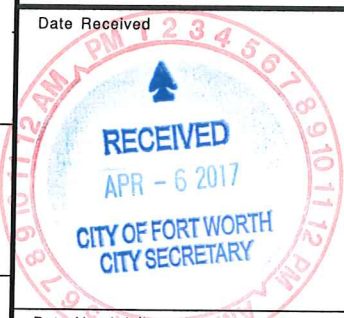


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: 59</p>												
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR Mr.</td> <td style="width: 33%;">FIRST William</td> <td style="width: 33%;">MI B.</td> </tr> <tr> <td>NICKNAME "Brian"</td> <td>LAST Byrd</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST William	MI B.	NICKNAME "Brian"	LAST Byrd	SUFFIX	<p>OFFICE USE ONLY</p>  <p>Date Received</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR Mr.	FIRST William	MI B.													
NICKNAME "Brian"	LAST Byrd	SUFFIX													
Receipt #	Amount \$														
Date Processed															
Date Imaged															
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">ADDRESS / PO BOX; P. O. Box 33767</td> <td style="width: 33%;">APT / SUITE #; Fort Worth, TX</td> <td style="width: 33%;">CITY; STATE; ZIP CODE 76162</td> </tr> </table>		ADDRESS / PO BOX; P. O. Box 33767	APT / SUITE #; Fort Worth, TX	CITY; STATE; ZIP CODE 76162										
ADDRESS / PO BOX; P. O. Box 33767	APT / SUITE #; Fort Worth, TX	CITY; STATE; ZIP CODE 76162													
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">AREA CODE (682)</td> <td style="width: 33%;">PHONE NUMBER 667 - 8081</td> <td style="width: 33%;">EXTENSION</td> </tr> </table>		AREA CODE (682)	PHONE NUMBER 667 - 8081	EXTENSION										
AREA CODE (682)	PHONE NUMBER 667 - 8081	EXTENSION													
<p>6 CAMPAIGN TREASURER NAME</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR Mr.</td> <td style="width: 33%;">FIRST Robert</td> <td style="width: 33%;">MI E.</td> </tr> <tr> <td>NICKNAME "Rob"</td> <td>LAST Opitz</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Robert	MI E.	NICKNAME "Rob"	LAST Opitz	SUFFIX							
MS / MRS / MR Mr.	FIRST Robert	MI E.													
NICKNAME "Rob"	LAST Opitz	SUFFIX													
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">STREET ADDRESS (NO PO BOX PLEASE); 3200 Riverfront Drive, Suite 200</td> <td style="width: 33%;">APT / SUITE #; Fort Worth, TX</td> <td style="width: 33%;">CITY; STATE; ZIP CODE 76107</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE); 3200 Riverfront Drive, Suite 200	APT / SUITE #; Fort Worth, TX	CITY; STATE; ZIP CODE 76107									
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<p>8 CAMPAIGN TREASURER PHONE</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">AREA CODE (817)</td> <td style="width: 33%;">PHONE NUMBER 332 - 2301</td> <td style="width: 33%;">EXTENSION</td> </tr> </table>			AREA CODE (817)	PHONE NUMBER 332 - 2301	EXTENSION									
AREA CODE (817)	PHONE NUMBER 332 - 2301	EXTENSION													
<p>9 REPORT TYPE</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)				
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<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)												
<p>10 PERIOD COVERED</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">Month 01</td> <td style="width: 33%;">Day 01</td> <td style="width: 33%;">Year 2017</td> <td style="width: 33%;">Month 03</td> <td style="width: 33%;">Day 27</td> <td style="width: 33%;">Year 2017</td> </tr> <tr> <td colspan="3" style="text-align: center;">THROUGH</td> <td colspan="3"></td> </tr> </table>			Month 01	Day 01	Year 2017	Month 03	Day 27	Year 2017	THROUGH					
Month 01	Day 01	Year 2017	Month 03	Day 27	Year 2017										
THROUGH															
<p>11 ELECTION</p>	<table style="width: 100%;"> <tr> <td style="width: 33%;">ELECTION DATE Month Day Year 05 / 06 / 2017</td> <td style="width: 33%;">ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</td> <td style="width: 33%;"></td> </tr> </table>			ELECTION DATE Month Day Year 05 / 06 / 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
ELECTION DATE Month Day Year 05 / 06 / 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known)</p> <p>Fort Worth City Council, District 3</p>													
<p>GO TO PAGE 2</p>															

