


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

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>13</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS <input checked="" type="checkbox"/> MR FIRST <b>John</b> MI <b>T</b> NICKNAME _____ LAST <b>Fitzgerald</b> SUFFIX <b>III</b>	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked		Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 11310 Fort Worth, TX 76110</b>			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b> AREA CODE PHONE NUMBER EXTENSION <b>(817) 476-0542</b>			
<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS <input checked="" type="checkbox"/> MR FIRST <b>John</b> MI <b>T</b> NICKNAME _____ LAST <b>Fitzgerald</b> SUFFIX <b>III</b>			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2624 Ryan Place Dr, Fort Worth TX 76110</b>			
<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE PHONE NUMBER EXTENSION <b>(817) 476-0542</b>			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    MONTH    DAY    YEAR <b>4 / 6 / 17</b> THROUGH <b>4 / 28 / 17</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>5 6 17</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b> OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>City Council District 9 Fort Worth</b>		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME John T Fitzgerald III 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2511.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8643.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2215.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

John T Fitzgerald III  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John T Fitzgerald III this the 28 day of April, 2017, to certify which, witness my hand and seal of office.

Lucia Ramirez  
Signature of officer administering oath

Lucia Ramirez  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>John T Fitzgerald III</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2365.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 146.00
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	\$ 8643.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME **John T Fitzgerald III**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/7/17**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Angela Gaither**

7 Amount of contribution (\$)  
**25.00**

6 Contributor address; City; State; Zip Code  
**1319 S. Adams St, Fort Worth, TX 76104**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**4/7/17**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jason Jones**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2307 Mistletoe Dr, Fort Worth, TX 76110**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/10/17**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Tim Halder**

Amount of contribution (\$)  
**50.00**

Contributor address; City; State; Zip Code  
**P.O. Box 471259, Fort Worth, TX 76147**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/12/17**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Walter Morosky and Ginger Morosky**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**2517 Ryan Place Dr, Fort Worth, TX 76110**

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**

2 FILER NAME **John T Fitzgerald III**

3 Filer ID (Ethics Commission Filers)

4 Date **4/12/17**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ellen Warthoe and John Hardy**  
 6 Contributor address; City; State; Zip Code  
**2701 Willing Ave, Fort Worth, TX 76110**

7 Amount of contribution (\$)  
**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **4/12/17**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Fabian and Donna Gabrysch**  
 Contributor address; City; State; Zip Code  
**4460 Pebble Beach Dr, Beaumont, TX 77707**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/12/17**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Frances Look**  
 Contributor address; City; State; Zip Code  
**1024 Lilac St, Fort Worth, TX 76110**

Amount of contribution (\$)  
**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/12/17**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Patricia Bradley**  
 Contributor address; City; State; Zip Code  
**2001 6th Ave, Fort Worth, TX 76110**

