought Office hold Date Payee name Office sought Office holder name Office sought Office hold Date Payee name Nation Builder Amount (\$) Payee address: City: State: Zip Code S319.00 PURPOSE OF EXPENDITURE Candidate / Office holder name Office sought Office holder name Category (See Categories listed at the top of this schedule) Office sought Office holder name Date Payee name Nation Builder Amount (\$) Payee address: City: State: Zip Code S20 S Grand Avenue Los Angles, CA 90071 PURPOSE OF EXPENDITURE Fees Office holder name Office sought Office holder living expense Database Database Office holder living expense Database Office holder living expense Complete ONLY if direct expenditure to benefit C/OH Office holder name Office sought Office hold Candidate / Officeholder name Office sought Officeholder Candidate / Officeholder name Office sought Officeholder Candidate / Officeholder Candidate / Officeholder name Office sought Officeholder Candidate / Of			Database	
Amount (\$) Payee address; City: State: Zip Code \$48.75 5300 Overton Ridge Blvd Fort Worth, TX 76132 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office Overhead Candidate / Officeholder name Office sought Office sought Office held Payee name Nation Builder Amount (\$) Payee address; City: State: Zip Code \$319.00 520 S Grand Avenue Los Angles, CA 90071 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Office held Category (See Categories listed at the top of this schedule) Description Check if ravel outside of Texas. Complete Schedule T. Oheck if Austin, TX, officeholder living expense Database Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	9 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
Amount (\$) Payee address: City: State: Zip Code \$48.75 5300 Overton Ridge Blvd Fort Worth, TX 76132 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)	Date	Payee name		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office Overhead Candidate / Office holder name Office sought Candidate / Office holder name Office sought Payee name Nation Builder Amount (\$) Payee address; City; State; Zip Code \$319.00 Category (See Categories listed at the top of this schedule) Payee name Candidate / Office holder name Office sought Category (See Categories listed at the top of this schedule) Payee name Nation Builder Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Dascription Category (See Categories listed at the top of this schedule) Database Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office hold	03/05/2017	Costco		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office Overhead Candidate / Officeholder name Office sought Office sought Office sought Office held Payee name Nation Builder Amount (\$) Payee address; City; State; Zip Code \$319.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office held Description Category (See Categories listed at the top of this schedule) Description Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. C	Amount (\$)	Payee address; City; State; Zip	o Code	
PURPOSE OF EXPENDITURE Office Overhead Office Overhead Office Overhead Office Overhead Postage Complete ONLY if direct expenditure to benefit C/OH Date 03/04/2017 Amount (\$) Payee name Nation Builder Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office held Office held Office sought Office held Description Category (See Categories listed at the top of this schedule) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	\$48.75	5300 Overton Ridge Blvd Fort W	orth, TX 76132	
Office Overhead Complete ONLY if direct expenditure to benefit C/OH Date 03/04/2017 Amount (\$) Payee address; City; State; Zip Code \$319.00 Category (See Categories listed at the top of this schedule) Purpose Office Sought Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Office held Office held		Category (See Categories listed at the top of this sci		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/04/2017 Nation Builder Amount (\$) Payee address; City; State; Zip Code \$319.00 520 S Grand Avenue Los Angles, CA 90071 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held Office held Office held				•
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Office Overhead	L Uneck ii Ausi	tin, TX, officeholder living expense
Date			Postage	
Amount (\$) Payee address; City; State; Zip Code \$319.00			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code \$319.00	Date	Pavee name		
Amount (\$) Payee address; City; State; Zip Code \$319.00		•		
\$319.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Fees Candidate / Officeholder name Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database Candidate / Officeholder name Office sought Office held				
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	,		
PURPOSE OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	\$319.00	520 S Grand Avenue Los Angles,	, CA 90071	
Fees Check if Austin, TX, officeholder living expense Database Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Database Office sought Office held		Category (See Categories listed at the top of this sch	.	