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME William B. Byrd

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 50,000.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 24,434.78

CONTRIBUTION
BALANCE

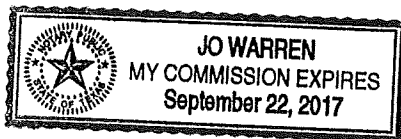
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 29,813.66

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 150.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William B. Byrd, this the 6 day of April, 20 17, to certify which, witness my hand and seal of office.

Jo Warren
Signature of officer administering oath

Jo Warren
Printed name of officer administering oath

Jo Warren
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME William B. Byrd		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,326.78
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 108.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 108.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/03/2017

5 Full name of contributor

Susan Thomas

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

6955 Battle Creek Rd

Fort Worth, TX 76116

7 Amount of contribution (\$)

\$25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/05/2017

Full name of contributor

Hanmanth Bejjanki

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

6809 Saucon Valley Dr

Fort Worth, TX 76132

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/05/2017

Full name of contributor

Katherine Harvey

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4009 Hildring Drive W

Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/08/2017

Full name of contributor

Chris Pratt

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4600 Porto Villa Ct

Fort Worth, TX 76126

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/37**2** FILER NAME

William B. Byrd

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

01/09/2017

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

Will Martin

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

1612 Summit Ave, Ste 400 Fort Worth, TX 76102

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

Date

01/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Peter Ochs

Amount of contribution (\$)

\$300

Contributor address;

City; State; Zip Code

P. O. Box 10156 Newport Beach, CA 92658

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Watts

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

6004 Laurel Valley Ct Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clifton DuBose

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

1904 College Avenue 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/12/2017

5 Full name of contributor

Lamar Smith

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

1814 Westover Square

Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/18/2017

Full name of contributor

Andrew Soule

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

5125 River Bluff Drive

Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/19/2017

Full name of contributor

Josh Burgess

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

4816 Willow Run Ct.

Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/19/2017

Full name of contributor

David Nethery

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

6551 Harris Pkwy, Ste 200 Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/37**2** FILER NAME

William B. Byrd

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

01/23/2017

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

Corbin Wilson

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

4225 Rainer Ct

Fort Worth, TX 76109

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

Date

01/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Walton Lawrence

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

313 Ridgewood Road

Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Helen Boydstun

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1406 Clubview Ct

Arlington, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Vince Miller

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

455 Oak Creek Drive S

Vadnais Heights, MN 55127

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5/37**2** FILER NAME

William B. Byrd

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

01/23/2017

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

Chris Pool

7 Amount of contribution (\$)

\$200

6 Contributor address;

City; State; Zip Code

8516 Virginia Meadows Drive Manassas, VA 20109

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

Date

01/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Dixon

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

6821 River Bend Road Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/24/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Rapp

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

116 Mesquite Meadow Ln Fort Worth, TX 76126

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/25/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marten Hoekstra

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

111 Central Park N, 8A New York, NY 10026

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6/37**2** FILER NAME

William B. Byrd

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

01/25/2017

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

Don Addington

6 Contributor address;

City; State; Zip Code

3257 Odessa Avenue

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$50

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

Date

01/26/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sharon White

Contributor address;

City; State; Zip Code

4325 Clayton Drive W

Fort Worth, TX 76116

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gene Gray

Contributor address;

City; State; Zip Code

3508 Elm Creek Ct

Fort Worth, TX 76109

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cooper Collins

Contributor address;