Amount of contribution (\$)  
**200.00**

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: <b>4</b>
2 FILER NAME <b>John T Fitzgerald III</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diana Koch</b> 6 Contributor address; City; State; Zip Code <b>2600 6th Ave, Fort Worth, TX 76110</b>	7 Amount of contribution (\$) <b>750.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/18/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ronald Moore</b> Contributor address; City; State; Zip Code <b>P.O. Box 341, La Vernia, TX 78121</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denis and Gail Gondek</b> Contributor address; City; State; Zip Code <b>2709 Leith Ave, Fort Worth, TX 76133</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/22/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Stelmas</b> Contributor address; City; State; Zip Code <b>3237 Wabash Ave, Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>100.00</b>
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: <b>4</b>
2 FILER NAME <b>John T Fitzgerald III</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlie Martinez</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>1501 Fairmount Ave, Fort Worth, TX 76104</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>John T Fitzgerald III</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>0</i>	
5 Date <i>4/23/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Stelmas</i>	8 Amount of Contribution \$ <i>146.00</i>	9 In-kind contribution description <i>Stamps</i>
7 Contributor address; City; State; Zip Code <i>3237 Wabash Ave, Fort Worth, TX 76109</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>John T Fitzgerald III</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/7/17</i>	<b>5</b> Payee name <i>Super Cheap Signs</i>	
<b>6</b> Amount (\$) <i>691.58</i>	<b>7</b> Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd, Suite # 100, Austin, TX 78758</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signs</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4/9/17</i>	Payee name <i>Staples</i>	
Amount (\$) <i>16.23</i>	Payee address; City; State; Zip Code <i>1600 South University Dr, Fort Worth, TX 76107</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Business Cards</i>
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>4/10/17</i>	Payee name <i>Super Cheap Signs</i>	
Amount (\$) <i>1198.48</i>	Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd, Suite # 100, Austin TX 78758</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signs</i>
	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:	2 FILER NAME <b>John T Fitzgerald III</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/10/17</b>	5 Payee name <b>Vistaprint</b>
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6 Amount (\$) <b>243.39</b>	7 Payee address; City; State; Zip Code <b>95 Hayden Avenue, Lexington, MA 02421</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Push Cards</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/13/17</b>	Payee name <b>Amazon</b>
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Amount (\$) <b>23.98</b>	Payee address; City; State; Zip Code <b>410 Terry Ave, North, Seattle, WA 98109</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Push Card Bags</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/13/17</b>	Payee name <b>Super Cheap Signs</b>
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Amount (\$) <b>434.32</b>	Payee address; City; State; Zip Code <b>9200 Waterford Centre Blvd, Suite #100, Austin, TX 78758</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Signs</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>John T Fitzgerald III</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4/18/17</i>	<b>5</b> Payee name <i>Metro Mailer</i>	
<b>6</b> Amount (\$) <i>2092.13</i>	<b>7</b> Payee address; City; State; Zip Code <i>5719 Rosedale #809, Fort Worth, TX 76112</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Mailers</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>4/24/17</i>	Payee name <i>Staples</i>	
Amount (\$) <i>433.49</i>	Payee address; City; State; Zip Code <i>1600 South University Dr, Fort Worth, TX 76107</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Supplies</i>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>4/24/17</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>82.12</i>	Payee address; City; State; Zip Code <i>410 Terry Ave. North, Seattle, WA 98109</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Printing Supplies</i>
	<b>9</b> 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:	2 FILER NAME <b>John T Fitzgerald III</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/25/17</b>	5 Payee name <b>Metro Mailer</b>
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6 Amount (\$) <b>2091.91</b>	7 Payee address; City; State; Zip Code <b>5719 Rosedale #809, Fort Worth, TX 76112</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Mailers</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/25/17</b>	Payee name <b>Vista print</b>
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Amount (\$) <b>187.72</b>	Payee address; City; State; Zip Code <b>95 Hayden Avenue, Lexington MA 02421</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Push Cards</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/28/17</b>	Payee name <b>Staples</b>
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Amount (\$) <b>21.64</b>	Payee address; City; State; Zip Code <b>1600 South University Dr, Fort Worth, TX 76107</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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 <b>Campaign Business Cards</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **John T Fitzgerald III** 3 Filer ID (Ethics Commission Filers)

4 Date **4/27/17** 5 Payee name **Premiere Political Communications**

6 Amount (\$) **780.48** 7 Payee address; City; State; Zip Code **4805 Woodview Avenue, Austin, TX 78756**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense **Phone calls**

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4/7/17** Payee name **Stripe**

Amount (\$) **19.33** Payee address; City; State; Zip Code **185 Bary St, Suite 550, San Francisco, CA 94107**

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) **Fees** Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense **Processing Fees(4/7/17- 4/28/17)**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4/28/17** Payee name **Super Cheap Signs**

Amount (\$) **326.71** Payee address; City; State; Zip Code **9200 Waterford Centre Blvd, Suite #100, Austin, TX 78758**

**PURPOSE OF EXPENDITURE** Category (See Categories listed at the top of this schedule) **Advertising Expense** Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**