EXPENDITURE Fees Database Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		Fees	L Ulidux ii Aust	in, TX, officeholder living expense
expenditure to benefit C/OH			Database	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought	Office held
		ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	:EDED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 12/16	-		3 Filer ID (Ethics Commission Filers)			
4 Date 03/06/2017	5 Payee name WishList Direct/Vote	er Direct Texas				
6 Amount (\$) \$4,028.92	7 Payee address; City; State; Zip P.O. Box 312100 New Braunfels,					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH						
Date 03/06/2017	Payee name WishList Direct/Voter Direct T	Гехаѕ				
Amount (\$) \$1,136.93	Payee address; City; State; Zip P.O. Box 312100 New Braunfels,					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage and Card Printing					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 03/07/2017	Payee name WishList Direct/Voter Direct Te	exas				
Amount (\$) \$3,878.92	Payee address; City; State; Zip C P.O. Box 312100 New Braunfels,					
PURPOSE OF	Category (See Categories listed at the top of this sche $Advertising\ Expense$	Check if travel outs Check if Austin, Postage and Ca	tside of Texas. Complete Schedule T. , TX, officeholder living expense ard Printing			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEE	DED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 13/16 4 Date 5 Payee name 03/07/2017 WishList Direct/Voter Direct Texas 6 Amount (\$) 7 Payee address: City; State; Zip Code \$1,136.93 P.O. Box 312100 New Braunfels, TX 78131 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising Expense Postage and Card Printing Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Mail Chimp 03/16/2017 Amount (\$) Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308 \$50.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office Overhead **Emailing Services** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date US Postal Service 03/21/2017 Amount (\$) Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132 \$98.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Office Overhead **EXPENDITURE** Postage Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 14/16			3 Filer ID (Ethics Commission Filers)			
4 Date 03/24/2017	Ott Advertising and Marketing					
6 Amount (\$)	7 Payee address; City; State; Zip	o Code				
\$623.58	3.58 3205 Lamesa Pl Fort Worth, TX 76109					
8	(a) Category (See Categories listed at the top of this sci	hedule)	(b) Description	itside of Texas. Complete Schedule T.		
PURPOSE OF	A			, TX, officeholder living expense		
EXPENDITURE	Advertising Expense		Notecards, envelopes, rack cards			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought	Office held		
Date	Payee name					
02/20/2017	02/20/2017 Marcia Strategies					
Amount (\$) Payee address; City; State; Zip Code						
\$1,500.00	\$1,500.00 31540 Smithson Valley Road Bulverde, TX 78163					
	Category (See Categories listed at the top of this schedule) Description Challiffer an American Canada a Cana					
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
EXPENDITURE	Consulting Expense		Campaign Services			
Complete ONLY if direct	Candidate / Officeholder name	L	Office sought	Office held		
expenditure to benefit C/OH						
Date	Payee name					
01/18/2017	Mail Chimp					
Amount (\$)	Payee address; City; State; Zip	Code				
\$50.00	675 Ponce de Leon Avenue NE, St	te 5000	Atlanta, GA 30)308		
	Category (See Categories listed at the top of this sch	edule)	Description			
PURPOSE OF Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
EXPENDITURE	Office Overhead		Emailing Service	ces		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	y Gift/Awards/Memoria	Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		head/Rental Expense ense pense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
•	Credit Card Payment The Instruction Guide explains how to complete this form.							
13/10	2 FILER NAME William I	2 FILER NAME William B. Byrd 3 Filer ID (Ethics Commission Filers)						
4 Date 03/24/2017	5 Payee name Office De	pot						
6 Amount (\$)	7 Payee address; City	7 Payee address; City; State; Zip Code						
\$22.70	4613 Hulen, Ste B For	rt Worth, TX	ζ 7613 <i>′</i>	2				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Envelopes							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	name		Office sought	Office held			
Date	Payee name							
03/27/2017	Democracy Engine							
Amount (\$)	Payee address; City; State; Zip Code							
\$882.34	2125 14th Street NW Wasington, DC 20009							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge for processing online donations							
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame		Office sought	Office held			
Date	Payee name							
02/02/2017	WishList Direct/Voter	Direct Texas	.S					
Amount (\$)	Payee address; City	/; State; Zip Co	ode					
\$279.77	P.O. Box 312100 New I	Braunfels, T∑	X 7813	1	!			