City; State; Zip Code

6462 Sumac Road

Fort Worth, TX 76116

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7/37**2** FILER NAME

William B. Byrd

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

01/26/2017

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

Paul Coulter

6 Contributor address; City; State; Zip Code

8321 Estandarte Ct

Benbrook, TX 76126

7 Amount of contribution (\$)

\$500

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

Date

01/27/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Byrd

Contributor address; City; State; Zip Code

3701 Ridglea Country Club Dr Fort Worth, TX 76116

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Batton

Contributor address; City; State; Zip Code

4101 Glenwood Drive Fort Worth, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sean Valderas

Contributor address; City; State; Zip Code

4204 Hartwood Drive Fort Worth, TX 76109

Amount of contribution (\$)

\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8/37**2** FILER NAME

William B. Byrd

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

02/07/2017

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

Terry Van der Aa

7 Amount of contribution (\$)**6** Contributor address;

City; State; Zip Code

506 West Maple Street

Hinsdale, IL 60521

\$1,000

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

Date

02/07/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Verna Sholdra

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3755 Tamarack Ct

Fort Worth, TX 76116

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Neill

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

4908 Bradford Ct

Fort Worth, TX 76132

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kendall Draper

Amount of contribution (\$)

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9/37**2** FILER NAME

William B. Byrd

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

01/14/2017

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

Lavanya Nagineni

Contributor address;

City; State; Zip Code

6617 Oak Hill Ct

Fort Worth, TX 76132

7 Amount of contribution (\$)

\$1,000

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

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeff Prostok

Contributor address;

City; State; Zip Code

4925 Riverbend Drive

Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Long Hoang

Contributor address;

City; State; Zip Code

3509 Hilltop Road

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lauren Williams

Contributor address;

City; State; Zip Code

1217 Blue Lake Blvd

Arlington, TX 76005

Amount of contribution (\$)

\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10/37**2** FILER NAME

William B. Byrd

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

02/09/2017

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

Byron Benard

6 Contributor address; City; State; Zip Code

1363 Roaring Springs Rd Fort Worth, TX 76114

7 Amount of contribution (\$)

\$250

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

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Robertson

Contributor address; City; State; Zip Code

4136 Coral Circle Fort Worth, TX 76126

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Crain

Contributor address; City; State; Zip Code

4320 Bellaire Drive Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Ewin

Contributor address; City; State; Zip Code

1816 Westover Square Fort Worth, TX 76107

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11/37**2** FILER NAME

William B. Byrd

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

02/09/2017

5 Full name of contributor

Chris Segrest

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

6800 Vallecito Drive

City; State; Zip Code

Austin, TX 78759

7 Amount of contribution (\$)

\$25

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

Date

02/09/2017

Full name of contributor

Teresa Shrutz

☐ out-of-state PAC (ID#: _____)

Contributor address;

111 Chris Ct

City; State; Zip Code

Hudson Oaks, TX 76087

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

Brett Austin

☐ out-of-state PAC (ID#: _____)

Contributor address;

501 Wood Lake Drive

City; State; Zip Code

Aledo, TX 76008

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

Benjamin Salihu

☐ out-of-state PAC (ID#: _____)

Contributor address;

5202 Bryant Irvin, Apt 2205 Fort Worth, TX 76132

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12/37**2** FILER NAME

William B. Byrd

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

02/09/2017

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

Russell Matthews

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

7424 Sweet Meadows Drive Fort Worth, TX 76123

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

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Micah Scharchburg

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

3425 Kelvin Avenue Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sonya Morrison

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

911 Roaring Springs Road Fort Worth, TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melinda Vance

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

3901 Mockingbird Lane Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13/37

2 FILER NAME
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date
02/11/2017

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

7 Amount of contribution (\$)

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)

Date
02/12/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6300 Walburn Ct Fort Worth, TX 76133

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/12/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
719 Rivercrest Drive Fort Worth, TX 76107

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/13/2017

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

Amount of contribution (\$)

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14/37**2** FILER NAME

William B. Byrd

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

02/13/2017

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

Debby Brown

7 Amount of contribution (\$)

\$250

6 Contributor address;

City; State; Zip Code

4501 Crestline Drive

Fort Worth, TX 76107

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

Date

02/13/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Guild

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

6000 Wisen Avenue

Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

J. Michael Fite

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

4701 Ranch View Road

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Beverly Branham

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

6487 Woodstock Road

Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15/37**2** FILER NAME

William B. Byrd

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

02/16/2017

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

Radhakrishna Kurup

7 Amount of contribution (\$)

\$500

6 Contributor address;

City; State; Zip Code

8108 Rain Dance Trail

Fort Worth, TX 76123

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

Date

02/16/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Margaret Thomas

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

5005 Cockrell Avenue

Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Ann Giordano

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

712 Roaring Springs Road

Fort Worth, TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gramon Gunn

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

7013 Treehaven Road

Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

16/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

02/17/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Klein

6 Contributor address;

City; State; Zip Code

6913 Sanctuary Heights Rd Fort Worth, TX 76132

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/19/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Rearden

Contributor address;

City; State; Zip Code

3455 Lantern Hollow Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/19/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

J. David Tracy

Contributor address;

City; State; Zip Code

2734 Colonial Pkwy Fort Worth, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan McDonald

Contributor address;

City; State; Zip Code

3108 Edgehill Road Fort Worth, TX 76116

Amount of contribution (\$)

\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17/37**2** FILER NAME

William B. Byrd

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

02/20/2017

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

Charles Cooper

7 Amount of contribution (\$)**6** Contributor address;

City; State; Zip Code

5229 Trail Lake Drive

Fort Worth, TX 76133

\$25

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

Date

02/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Peter Rutledge

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2125 Bradford Park Ct

Fort Worth, TX 76107

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Duban

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

4433 Tamworth Road

Fort Worth, TX 76116

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clyde Womack

Amount of contribution (\$)

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 18/37**2** FILER NAME

William B. Byrd

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

02/23/2017

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

Mitch Reitman

Contributor address;

City; State; Zip Code

3805 Trails Edge

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$50

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

Date

02/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Cappel

Contributor address;

City; State; Zip Code

3801 Bellaire Circle

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Jordan

Contributor address;

City; State; Zip Code

9128 Benview Ct

Fort Worth, TX 76126

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Byrd

Contributor address;

City; State; Zip Code

3701 Ridglea Country Club Dr Fort Worth, TX 76116

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19/37**2** FILER NAME
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date

02/27/2017

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

Jerry Berkowitz

6 Contributor address;

City; State; Zip Code

3224 Collinsworth Street Fort Worth, TX 76107

7 Amount of contribution (\$)

\$50

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

Date

02/28/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Becky Young

Contributor address;

City; State; Zip Code

12033 Yarmouth Lane Fort Worth, TX 76108

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Harrington

Contributor address;

City; State; Zip Code

3117 Overton Park Drive E Fort Worth, TX 76109

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rudolf Brun

Contributor address;

City; State; Zip Code

3006 Tanglewood Park W Fort Worth, TX 76109

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 20/37**2** FILER NAME

William B. Byrd

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

03/03/2017

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

William Bettis

6 Contributor address;

City; State; Zip Code

11 Bounty Road E

Fort Worth, TX 76132

7 Amount of contribution (\$)

\$100

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

Date

03/04/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karen Bonham

Contributor address;

City; State; Zip Code

1210 S Lamar St, Apt 1426

Dallas, TX 75215

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Walter Floyd

Contributor address;

City; State; Zip Code

2205 Hidden Creek Road

Fort Worth, TX 76107

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeb Bradshaw

Contributor address;