PURPOSE OF EXPENDITURE	Category (See Categories listed at Advertising Expense	the top of this schedu		<u></u>	side of Texas. Complete Schedule T. TX, officeholder living expense ard Printing			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame		Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Oficeholder/Political Committee

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)				
4 Date 03/01/2017	5 Payee name Danwal, Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,577.12	12404 Hwy 155 S Tyler, TX 75703					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	Advertising Expense	Yard Signs				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
03/14/2017	Fort Worth Republican Women					
Amount (\$)	Payee address; City; State; Zip Code					
\$28.00	306 W. 7th Street Fort Worth, TX 76102					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
EXPENDITURE	Event Expense	Event				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
03/27/2017	Macia Strategies					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	31540 Smithson Valley Road Bulverde, T	'X 78163				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense				
		Campaing Service				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CATEGORIES FO	R BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Fees Office Overher Food/Beverage Expense Polling Exper By Gift/Awards/Memorials Expense Printing Exper Legal Services Salaries/Wag	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to com	nplete this form.	_
1 Total pages Schedule F4: 1/1		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEN	MIZED EXPENDITURES CHARGED TO A CRE	DITCARD	\$ \$0.00
5 Date 02/01/2017	6 Payee name US Postal Service		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$108.00	7101 Bryant Irvin Rd Fort Worth, TX 70	6132	
9 TYPE OF EXPENDITURE	X Political Non-Politic	cal	
10 PURPOSE OF EXPENDITURE	Check i	f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	 Candidate / Officeholder name Offic H	Post Offices sought	e Box Rental Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Politic	cal	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office	e sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDIII E AS NET	-DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extense setters on the listed choice)

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Legal Serv	s/Memorials Expense ices truction Guide explain		Wages/Contract Labor			ut Of Distric ter a catego	it ory not listed above)
1 Total pages Schedule G: 1/1	2 FILER NA	ME Wi	lliam B. Byrd			3	Filer	ID (Ethics	Commission Filers)
4 Date 02/13/2017	5 Payee nam		Cards						
6 Amount (\$)	7 Payee add	lress;	City; State; Zip	Code					
\$108.00 Reimbursement from political contributions intended	P. O. Box	78045	Phoenix, AZ 8	35062					
8 PURPOSE	(a) Category (See Categorie	es listed at the top of this sch	nedule) ((b) Description Rer				
OF EXPENDITURE	Credit Ca	rd Payn	nent		Check if travel outsi Check if Austin,			•	
9 Complete ONLY if direct expenditure to benefit C/C		ate / Office	eholder name		Office sought				Office held
Date	Payee nam	e							
Amount (\$)	Payee add	ress;	City; State; Zip	Code					
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category (S	See Categorie	s listed at the top of this scho	edule) (b) Description Check if travel outsid				
Complete ONLY if direct expenditure to benefit C/O		te / Office	holder name		Office sought				Office held
Date	Payee name	Э							
Amount (\$)	Payee addr	ess;	City; State; Zip	Code					
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category (So	ee Categories	listed at the top of this sche	dule) (k	Description Check if travel outside Check if Austin, TX				
Complete ONLY if direct expenditure to benefit C/Ol		e / Officel	nolder name		Office sought			(Office held
	ATTAC	H ADDITI	ONAL COPIES OF	THIS SC	HEDULE AS NEED	ED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this fo •• Complete only if "Report Type" on page 1 is marked "Fin	
1	C/OH I	NAME William B. Byrd	2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE	
	ing a re	expect any further political contributions or political expenditures in connection with my eport as a final report terminates my campaign treasurer appointment. I also understautions or make any campaign expenditures without a campaign treasurer appointment	nd that I may not accept any campaign
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.
	×	I have unexpended contributions or unexpended interest or income earned from pomay not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of Elect	me earned on political contributions to contributions and that I may not retain ibutions longer than six years after filing ontributions and unexpended interest or
	B.	ASSETS	
	Chec	conly one:	
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.
	×	I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to
			signature of Candidate
			ngriature or Carididate
		EHOLDER plete this section <i>only</i> if you are an officeholder ··	
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an
		Sig	gnature of Officeholder