City; State; Zip Code

2919 Alton Road

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

21/37

2 FILER NAME

William B. Byrd

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

03/06/2017

5 Full name of contributor

Sharaon Rappa

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

City; State; Zip Code

4005 Snow Creek Drive

Fort Worth, TX 76008

7 Amount of contribution (\$)

\$50

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

Date

03/06/2017

Full name of contributor

Shirley Hull

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4944 Westbriar Drive

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/06/2017

Full name of contributor

Sharon Cooper

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3605 Country Club Circle

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2017

Full name of contributor

William Byrd

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3701 Ridglea Country Club Dr Fort Worth, TX 76116

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 22/37**2** FILER NAME
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date

03/09/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mary Jane Martinez**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code

6713 Morning Dew Drive Fort Worth, TX 76132

\$50

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

Date

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

Amount of contribution (\$)

03/11/2017

Tom Locke

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 (\$)

03/11/2017

Beverly Bielss

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 (\$)

03/13/2017

Betty Chapman

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 23/37**2** FILER NAME

William B. Byrd

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

03/15/2017

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

Leo Wegemer

6 Contributor address; City; State; Zip Code

4824 Overton Hollow St Fort Worth, TX 76109

7 Amount of contribution (\$)

\$1,000

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

Date

03/15/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carolyn Moore

Contributor address; City; State; Zip Code

6720 Blue Meadow Drive Fort Worth, TX 76132

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/15/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Randy Hall

Contributor address; City; State; Zip Code

6712 Morning Dew Drive Fort Worth, TX 76132

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/16/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shirley Wells

Contributor address; City; State; Zip Code

4716 Oak Trail Fort Worth, TX 76109

Amount of contribution (\$)

\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 24/37**2** FILER NAME

William B. Byrd

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

03/17/2017

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

Eddie Hale

7 Amount of contribution (\$)**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)

Date

03/20/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lou Ann Burke

Amount of contribution (\$)

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

03/20/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Reilly

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1024 S FM Road 5

Aledo, TX 76008

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Beverly Reilly

Amount of contribution (\$)

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25/37**2** FILER NAME

William B. Byrd

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

03/20/2017

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

Judy Strickland

Contributor address; City; State; Zip Code

3110 Camellia Rose Drive, Unit 211 Fort Worth, TX 76109

7 Amount of contribution (\$)

\$100

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

Date

03/20/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rebecca Lucas

Contributor address; City; State; Zip Code

4836 Overton Woods Drive Fort Worth, TX 76109

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sharon Messer

Contributor address; City; State; Zip Code

5108 Patridge Road Fort Worth, TX 76132

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ken Keenum

Contributor address; City; State; Zip Code

3516 Bellaire Park Ct Fort Worth, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

26/37

2 FILER NAME

William B. Byrd

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

03/21/2017

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

Scott Wade

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

6428 Garland Avenue

Fort Worth, TX 76116

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

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Garland Dummit

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1217 Forest Park Drive

Weatherford, TX 76087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Batton

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

4101 Glenwood Drive

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Matthew Madison

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

6436 Monarch Hills Drive Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 27/37**2** FILER NAME

William B. Byrd

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

03/21/2017

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

Elizabeth Ingram

6 Contributor address;

City; State; Zip Code

3750 Tamarack Ct

Fort Worth, TX 76116

7 Amount of contribution (\$)

\$50

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

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Teresa Shurtz

Contributor address;

City; State; Zip Code

111 Chris Ct

Hudson Oaks, TX 76087

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melissa Rogers

Contributor address;

City; State; Zip Code

4008 Edgehill Road

Fort Worth, TX 76116

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Pugliano

Contributor address;

City; State; Zip Code

7109 Riverport Road

Fort Worth, TX 76116

Amount of contribution (\$)

\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

28/37

2 FILER NAME

William B. Byrd

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

03/21/2017

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

Todd Spake

6 Contributor address;

City; State; Zip Code

6516 Trinity Heights Blvd Fort Worth, TX 76132

7 Amount of contribution (\$)

\$100

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

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert May

Contributor address;

City; State; Zip Code

4225 Brooktree Drive Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kim Norton

Contributor address;

City; State; Zip Code

4709 Edenwood Drive Fort Worth, TX 76123

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Janet Capua

Contributor address;

City; State; Zip Code

4313 Capra Way Fort Worth, TX 76126

Amount of contribution (\$)

\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 29/37**2** FILER NAME

William B. Byrd

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

03/21/2017

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

Eric Wear

6 Contributor address;

City; State; Zip Code

4400 Stonedale Road

Fort Worth, TX 76116

7 Amount of contribution (\$)

\$100

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

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kim Miller

Contributor address;

City; State; Zip Code

6420 High Brook Drive

Fort Worth, TX 76132

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wilson Peppard

Contributor address;

City; State; Zip Code

3940 Bent Elm Lane

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Deborah Troxell

Contributor address;

City; State; Zip Code

4121 Coral Circle

Fort Worth, TX 76126

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 30/37**2** FILER NAME

William B. Byrd

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

03/21/2017

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

Joseph Milling

6 Contributor address;

City; State; Zip Code

6455 El Toro Ct

Fort Worth, TX 76133

7 Amount of contribution (\$)

\$50

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

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

J. Michael Fite

Contributor address;

City; State; Zip Code

4701 Ranch View Road

Fort Worth, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eric Wear

Contributor address;

City; State; Zip Code

4400 Stonedale Road

Fort Worth, TX 76116

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amanda Wear

Contributor address;

City; State; Zip Code

4400 Stonedale Road

Fort Worth, TX 76116

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

31/37

2 FILER NAME

William B. Byrd

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

03/21/2017

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

Traci Jenkins

6 Contributor address;

City; State; Zip Code

3836 Mattison Avenue

Fort Worth, TX 76107

7 Amount of contribution (\$)

\$25

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

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andrea Loftin

Contributor address;

City; State; Zip Code

10513 Bing Drive

Fort Worth, TX 76108

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chad Reisner

Contributor address;

City; State; Zip Code

3817 Wilkie Way

Fort Worth, TX 76133

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/22/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Sammons

Contributor address;

City; State; Zip Code

4955 Overton Woods Ct

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 32/37**2** FILER NAME
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date
03/22/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ben Moss**6** Contributor address; City; State; Zip Code
2951 Sandage Avenue, Apt 701 Fort Worth, TX 76109**7** Amount of contribution (\$)
\$25**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
03/24/2017Full name of contributor ☐ out-of-state PAC (ID#: _____)
Robert HunterContributor address; City; State; Zip Code
4233 Whitfield Avenue Fort Worth, TX 76109Amount of contribution (\$)
\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/24/2017Full name of contributor ☐ out-of-state PAC (ID#: _____)
Nancy DavisContributor address; City; State; Zip Code
4216 Hildring Drive E Fort Worth, TX 76109Amount of contribution (\$)
\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/25/2017Full name of contributor ☐ out-of-state PAC (ID#: _____)
Frederick CordrayContributor address; City; State; Zip Code
4112 Pebblebrook Ct Fort Worth, TX 76109Amount of contribution (\$)
\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 33/37**2** FILER NAME

William B. Byrd

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

03/25/2017

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

Chris Gotcher

6 Contributor address;

City; State; Zip Code

3121 Tex Blvd

Fort Worth, TX 76116

7 Amount of contribution (\$)

\$100

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

Date

03/25/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Betty Gotcher

Contributor address;

City; State; Zip Code

1193 Roaring Springs Road Fort Worth, TX 76114

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Galvan

Contributor address;

City; State; Zip Code

11601 Wind Creek Ct

Aledo, TX 76008

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Byrd

Contributor address;

City; State; Zip Code

3701 Ridglea Country Club Dr Fort Worth, TX 76116

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 34/37**2** FILER NAME
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date

03/03/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
FW Retired Firefighters & Widows Committee for
Responsible Government
6 Contributor address; City; State; Zip Code

1617 Tierney Road Fort Worth, TX 76112

7 Amount of contribution (\$)

\$2,000

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

Date

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

Amount of contribution (\$)

03/06/2017

FW Firefighters Committee for Responsible Government

Contributor address; City; State; Zip Code

3855 Tulsa Way Fort Worth, TX 76107

\$5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/08/2017

Conservative Voters Forum

Contributor address; City; State; Zip Code

1144 Terrace Trail Hurst, TX 76053

\$5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/20/2017

FW Retired Firefighters & Widows Committee for
Responsible Government

Contributor address; City; State; Zip Code

1617 Tierney Road Fort Worth, TX 76112

\$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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 35/37**2** FILER NAME

William B. Byrd

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

01/31/2017

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

Alta Thompson

Contributor address;

City; State; Zip Code

6755 Ridgmar Blvd, Apt 210 Fort Worth, TX 76116

7 Amount of contribution (\$)

\$50

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

Date

02/01/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joyce Moore

Contributor address;

City; State; Zip Code

6804 Riverdale Drive

Fort Worth, TX 76132

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Freeman

Contributor address;

City; State; Zip Code

6804 Riverdale Drive

Fort Worth, TX 76132

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/02/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Monty Trimble

Contributor address;

City; State; Zip Code

2857 Manorwood Trail

Fort Worth, TX 76109

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 36/37**2** FILER NAME

William B. Byrd

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

02/02/2017

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

Melissa McFadden

7 Amount of contribution (\$)**6** Contributor address;

City; State; Zip Code

425 Meadowhill Drive

Benbrook, TX 76126

\$250

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

Date

02/03/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wishard Lorimer III

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

7032 Shadow Creek Ct

Fort Worth, TX 76132

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/04/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Earlene Conrad

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1051 Roaring Springs Road

Fort Worth, TX 76114

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Stanley

Amount of contribution (\$)

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.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 37/37**2** FILER NAME

William B. Byrd

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

03/25/2017

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

David McLendon

6 Contributor address;

City; State; Zip Code

P.O. Box 126572

Fort Worth, TX 76126

7 Amount of contribution (\$)

\$150

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

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 01/04/2017		5 Payee name Nation Builder			
6 Amount (\$) \$319.00		7 Payee address; City; State; Zip Code 520 S Grande Avenue Los Angeles, CA 90071			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/09/2017		Payee name Zoe's Kitchen			
Amount (\$) \$215.33		Payee address; City; State; Zip Code 5917 Convair Drive, Ste 309 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Drinks	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/10/2017		Payee name US Postal Service			
Amount (\$) \$470.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 01/12/2017		5 Payee name WishList Direct/Voter Direct Texas			
6 Amount (\$) \$156.98		7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 01/12/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$247.90		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 01/12/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$74.56		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 01/19/2017		5 Payee name City of Fort Worth			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 1000 Throckmorton Fort Worth, TX 76102			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee to be on ballot	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/21/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$308.08		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/21/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$213.71		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/16	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2017	5 Payee name Macias Strategies	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/23/2017	Payee name US Postal Service	
Amount (\$) \$3.50	Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/24/2017	Payee name US Postal Service	
Amount (\$) \$10.59	Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 (\$) \$2.62		7 Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/02/2017		Payee name Office Depot			
Amount (\$) \$30.27		Payee address; City; State; Zip Code 4613 Hulen, Ste B Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/03/2017		Payee name US Postal Service			
Amount (\$) \$94.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
			Postage		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/25/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$186.51		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
			Postage and Card Printing		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/31/2017		Payee name Campaign Sidekick			
Amount (\$) \$99.00		Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
			Database		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 02/01/2017		5 Payee name Northwest Engravers			
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametag	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/04/2017		Payee name Nation Builder			
Amount (\$) \$319.00		Payee address; City; State; Zip Code 520 S Grande Avenue Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/03/2017		Payee name Campaign Sidekick			
Amount (\$) \$99.00		Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 (\$) \$192.40		7 Payee address; City; State; Zip Code 4613 Hulen, Ste B Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes, Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/14/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$172.93		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage & Card Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/15/2017		Payee name US Postal Service			
Amount (\$) \$108.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 02/16/2017		5 Payee name Mail Chimp			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Service	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 02/20/2017		Payee name Macia Strategies			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 02/23/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$383.12		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage & Card Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/2017		5 Payee name WishList Direct/Voter Direct Texas			
6 Amount (\$) \$200.75		7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage & Card Printing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/23/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$369.13		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage & Card Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/26/2017		Payee name Party City			
Amount (\$) \$32.44		Payee address; City; State; Zip Code 4826 SW Loop 820 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plates	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/2017		5 Payee name Campaign Sidekick			
6 Amount (\$) \$99.00		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) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/05/2017		Payee name Costco			
Amount (\$) \$48.75		Payee address; City; State; Zip Code 5300 Overton Ridge Blvd Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/04/2017		Payee name Nation Builder			
Amount (\$) \$319.00		Payee address; City; State; Zip Code 520 S Grand Avenue Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12/16	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2017	5 Payee name WishList Direct/Voter Direct Texas	
6 Amount (\$) \$4,028.92	7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 03/06/2017	Payee name WishList Direct/Voter Direct Texas	
Amount (\$) \$1,136.93	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 03/07/2017	Payee name WishList Direct/Voter Direct Texas	
Amount (\$) \$3,878.92	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2017		5 Payee name WishList Direct/Voter Direct Texas			
6 Amount (\$) \$1,136.93		7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/16/2017		Payee name Mail Chimp			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/21/2017		Payee name US Postal Service			
Amount (\$) \$98.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14/16	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2017	5 Payee name Ott Advertising and Marketing	
6 Amount (\$) \$623.58	7 Payee address; City; State; Zip Code 3205 Lamesa Pl Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notecards, envelopes, rack cards
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 02/20/2017	Payee name Marcia Strategies	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/18/2017	Payee name Mail Chimp	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15/16	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2017	5 Payee name Office Depot	
6 Amount (\$) \$22.70	7 Payee address; City; State; Zip Code 4613 Hulen, Ste B Fort Worth, TX 76132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 03/27/2017	Payee name Democracy Engine	
Amount (\$) \$882.34	Payee address; City; State; Zip Code 2125 14th Street NW Wasington, DC 20009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge for processing online donations
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 02/02/2017	Payee name WishList Direct/Voter Direct Texas	
Amount (\$) \$279.77	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16/16		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/2017		5 Payee name Danwal, Inc.			
6 Amount (\$) \$1,577.12		7 Payee address; City; State; Zip Code 12404 Hwy 155 S Tyler, TX 75703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/14/2017		Payee name Fort Worth Republican Women			
Amount (\$) \$28.00		Payee address; City; State; Zip Code 306 W. 7th Street Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/27/2017		Payee name Macia Strategies			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaing Service	
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1/1	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ \$0.00
5 Date 02/01/2017	6 Payee name US Postal Service	
7 Amount (\$) \$108.00	8 Payee address; City; State; Zip Code 7101 Bryant Irvin Rd Fort Worth, TX 76132	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Rental
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1/1	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2017	5 Payee name Citi Cards	
6 Amount (\$) \$108.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P. O. Box 78045 Phoenix, AZ 85062	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Rental of PO Box <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

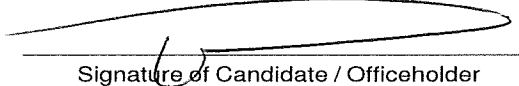
The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME William B. Byrd

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

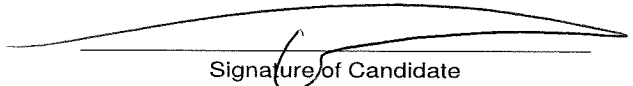
☒ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual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

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

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


Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder