GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Thorn	nton, Anthony (Mr.)		14 ACCOUNT # 05092015	(Ethics Commission filers)
15 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the ca nout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME Fort Worth Firefighters Committee for Responsib	ole Government	
	GENERAL COMMITTEE ADDRESS 3855 Tulsa Way Fort Worth, TX 76107			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME Kriss, Brian (Mr.)		
Z. assumption pages		COMMUTEE CAMPAIGN TREASURER ADDRESS 3855 Tulsa Way Fort Worth, TX 76107		
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	35,735.82
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL P	OLITICAL EXPENDITURES	\$	12,367.20
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	24,600.39
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	15,100.00
17 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.



Donna D Rees lotary Public, State of Texas My Commission Expires: October 14, 2017

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

to certify which, witness my hand and seal of office.

Title of officer administering dath

CAMBIDATE / OFFICEHOLDER REPORT-

FORM C/OH

COMMITTEE(S) This box is for rotice of political expenditures by political committees to support the candidate of officeholder. These expenditures may have been made whitcout the candidate's or officeholder's knowledge or content. Cardidates and officeholder. These expenditures may have been made whitcout the candidate's or officeholder's knowledge or content. Cardidates and officeholders are required to report this tolder. These expenditures may have been made whitcout the candidate's or officeholder's knowledge or content. Cardidates and officeholders are required to report this tolder. These expenditures may have been made whitcout the formation of active spenditures. COMMITTEE CAMPAIN FOR Worth, TX 76112 COMMITTEE CAMPAIN GIBTRAMP. COMMITTEE CAMPAIN GI	NOTICE FROM			EPORT:	ADDENDUM
17 NOTICE FROM POLITICAL COMMITTEE(S) This hox is for notice of political expenditures by political committees to support the candidates and officeholder. These expenditures may have been made without the candidate's norwinding or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. COMMITTEE TYPE GENERAL GENERAL GENERAL GENERAL GENERAL COMMITTEE ADDRESS 1617 Tierney Rd. FOR Worth, TX 76112 COMMITTEE CAMPAIGN GENERAL COMMITTEE CAMPAIGN GENERAL COMMITTEE CAMPAIGN GENERAL COMMITTEE TYPE COMMITT					Page 3 of 76
Above been made without the candidate's or office-holder's knowledge or consent. Candidates and officeholders are required to report this recommittee (S) Committee type	C/OH NAME Thornto	n, Anthony (Mr.)			
COMMITTEE TYPE GENERAL COMMITTEE ADDRESS 1617 Tierney Rd. Fort Worth, TX 76112 COMMITTEE CAMPAIGN Gilbreath, Cecelia (Ms.) TREASURER ADDRESS Fort Worth, TX 76112 COMMITTEE CAMPAIGN T617 Tierney Rd. TREASURER ADDRESS Fort Worth, TX 76112	FROM POLITICAL	have been made with	hout the candidate's or off	iceholder's knowledge or consent. Candidat	
COMMITTEE CAMPAIGN Gilbreath, Cecelia (Ms.) COMMITTEE CAMPAIGN 1617 Tierney Rd. TREASURER ADDRESS Fort Worth, TX 76112	COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	Fort Worth Retired Firefighters C	committee for Responsible Govt.
THEASURER NAME COMMITTEE CAMPAIGN 1617 TIBRIDEY Rd. TREASURER AODRESS FORT Worth, TX 76112		X GENERAL	COMMITTEE ADDRESS	1617 Tierney Rd. Fort Worth, TX 76112	
		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	Gilbreath, Cecelia (Ms.)	
			COMMITTEE CAMPAIGN TREASURER ADDRESS	1617 Tierney Rd. Fort Worth, TX 76112	

OTTL	OTHER THART EEDGES ON EGANG				
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/	67 Report: 4/76	
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
04/29/2015	6 Contributor address; City; State; Zip Code 7076 TERRA CHASE COVE #232 FORT WORTH, TX 76137		\$10.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/29/2015	Contributor address; City; State; Zip Code 9520 BRITTLEBRUSH TRAIL FORT WORTH, TX 76177		\$5.00	! 	
	·		(If travel outside of	Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)	
T morpal occup	nation / too title (coo manacians)			-	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/29/2015	Contributor address; City; State; Zip Code 1439 W. GAMBRELL ST. FT. WORTH, TX 76115		\$10.00	 	
		F		Texas, complete Schedule T)	
Principal occup	oation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/29/2015	Contributor address; City; State; Zip Code 601 E. BLUFF ST., #3111 FORT WORTH, TX 76102		\$5.00	! 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	,	
Date	Full name of contributor	ŧ	Amount of	In-kind contribution	
Daio	ALCANTAR, ADRIAN (Mr.)	·/	contribution (\$)	description (if applicable)	
04/29/2015	Contributor address; City; State; Zip Code 3804 SWIFTCURRENT CT FORT WORTH, TX 76179		\$10.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>		

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	OTHER MART LEDGES ON LOANS				
	The Instruct	ION GUIDE explains how to complete this form.	···	1 PAGE# Schedule: 2	/67 Report: 5/76
2	FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4	Date	5 Full name of contributor uut-of-state PAC (ID ALCANTAR, MARTIN (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/29/2015	6 Contributor address; City; State; Zip Code 4201 STAGHORN CIR. FT. WORTH, TX 76137		\$10.00	
				(If travel outside of	f Texas, complete Schedule T)
9	Principal occu	oation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 5800 HIGHLAND PARK DR. #2076 FT. WORTH, TX 76132		\$15.00	!
		,		(If travel outside of	Texas, complete Schedule T)
	Principal occur	Leation / Job title (See Instructions)	Employer (See In		Texas, complete concedure 1,
	Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 5204 STONE MEADOW LANE FT. WORTH, TX 76179		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See in	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2015	Contributor address; City; State; Zip Code 2045 FM 2048 Boyd, TX 76023		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
		AMSTEIN, KEVIN (Mr.)		contribution (\$)	description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 3813 GREAT OAK DR. #2105 FT. WORTH, TX 72040		\$5.00 	
				(if travel outside of 3	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	i saud, complete conecute 1/

The Instruct	ทอง Guide explains how to complete this form.		1 PAGE# Schedule: 3/0	/67 Report: 6/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 3936 LINDEN AVE. FT. WORTH, TX 76107		\$10.00	
	}		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 401 W. BEWICK		\$10.00	
	FT. WORTH, TX 76110	ļ	'	· _
The design of the court			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2502 VIA NICOLA #3413 FT. WORTH, TX 76109		\$15.00 	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4020 CYPRESS GARDEN DR. FT. WORTH, TX 76123		\$10.00	
	FI. WORTH, TATOLES		(If trough outside of "	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	<u></u>	exas, complete schedule 1)
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8513 MICHAEL ST. FT. WORTH, TX 76108		\$10.00 	
	i	1	(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 4/67 Report: 7/76 ACCOUNT # (Ethics Commission filers) Thornton, Anthony (Mr.) 2 FILER NAME 05092015 5 Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) BALL, JAMES (Mr.) 6 Contributor address: City; State; Zip Code \$5.00 04/29/2015 8205 SILVER CREEK RD. FT. WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) ut-of-state PAC (ID# Full name of contributor Amount of In-kind contribution Date contribution (\$) description (if applicable) BALLARD, CHRIS (Mr.) City; State; Zip Code 04/29/2015 Contributor address; \$10.00 4433 MINK DR. FORT WORTH, TX 76117 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) BARRON, JAMES (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 2807 RANCH HOUSE DR. E #423 FT. WORTH, TX 76116 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) BELL, JOHN (Mr.) Contributor address; City; State; Zip Code \$15.00 04/29/2015 6989 STETSON FRISCO, TX 75034 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) BENEVIDES, JESSE (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 1416 HOLMAN AVE. FT. WORTH, TX 76106 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruction Guide explains how to complete this form.	,	1 PAGE# Schedule: 5/	67 Report: 8/76
2 FILER NAME Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC (BERRY, MELVIN (Mr.)	ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015 6 Contributor address; City; State; Zip Cod 2532 RIDGMAR BLVD. # 29 FT. WORTH, TX 76116		\$10.00	
		(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date Full name of contributor	ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015 Contributor address; City; State; Zip Cod 4509 RIPTIDE CT. FT. WORTH, TX 76110	e	\$10.00	 -
F1. WORTH, 12.76110			
		<u> </u>	Texas, complete Schedule T)
Principal occupation / Job tille (See Instructions)	Employer (See In	estructions)	
Date Full name of contributor U out-of-state PAC (I BOBBITT, CASSIDY (Mr.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015 Contributor address; City; State; Zip Code 6116 E. MASTERS DRIVE #1815 FORT WORTH, TX 76137	9	\$5.00	
		`	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
Date Full name of contributor ☐ out-of-state PAC (I BONENBERGER, PATRICK (Mr.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015 Contributor address; City; State; Zip Code 7025 WILDHAVEN DRIVE #333 FORT WORTH, TX 76137	,)	\$10.00 	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In:	structions)	
Date Full name of contributor ut-of-state PAC (II BOPE, CRAIG (Mr.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015 Contributor address; City; State; Zip Code 3962 SARASOTA SPRINGS DR. FT. WORTH, TX 76123	· · · · · · · · · · · · · · · · · · ·	\$10.00 	
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS				
The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 6/67 Report: 9/76			
2 FILER NAME Thornton, Anthony (Mr.)	3 ACCOUNT # (Ethics Commission filers) 05092015			
4 Date 5 Full name of contributor ☐ out-of-state PAC (II BOREN, SCOTT (Mr.)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)			
04/29/2015 6 Contributor address; City; State; Zip Code 7952 CLEAR BROOK CIRCLE FORT WORTH, TX 76123	\$15.00			
	(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)			
Date Full name of contributor Out-of-state PAC (IE BOUCHER, MICHAEL (Mr.)	Amount of I In-kind contribution contribution (\$) description (If applicable)			
04/29/2015 Contributor address; City; State; Zip Code 920 HALLUM FT. WORTH, TX 76114	\$10.00 			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)			
04/29/2015 Contributor address; City; State; Zip Code 5805 WATER RIDGE CT. FT. WORTH, TX 76179	\$10.00			
Tr. Wolling 187500	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor	#) Amount of In-kind contribution contribution (\$) description (if applicable)			
04/29/2015 Contributor address; City; State; Zip Code 5517 TRAIL LAKE DR. FT. WORTH, TX 76133	\$5.00			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID: BRADBERRY, JAMES (Mr.)	#) Amount of In-kind contribution contribution (\$) description (if applicable)			
04/29/2015 Contributor address; City; State; Zip Code 3837 WESTERLY RD. FT. WORTH, TX 76116	\$10.00			
	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 7/67 Report: 10/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 In-kind contribution 5 Full name of contributor out-of-state PAC (ID# Amount of Date description (if applicable) contribution (\$) BREEDLOVE, DANIEL (Mr.) 6 Contributor address: \$10.00 04/29/2015 City; State; Zip Code 106 PRIDDY LANE #A FT. WORTH, TX 76114 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Amount of Date contribution (\$) description (if applicable) BROADWATER, ROBERT (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 5913 BEVERLY DR. W. #1196 FT. WORTH, TX 76132 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) description (if applicable) BROWN, JIM (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 8419 WHITNEY DR. FORT WORTH, TX 76108 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date description (if applicable) contribution (\$) BROWN, MATTHEW C. (Mr.) Contributor address; City; State; Zip Code 04/29/2015 \$5.00 4153 S. HULEN FORT WORTH, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Amount of Date contribution (\$) description (if applicable) BROWNING, MICHAEL (Mr.) Contributor address: City: State; Zip Code \$10.00 04/29/2015 4616 SALDANA DRIVE FORT WORTH, TX 76133 (If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Ome	THATT LEDGES STI LON			
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	67 Report: 11/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IE BRUCE, SHELDON (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 4237 CURZON AVE. FORT WORTH, TX 76107		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6108 E. MASTERS DR., #234 FORT WORTH, TX 76137		\$10.00	
	Tom worth, 1270107			_
	<u></u>	<u> </u>		Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1605 FAITH DRIVE#517 FORT WORTH, TX 76120		\$5.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7055 TERRA CHASE CV APT 416 FORT WORTH, TX 76137		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1620 WASHINGTON FORT WORTH, TX 76104		ا 10.00 ا	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	-	, ,
F	,	, , , , , , , , , , , , , , , , , , , ,	•	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 9/	67 Report: 12/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IEBYRD, EUGENE (Mr.))#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5308 BEVERLY DR. W. #3168 FT. WORTH, TX 76132		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6065 MONTE VISTA LANE #1328 FORT WORTH, TX 76132		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	<u></u>	Texas, complete objectule 1/
, ,	,		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9267 DICKSON RD. FT. WORTH, TX 76179		\$10.00	
			. (If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1000 HENDERSON #3 FT. WORTH, TX 76102		\$15.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4020 SCHWARTZ FORT WORTH, TX 76106		\$10.00 <mark> </mark> 	
ı			(If travel outside of 3	Fexas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, complete controller 17

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	D/67 Report: 13/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I CEARLEY, DANIEL (Mr.)	D#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 4854 THURSTON RD. FT. WORTH, TX 76114	e	\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4820 MACIE AVE. FT. WORTH, TX 76114	•	\$5.00	!
			(If travel outside of	Toyon generalists Cohedula T\
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (If Cedillo, Inez (Ms.)	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2015	Contributor address; City; State; Zip Code 2306 Rosen Ave. Fort Worth, TX 76164		\$20.00	 -
Principal occup	ation / Job title (See Instructions)	Employer (See In:	•	Texas, complete Schedule T)
			,	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3924 BLUE POND CIR. FT. WORTH, TX 76123		\$10.00 	
			·	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1000 HENDERSON #117 FT. WORTH, TX 76102		\$10.00 <mark> </mark> 	
				Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11	I/67 Report: 14/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE CLARK, TROY L. (Mr.))#)	7 Amount of contribution (\$)	8
04/29/2015	6 Contributor address; City; State; Zip Code 1000 BINYON AVE. FT. WORTH, TX 76133		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3620 GARDEN SPRINGS DR. FT. WORTH, TX 76123		\$10.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3808 KIMBERLY LANE FORT WORTH, TX 76133		\$5.00	
Delegate of a second	otion / Joh Mille (Con Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4006 MATTISON FT. WORTH, TX 76107		\$10.00	
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID: CONNALLY, RODNEY (Mr.)	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7420 CANDLERIDGE CIR. #30 FT. WORTH, TX 76133		\$10.00 	
	ti di illa (Occabantanti	Francisco (Oct.)	<u> </u>	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

				
The Instruct	пом Guide explains how to complete this form.		1 PAGE# Schedule: 12	2/67 Report: 15/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE CORNISH, ROLLAND (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5340 WESTMINSTER CT. N. FT. WORTH, TX 76133		\$10.00	
	İ		(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	-
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5024 PRAIRIE CREEK TRAIL FORT WORTH, TX 76179		\$5.00	
	101111011111111111111111111111111111111	•	m and mytolide of	l
Principal occur	pation / Job title (See Instructions)	Employer (See In	_ ·	Texas, complete Schedule T)
- Tilloipai occaș	Janotti Toos and Jose manuchone,	Employor (000		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 824 SKYWOOD CT. FT. WORTH, TX 76179		\$10.00	
	,		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 312 CRESTRIDGE CIR. FT. WORTH, TX 76108		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 641 AVIATOR DR. FT. WORTH, TX 76179		 \$15.00 	ļ
			· (If travel outside of i	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, saus, complete conceder 1)
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The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	3/67 Report: 16/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID CROW, CALAB (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 1910 6TH AVENUE FORT WORTH, TX 76110		\$10.00	
	[(If travel outside of	Texas, complete Schedule T)
9 Principal occu	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5324 WHEAT SHEAF TRAIL FORT WORTH, TX 76179		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	l pation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete consults 1,
			·	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6713 BRANCH CREEK DR. FT. WORTH, TX 76132		\$10.00	
Dringing Loggue	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Рапора оссор	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1686 CR 4790 FORT WORTH, TX 76023		\$5.00 	_
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# DAUGHERTY, JOSEPH (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6708 WINDWILLOW DRIVE FORT WORTH, TX 76137		\$10.00 <mark> </mark> I	
			<u> </u>	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

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The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	I/67 Report: 17/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IDDAVIS, CHRISTOPHER (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 1610 LIPSCOMB STREET FORT WORTH, TX 76104		\$10.00	
	ĺ		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4765 TRAIL LAKE DR. FT. WORTH, TX 76133		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	I pation / Job title (See Instructions)	Employer (See In:	•	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5732 WONDER DR. FORT WORTH, TX 76133		\$15.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1032 WEDGEWAY FT. WORTH, TX 76133		\$10.00 	_
	S. A. L. Ell. (Oct. Instantions)			Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor ut-of-state PAC (ID# DEAN, DONALD (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3204 BRIGHTON RD. FT. WORTH, TX 76109		\$10.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

OTHER	THAN PLEDGES ON LOA			
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	5/67 Report: 18/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IEDEYO, RYAN (Mr.)	0#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5024 BOMFORD DRIVE FORT WORTH, TX 76244		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code		\$10.00	
•	FT. WORTH, TX 76112			I
		T = 1 '0 '	<u> </u>	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 100 LEGEND RD. FT. WORTH, TX 76132		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2015	Contributor address; City; State; Zip Code 421 Spyglass Dr. Aledo, TX 76008		\$23.97	
	71600) 77.16000		(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In		rexas, complete outleanie 1/
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 802 N. CHANDLER FT. WORTH, TX 76111		\$10.00	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:		, , .

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 16	6/67 Report: 19/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID-DUVALL, ALAN (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 1005 W BLUFF FT. WORTH, TX 76102		\$10.00	
		I E	1	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4928 STANLEY AVE. FT. WORTH, TX 76115		\$10.00	!
			/if travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete concedure 17
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Date	Full name of contributor ☐ out-of-state PAC (ID# ESPINOZA, ANTONIO (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6409 KENWICK AVE. FT. WORTH, TX 76116		\$10.00	 - -
Principal occur	pation / Job title (See Instructions)	Employer (See In	•	Texas, complete Schedule T)
Frincipal occup	ration 7 500 title (See instructions)	Employer (See in	an detions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# FIMBRES, ROBERTO (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3205 RIVER PARK LANE FT. WORTH, TX 76116		\$10.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7412 MARSARIE CT. FT. WORTH, TX 76137		\$10.00 	
			(If travel outside of 7	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/67 Report: 20/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID FISHMAN, EDWARD (Mr.))#)	7 Amount of contribution (\$)	8
04/29/2015	6 Contributor address; City; State; Zip Code 3725 HUNTWICK DR. FT. WORTH, TX 76123		\$15.00	
			(If travel outside of	f Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	<u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7263 MERRY LANE CT. FT. WORTH, TX 76112		\$10.00	
			/If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:		Texas, complete schedule 1)
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Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 300 BURTON HILL #110 FT. WORTH, TX 76114	••••	\$5.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8113 WATERSIDE TRAIL FT. WORTH, TX 76137		 \$10.00	
	I		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Jevas, complete concern,
·			· 	
Date	Full name of contributor ut-of-state PAC (ID# FOJTIK, JUSTIN (Mr.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6012 AIMSLEY COURT #612 FORT WORTH, TX 76137		\$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		exas, complete constants .,
				•

Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The Instruction Guide explains how to complete this form. Schedule: 18/67 Report: 21/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 In-kind contribution 5 Full name of contributor ut-of-state PAC (ID# Amount of Date description (if applicable) contribution (\$) FORBES, JUSTIN (Mr.) \$15.00 6 Contributor address: City; State; Zip Code 04/29/2015 3229 FAIRVIEW ST. FT. WORTH, TX 76111 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#) Amount of In-kind contribution Date contribution (\$) description (if applicable) FORRESTAL, THOMAS (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 2555 WALSH CT. FT. WORTH, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID#_ Amount of contribution (\$) description (if applicable) Fort Worth Firefighters Committee for Responsible Government 04/01/2015 Contributor address; City; State; Zip Code \$20,000.00 3855 Tulsa Way Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) Fort Worth Firefighters Committee for Responsible Government **Printing Expenses** Contributor address; City; State; Zip Code \$728.03 04/28/2015 3855 Tulsa Way Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) Fort Worth Firefighters Committee for Responsible Government Campaign Website Hosting, Email Hosting, \$196.82 and Template Contributor address: City; State; Zip Code 04/28/2015 3855 Tulsa Way Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 19	9/67 Report: 22/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Fort Worth Firefighters Committee for Responsib		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/28/2015	6 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	ζ	\$8,134.79	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/25/2015	Contributor address; City; State; Zip Code 1617 Tierney Rd. Fort Worth, TX 76112		\$2,000.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7808 SUGARLAND DR. FT. WORTH, TX 76176		\$10.00	
<u> </u>			•	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5916 BEVERLY DR. W # 2187 FT. WORTH, TX 76132		\$10.00 \$10.00	
			· `	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# FREEMAN, CHARLES (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 650 HIGHWOODS FT. WORTH, TX 76112		\$5.00 <mark> </mark> 	
		}	(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	юм Guide explains how to complete this form.		1 PAGE # Schedule: 20	0/67 Report: 23/76
2 FILER NAME	Thornton, Anthony (Mr.)	.,	3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IE GAINES, TONY (Mr.)	D#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 8416 WHISPERING CREEK TR. FT. WORTH, TX 76134		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID GALES, JARED (Mr.))#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 10224 MARIA DRIVE FORT WORTH, TX 76108		\$10.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occuj	L pation / Job title (See Instructions)	Employer (See In		, <u> </u>
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6145 MALVEY FT. WORTH, TX 76116		\$15.00	
	, , , , , , , , , , , , , , , , , , , ,		(If traval outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	rexas, complete ochedule 1)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4937 PERSHING AVE. FT. WORTH, TX 76107		\$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3805 CAGLE DRIVE FORT WORTH, TX 76118		\$10.00 	
			///	tavaa aammiata Ooko dida 70 🗖
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	exas, complete Schedule T)

				
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 2	1/67 Report: 24/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers) ,
4 Date	5 Full name of contributor ☐ out-of-state PAC (II. Garcia, Ruben (Mr.)	D#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/08/2015	6 Contributor address; City; State; Zip Code 4509 Odessa Ave. Fort Worth, TX 76133		\$25.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	'	
Date	Full name of contributor ut-of-state PAC (IE GIBSON, JEROME (Mr.))#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5029 FLAT CREEK DR. FT. WORTH, TX 76179		\$10.00	
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete contents 17
	,		·	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1200 FULLER WISER ROAD #517 FORT WORTH, TX 76039		\$10.00	
			. (If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2102 MISTLETOE DRIVE FT. WORTH, TX 76110		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7340 MADEIRA DR. FT. WORTH, TX 76112		\$10.00 <mark> </mark> 	
			(If travel outside of	Fexas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

04/29/2015

Date

Contributor address;

3213 MEADOWMOOR ST. FT. WORTH, TX 76133

Principal occupation / Job title (See Instructions)

Principal occupation / Job title (See Instructions)

\$10.00

Amount of

Employer (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

In-kind contribution

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 22/67 Report: 25/76 2 FILER NAME (Ethics Commission filers) Thornton, Anthony (Mr.) 3 ACCOUNT# 05092015 Date 5 Full name of contributor ut-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable) GLYNN, MICHAEL (Mr.) 6 Contributor address: 04/29/2015 City; State; Zip Code \$10.00 4944 PADDOCK DR. FT. WORTH, TX 76244 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# In-kind contribution Amount of contribution (\$) description (if applicable) GOLDEN, RONALD (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$5.00 50 SAINT DONOVAN #187 FT. WORTH, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) GONZALES, CARLOS (Mr.)

	GONZALES, JAMES C. (Mr.)			contribution (\$)	description (if applicable)
04/29/2015	Contributor address; City; 421 RIDGECREST DR. FT. WORTH, TX 76179	State; Zip Code		\$10.00 	
				(If travel outside of T	exas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)		Employer (See In:	structions)	
Date	Full name of contributor GONZALEZ, JOSE (Mr.)	out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; 2204 COUNTRY CREEK FT. WORTH, TX 76123	State; Zip Code		\$5.00 <mark> </mark> 	
				(If travel outside of T	exas, complete Schedule T)

City; State; Zip Code

Full name of contributor ut-of-state PAC (ID#_

				
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23	3/67 Report: 26/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (If GOODE, MATTHEW (Mr.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 3225 RIVERLODGE TRAIL NORTH #731 FORT WORTH, TX 76116		\$10.00	1 F I
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1001 E. 5TH ST. #537 FT. WORTH, TX 76102		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	<u> </u>
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7221 RETRIEVES LN. FORT WORTH, TX 76120		\$15.00	
	·	<u> </u>	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3305 BROOKWAY DR. FT. WORTH, TX 76123	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$10.00 \$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of	In-kind contribution
	GREEN, WADEMON (Mr.)		contribution (\$)	description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8612 GARDEN SPRING FT. WORTH, TX 76123	•••••	\$10.00 	
			(If travel outside of 7	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	oxas, complete schedule 1/
	·			

04/29/2015

Contributor address;

8313 WATER BUCK RUN FT. WORTH, TX 76179

Principal occupation / Job title (See Instructions)

City; State; Zip Code

P.O.Box 12070 TDD 1-800-735-2989 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 24/67 Report: 27/76 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 5 Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) GREENE, DAVID (Mr.) 6 Contributor address: City: State: Zip Code \$15.00 04/29/2015 608 MELISSA CT. FT. WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) GRIEF, JAMES Jr. (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 640 AVERY DR., # FORT WORTH, TX 76132 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID# In-kind contribution Date Full name of contributor Amount of description (if applicable) contribution (\$) GRIFFIN, AARON (Mr.) Contributor address; 04/29/2015 City; State; Zip Code \$5.00 6849 WOODSTOCK FORT WORTH, TX 76116 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution Date contribution (\$) description (if applicable) GRIFFIN, DAVID (Mr.) Contributor address: 04/29/2015 City; State; Zip Code \$10.00 5006 LOCKE AVENUE FORT WORTH, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) GRISHAM, MARK (Mr.)

\$10.00

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 2	5/67 Report: 28/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID GUALANDI, HEATH (Mr.)	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 2205 ANDOVER ST. FT. WORTH, TX 76114		\$15.00	[
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5101 PRAIRE CREEK TRAIL FT. WORTH, TX 76179		\$10.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5244 CAMERON CREEK COVE #78 FT. WORTH, TX 76132		\$10.00	l
			'	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3317 AUGUSTA LANE #227 FORT WORTH, TX 76137		\$5.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#, HANETHO, NICHOLAS (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7070 TERRA MEADOW LANE#520 FT. WORTH, TX 76137		\$10.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 26	6/67 Report: 29/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE HARRIS, BRIAN (Mr.)	D#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 2509 WARREN LANE FT. WORTH, TX 76112		\$10.00	
İ			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	oation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	0#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8720 HUNTERS TRAIL FT. WORTH, TX 76123		\$15.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5221 CONCHO VALLEY TRAIL FT. WORTH, TX 76126		\$10.00	 -
Principal occup	eation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Employer (Gee instructions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 624 ARROYO DR. FORT WORTH, TX 76108		\$10.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# HAZELWOOD, ROBERT (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3916 WRENWOOD DR. FT. WORTH, TX 76137		\$5.00 	
Deinglington	Non / Joh Aitto (Co.o. Instructions)	Employee (Oct. 1)	<u> </u>	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

Principal occupation / Job title (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 27/67 Report: 30/76 (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) ACCOUNT # 05092015 Date 5 Full name of contributor ut-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable) HEATH, JAMES (Mr.) 6 Contributor address: City; State; Zip Code \$10.00 04/29/2015 250 INDIAN MOUND CT. FT. WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) HEIMER, CHARLES (Mr.) Contributor address; City; State; Zip Code 04/29/2015 \$10.00 2424 LAUREL HILL LANE FORT WORTH, TX 76133 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) HEKELE, BRIAN (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$15.00 8417 REDONDA ST. FORT WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) HELBING, JAMES (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 1037 CIMMARON TRAIL FT. WORTH, TX 76116 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) HERMOSILLO, MACKEY (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 5001 MARINA CLUB BLVD. #515 FT. WORTH, TX 76132

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	3/67 Report: 31/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 4912 PARKSIDE WAY FT. WORTH, TX 76137		\$10.00	
	· ·		(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5912 BEVERLY DR. WEST, #3181 FORT WORTH, TX 76132		\$10.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occup	J ation / Job title (See Instructions)	Employer (See Ins	,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5304 BEVERLY DR. W. #2187 FT. WORTH, TX 76132		\$10.00 	 - -
Duta sheet a serve	The Alle (October Manne)	Employer (See Inc	· · · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor ut-of-state PAC (ID# HIGGINS, GREG (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8204 OVERLAND DR. FT. WORTH, TX 76179		\$10.00	1
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4901 SPUR RIDGE COURT FORT WORTH, TX 76244	, , , , , , , , , , , , , , , , , , , ,	\$15.00 	
			"f travel outside of 1	r complete Schodule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Fexas, complete Schedule T)
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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29	9/67 Report: 32/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE HILL, LA THADDEUS (Mr.))#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 1108 ROMA LANE FT. WORTH, TX 76134		\$10.00	i I I
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Dat e	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9912 SPARROW HAWK LANE FORT WORTH, TX 76108		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
	,		,	
Date	Full name of contributor U out-of-state PAC (ID HOBBS, ANDREW (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4840 S. RIDGE TERRACE FT. WORTH, TX 76133		\$10.00	_
			1 '	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7525 YOLANDA FORT WORTH, TX 76112		\$5.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor Out-of-state PAC (ID: HOOD, WALLACE (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4100 ALTAMESA BLVD FT. WORTH, TX 76133		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 30	0/67 Report: 33/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID HORTON, JAMES (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 4425 MARSARIE FT. WORTH, TX 76137		\$10.00	
		· .	_ <u></u>	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2228 IRWIN ST. FT. WORTH, TX 76110		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2015	Contributor address; City; State; Zip Code 1003 Auburn Dr. Arlington, TX 76012		\$15.00	
			,	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/11/2015	Contributor address; City; State; Zip Code 1003 Auburn Dr. Arlington, TX 76012		\$50.00	
			<u>L`</u>	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# HUDDLESTON, J.B. (Mr.)		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9500 LIVE OAK LN. LOT C FORT WORTH, TX 76179		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 31/67 Report: 34/76	
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID HUDDLESTON, RONALD (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 9240 WESTFORK TRAIL FT. WORTH, TX 76179		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 311 B CLEARWOOD FT. WORTH, TX 76108		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In	<u> L`</u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5409 TEE HEAD DR. FT. WORTH, TX 76110		\$15.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	•	rexas, complete schedule 1)
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5409 TEE HEAD DR. FORT WORTH, TX 76110		 \$10.00	
				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8541 JAMES CT. FT. WORTH, TX 76108		\$10.00 	
			(If travel outside of T	'exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	 	
				Electronic Filing Version 3.4.6

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 32	2/67 Report: 35/76
2 FILER NAME	E Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID IVES, JOEL (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 6329 KENWICK AVE. FT. WORTH, TX 76116		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	1 .	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5467 MEADOWBROOK DR. FORT WORTH, TX 76112		\$5.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	Lupation / Job title (See Instructions)	Employer (See In	1 '	Texas, complete concerns.,
,			•	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4551 MERMAID LANE #514 FT. WORTH, TX 76107		\$10.00 h	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	L <u>. </u>	<u></u>
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9109 TIMBER OAKS DR. FT. WORTH, TX 76179		\$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 124 LAKESIDE OAKS CIR. FT. WORTH, TX 76110		\$10.00 \$10.00 I	
			(If travel outside of T	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
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	The Instructi	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33	3/67 Report: 36/76
2	FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/29/2015	6 Contributor address; City; State; Zip Code 3831 WATERFRONT DR. FORT WORTH, TX 76179		\$10.00	!
				(If travel outside of	Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 2009 NORTH RIDGE RD. FT. WORTH, TX 76110		\$10.00	
		FI. WORTH, TA 70110			
	Di de la com	State (On the American)	F-playar (Saa In	,	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	Structions	
	Date	Full name of contributor ut-of-state PAC (ID# JOHNSON, DAVID (Mr.)	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 4207 MORRIS FORT WORTH, TX 76103		\$10.00	
				<u> </u>	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 3100 FAIRMEADOWS LANE FT. WORTH, TX 76123		\$10.00 	
				(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor ut-of-state PAC (ID# JOHNSON, DONALD (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 4921 WHITE SETTLEMENT RD. #S16 A FT. WORTH, TX 76114		\$10.00 	
				(If travel outside of 1	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	<u></u>

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 34/67 Report: 37/76 (Ethics Commission filers) 3 ACCOUNT# 2 FILER NAME Thornton, Anthony (Mr.) 05092015 5 Full name of contributor ut-of-state PAC (ID#_ Amount of In-kind contribution Date description (if applicable) contribution (\$) JOHNSON, JAMES (Mr.) 6 Contributor address; City; State; Zip Code \$10.00 04/29/2015 1820 GRAND AVE. FT. WORTH, TX 76106 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) JONES, PAUL (Mr.) 04/29/2015 Contributor address: City; State; Zip Code \$5.00 1829 BOLINGBROKE PL. FT. WORTH, TX 76140 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable) JONES, TROY (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 1017 S. GROVE ST. FT. WORTH, TX 76110 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) JORDAN, RICHARD (Mr.) Contributor address; City; State; Zip Code \$10.00 04/29/2015 1924 DRUID LANE FT. WORTH, TX 76112 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) JORDAN, ROBERT (Mr.) Contributor address; City; State; Zip Code \$10.00 04/29/2015 3809 DEL RIO DR.

FT. WORTH, TX 76133

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

P.O.Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 35/67 Report: 38/76 (Ethics Commission filers) Thornton, Anthony (Mr.) 3 ACCOUNT# 2 FILER NAME 05092015 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) KAVANAUGH, JOE (Mr.) 6 Contributor address: 04/29/2015 City; State; Zip Code \$10.00 4916 ROCK RIVER DR. FT. WORTH, TX 76103 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) KEETON, GREGORY (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$15.00 8412 QUEBEC DR. FT. WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Date Full name of contributor ut-of-state PAC (ID# In-kind contribution contribution (\$) description (if applicable) KELLER, MARK (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 4232 DONNELLY AVE. FT. WORTH, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) KNOX, DAVID (Mr.) Contributor address; City; State; Zip Code 04/29/2015 \$10.00 3400 WESTERN CENTER BLVD. FT. WORTH, TX 76137 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) KRISS, BRIAN (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$15.00 4420 BIRCHMAN AVE. FORT WORTH, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 36/67 Report: 39/76 (Ethics Commission filers) Thornton, Anthony (Mr.) 3 ACCOUNT# 2 FILER NAME 05092015 Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution description (if applicable) contribution (\$) LADKIN, CRAIG (Mr.) 6 Contributor address: \$10.00 04/29/2015 City; State; Zip Code 6109 TERRACE OAKS LANE FT. WORTH, TX 76112 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) LAFOND, KELVIN (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 2001 WOODBERRY FORT WORTH, TX 76103 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) LANGLEY, KIRK (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$5.00 2041 ARBOR BEND #1014 FT. WORTH, TX 76132 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of contributor ut-of-state PAC (ID# Date Amount of contribution (\$) description (if applicable) LATHAM, JORDAN (Mr.) Contributor address; City; State; Zip Code \$10.00 04/29/2015 3504 SILVERADO TRAIL FORT WORTH, TX 76262 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) LAURENSON, TIFFANY (Ms.) 04/29/2015 Contributor address; City; State; Zip Code \$5.00 6041 AIMSLEY COURT #222 FORT WORTH, TX 76137 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 37	7/67 Report: 40/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID LEONG, JUSTIN (Mr.)	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5237 ALTA LOMA DRIVE FT. WORTH, TX 76244		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	oation / Job title (See Instructions)	10 Employer (See in	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1205 VINCENT STREET FORT WORTH, TX 76120		\$10.00	
			(If travel outside of	r Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3240 RIVER LODGE TRL. #336 FT. WORTH, TX 76116		\$10.00	
			.(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2015	Contributor address; City; State; Zip Code 2019 Clinton Ave. Fort Worth, TX 76164	••••	\$20.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	`	rexas, complete schedule 1)
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9309 SPARROW HAWK LN. FORT WORTH, TX 76108		 \$10.00 	
			(If traval cutolide = 1	Foves complete Caladula T\
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	Texas, complete Schedule T)
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	The Instructi	on Guide explains how to complete this form.		1 PAGE# Schedule: 38	8/67 Report: 41/76
2	FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID LOCKHART, MATTHEW (Mr.))#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	04/29/2015	6 Contributor address; City; State; Zip Code 5909 BRIDAL TRAIL FORT WORTH, TX 76179		\$15.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	Deation / Job title (See Instructions)	10 Employer (See In		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 3737 CHADDYBROOK LANE FT. WORTH, TX 76137		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	L pation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 8016 TUMBLE WEED TR. FT. WORTH, TX 76108		\$15.00]
				. (If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
· ·	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2015	Contributor address; City; State; Zip Code 3607 Decatur Ave. Fort Worth, TX 76106		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable) BBQ for Campaign
	04/18/2015	Contributor address; City; State; Zip Code 3607 Decatur Ave. Fort Worth, TX 76106		\$306.12 	Event
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	

In-kind contribution

description (if applicable)

Electronic Filing Version 3.4.6

Amount of

contribution (\$)

Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 **Texas Ethics Commission** P.O.Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 39/67 Report: 42/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 ut-of-state PAC (ID#_ Amount of In-kind contribution 5 Full name of contributor Date contribution (\$) description (if applicable) LOPEZ, JOHN (Mr.) 04/29/2015 6 Contributor address; City; State; Zip Code \$10.00 3210 S. JENNINGS AVE. FT. WORTH, TX 76110 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) LUCAS, BRETT (Mr.) City; State; Zip Code \$10.00 04/29/2015 Contributor address: 9941 PACKSADDLE FT. WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) LUDWIG, GREG (Mr.) 04/29/2015 Contributor address: City; State; Zip Code \$10.00 4712 BAYTREE DR. FT. WORTH, TX 76137 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

	FT. WORTH, TX 76110		ı	
			(If travel outside of To	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	")	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4321 RECTOR FT. WORTH, TX 76133		\$10.00	
			(If travel outside of Te	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

ut-of-state PAC (ID#

City; State; Zip Code

Full name of contributor

LUGO, MICHAEL (Mr.)

Contributor address;

Date

04/29/2015

Texas Ethics Co	mmission P.O.Box 12070 Austin	, Texas 78711-2070	(512)463-5800	TDD 1-800-735-2989
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 40	0/67 Report: 43/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID LYDDANE, GIL (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 8532 ORLEANS LN. FORT WORTH, TX 76123		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5544 LAWNSBERRY DR. FT. WORTH, TX 76137		\$10.00]
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3212 ROGERS AVE. FORT WORTH, TX 76109		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	÷)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5013 MELINDA DR. FT. WORTH, TX 76119		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	 pation / Job title (See Instructions)	Employer (See Ins	<u> </u>	ionae, comprete conceans 1, C
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4024 CALMONT AVE. FORT WORTH, TX 76107		\$15.00 	
			(if travel outside of 1	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	ructions)	

The Instruct	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 4	1/67 Report: 44/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID MAJORS, LATTERRANCE (Mr.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5717 OAKLEAF DR. #1905 FT. WORTH, TX 76132		\$10.00	
]			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9961 CALF MEADOWS LANE FORT WORTH, TX 76126		\$5.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	
	,		·	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 407 GRAND AVE. FT. WORTH, TX 76106		\$10.00	!
			•	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6425 WHITMAN AVE. FT. WORTH, TX 76133		\$5.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9159 SHOREHAVEN PL #8 FT. WORTH, TX 76116		\$10.00	
			/If irough and the -ex	Toyon complete Sabadula Ti
Dringing Logger	ation / Job title (See Instructions)	Employer (See Ins	<u></u>	Texas, complete Schedule T)
-ппсіраї осс и р	alion / Job lilie (See instructions)	Employer (See III:	Sit d Cito (15)	

				
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	2/67 Report: 45/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID MAXWELL, MICHAEL (Mr.))#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 6800 BRIDGE AVE. FT. WORTH, TX 76118		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7612 HIGH MEADOW CT. FT. WORTH, TX 76112		\$10.00	1
	·		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3844 BLUE GRASS LANE FT. WORTH, TX 76133		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID: MCCORMICK, STEVE (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1812 DORCHESTER ST. FT. WORTH, TX 76134		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# MCCULLOCH, BRANDON (Mr.)	<i>#</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 504 CROWN OAKS DRIVE FORT WORTH, TX 76131		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

Principal occupation / Job title (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 43/67 Report: 46/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 In-kind contribution Date 5 Full name of contributor out-of-state PAC (ID#) Amount of description (if applicable) contribution (\$) MCKAY, MIKE (Mr.) 04/29/2015 6 Contributor address: City; State; Zip Code \$10.00 8404 SUNSET COVE DRIVE FORT WORTH, TX 76179 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#) Amount of In-kind contribution Date contribution (\$) description (if applicable) MEADOWS, ELWYN (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 3300 CLOTELL DR. FT. WORTH, TX 76119 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID#_ Amount of contribution (\$) description (if applicable) MEDRANO, JESUS (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 1106 N. CREEK DR. FT. WORTH, TX 76179 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) MENDEZ, JAMES (Mr.) Contributor address; City; State; Zip Code \$15.00 04/29/2015 2106 LINCOLN AVE. FT. WORTH, TX 76106 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) MENDOZA, ARNULFO (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 P.O. BOX 1901 FT. WORTH, TX 76101

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 44/67 Report: 47/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 5 Full name of contributor □ out-of-state PAC (ID# Amount of In-kind contribution Date description (if applicable) contribution (\$) MERCADO, ALBERTO (Mr.) 6 Contributor address: 04/29/2015 City; State; Zip Code \$10.00 1861 GRAND AVE. FT. WORTH, TX 76106 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#_ In-kind contribution Date Full name of contributor Amount of contribution (\$) description (if applicable) MERRITT, BYRON (Mr.) \$10.00 04/29/2015 Contributor address: City; State; Zip Code 4808 THISTLEDOWN DR. FT. WORTH, TX 76137 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) MILLER, JOHN (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 4117 TWILIGHT DR. S. FT. WORTH, TX 76116 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) description (if applicable) MILLS, RONALD (Mr.) Contributor address; City; State; Zip Code \$10.00 04/29/2015 6259 HALIFAX FT. WORTH, TX 76116 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) Miranda, Irene (Mr.) Contributor address: City; State; Zip Code \$50.00 04/21/2015 1412 Parsons Fort Worth, TX 76106 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 45/67 Report: 48/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 In-kind contribution Date 5 Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) description (if applicable) MONTALVO, MARIO (Mr.) 6 Contributor address: 04/29/2015 City; State; Zip Code \$10.00 9 SUNSET LANE FORT WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) MOORE, REGINALD (Mr.) 04/29/2015 Contributor address: City; State; Zip Code \$15.00 7613 INDIGO RIDGE DR. FORT WORTH, TX 76131 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable) MORELAND, CHARLES (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 5828 GIDDY UP LANE FORT WORTH, TX 76179 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) MORGAN, RODNEY (Mr.) Contributor address; City; State; Zip Code 04/29/2015 \$10.00 1941 CEDAR TREE FORT WORTH, TX 76131 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) NATTERER, JEFF (Mr.) 04/29/2015 Contributor address: City: State: Zip Code \$5.00 3215 GREENE AVE. FT. WORTH, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The Instruction Guide explains how to complete this form. Schedule: 46/67 Report: 49/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) NEAVES, RICARDO (Mr.) 04/29/2015 6 Contributor address; City; State; Zip Code \$10.00 6300 LAUREL CANYON TERRACE FT. WORTH, TX 76132 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Full name of contributor ut-of-state PAC (ID# Amount of Date contribution (\$) description (if applicable) NEWTON, JACOB (Mr.) City; State; Zip Code 04/29/2015 Contributor address; \$5.00 4805 MAYFAIR ST. FORT WORTH, TX 76116 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) NORTON, JIMMY (Mr.) Contributor address; City; State; Zip Code \$10.00 04/29/2015 312 LAKESIDE OAKS CIR. FT WORTH, TX 76110 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) NOYES, MARSHALL (Mr.) Contributor address: 04/29/2015 City; State; Zip Code \$10.00 167 TYLER CT. FORT WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Amount of description (if applicable) contribution (\$) NUGEN, CHRISTOPHER (Mr.) City; State; Zip Code 04/29/2015 Contributor address; \$10.00 8112 REDWOOD DR. FT. WORTH, TX 76116 (If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

TDD 1-800-735-2989

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 47/67 Report: 50/76 (Ethics Commission filers) 3 ACCOUNT# 2 FILER NAME Thornton, Anthony (Mr.) 05092015 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution description (if applicable) contribution (\$) PACK, KEVIN (Mr.) 6 Contributor address; 04/29/2015 City; State; Zip Code \$10.00 736 LYNDA DRIVE FT. WORTH, TX 76114 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) PACK, RYAN (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 5001 MARINA CLUB BLVD., #521 FORT WORTH, TX 76132 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) PADILLA, ANGEL (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$15.00 2559 VIA FIRENZE #1032 FORT WORTH, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) PANNELL, JAKE (Mr.) Contributor address; City; State; Zip Code 04/29/2015 \$10.00 406 E. DAGGETT APT. H FT. WORTH, TX 76104 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#_ Date Amount of In-kind contribution description (if applicable) contribution (\$) PANTOJA, LUIS (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 1913 ROBIN AVE. FORT WORTH, TX 76164 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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		CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	.NS		SCHEDULE A
т	he Instructi	ON GUIDE explains how to complete this form.		1 PAGE#	8/67 Report: 51/76
2 FI	LER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID PATTERSON, DUELL (Mr.))#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04	/29/2015	6 Contributor address; City; State; Zip Code 5900 NORTH FIELD DRIVE FORT WORTH, TX 76179		\$10.00	
9 Pr	incipal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	Texas, complete Schedule T)
	Date	Full name of contributor	<u> </u> #)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04	/29/2015	Contributor address; City; State; Zip Code 6368 RIDGECREST #713 FT. WORTH, TX 76133		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
Pri	incipal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of	In-kind contribution
		PAVELICK, MICHAEL (Mr.)		contribution (\$)	description (if applicable)
04/	/29/2015	Contributor address; City; State; Zip Code 8845 BRANCHWOOD TR. FT. WORTH, TX 76116		\$10.00	
				(If travel outside of	Texas, complete Schedule T)
Pri	ncipal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
ı	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/	29/2015	Contributor address; City; State; Zip Code 408 N. CALHOUN FORT WORTH, TX 76164		\$5.00	
				(If travel outside of 3	Fexas, complete Schedule T)
Prir	ncipal occupa	ation / Job title (See Instructions)	Employer (See Ins		
Į.	Date	Full name of contributor out-of-state PAC (ID# PENNINGTON, CHRISTOPHER (Mr.)	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/	29/2015	Contributor address; City; State; Zip Code 4141 S. HULEN ST. #1130 FORT WORTH, TX 76109		\$10.00	
				(If travel outside of 1	exas, complete Schedule T)
Prir	ncipal occupa	ation / Job title (See Instructions)	Employer (See Ins		

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 49	9/67 Report: 52/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID PETERSON, MATTHEW (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 7221 PARK WEST CIR. #211 FT. WORTH, TX 76134		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6060 AVONSHIRE LANE #121 FORT WORTH, TX 76137		\$10.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3813 WILKIE WAY FT. WORTH, TX 76133		\$10.00	
			/If traval extends of	Tavas, complete Schodule T\
Principal occup	eation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
, molest coor	in ()		,	
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5208 COTSWOLD HILLS #616 FT. WORTH, TX 76112		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	Totals, compared concerns // La
Date	Full name of contributor		Amount of	In-kind contribution
Dale	PRESBAUGH, GARY (Mr.)		contribution (\$)	description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6742 POPPY DR. FT. WORTH, TX 76137		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 50	0/67 Report: 53/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID PROUTT, CHRIS (Mr.))#)	7 Amount of contribution (\$)	8
04/29/2015	6 Contributor address; City; State; Zip Code 1333 WHITTENBURG DR. FORT WORTH, TX 76134		\$15.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3212 ROGERS AVE. FORT WORTH, TX 76109		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	, <u>, , _ </u>
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2015	Contributor address; City; State; Zip Code 712 Linda Vista Ave., Apt. 106B Arlington, TX 76013		\$150.00	
Dringing conu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Principal occup	pation 7 Job title (See instructions)	Employer (See iii	siructions)	
Dat e	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3236 LIPSCOMB FT. WORTH, TX 76110		\$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3225 RIVER LODGE TRAIL N FT. WORTH, TX 76116		\$15.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	`	·

Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 51/67 Report: 54/76 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 5 Full name of contributor out-of-state PAC (ID# In-kind contribution Date Amount of contribution (\$) description (if applicable) RABY, CURTIS (Mr.) 04/29/2015 6 Contributor address; City; State; Zip Code \$10.00 2432 STAGECOACH ST. FT. WORTH, TX 76133 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# In-kind contribution Date Amount of description (if applicable) contribution (\$) RAVEN, THADDEUS (Mr.) City; State; Zip Code 04/29/2015 Contributor address: \$10.00 6255 SALEM CR. #915 FT. WORTH, TX 76132 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) RAY, BRIAN (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 2450 OAK HILL CIR., #2122 FORT WORTH, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) REDMOND, TERRANCE (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$5.00 5728 REMINGTON CIR. #403 FT. WORTH, TX 76132 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) REEVES, ROB (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$5.00 6917 MISTY MEADOW DR. FORT WORTH, TX 76133 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Principal occupation / Job title (See Instructions)

Principal occupation / Job title (See Instructions)

Date

04/29/2015

Full name of contributor

ROBINSON, CLINT (Mr.)

Contributor address:

4920 PRAIRE CREEK TRAIL FT. WORTH, TX 76179

ut-of-state PAC (ID#

City; State; Zip Code

Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 52/67 Report: 55/76 (Ethics Commission filers) 3 ACCOUNT# 2 FILER NAME Thornton, Anthony (Mr.) 05092015 ut-of-state PAC (ID# Amount of In-kind contribution 5 Full name of contributor Date description (if applicable) contribution (\$) Reves, Noel (Mr.) **BBQ** for Campaign Event \$500.00 04/11/2015 6 Contributor address; City; State; Zip Code 1300 Terminal Rd. Fort Worth, TX 76106 (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) ☐ out-of-state PAC (ID# In-kind contribution Full name of contributor Amount of Date contribution (\$) description (if applicable) RHODES, JASON (Mr.) Contributor address; City; State; Zip Code \$10.00 04/29/2015 3100 RODDY DR. FT. WORTH, TX 76123 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) RIOS, RICARDO (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 1000 HENDERSON #433 FT. WORTH, TX 76102 (if travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) description (if applicable) ROBERTS, BARRY (Mr.) City; State; Zip Code 04/29/2015 Contributor address; \$10.00 5917 TIMBERWOLFE FORT WORTH, TX 76135

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In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

Employer (See Instructions)

Amount of

contribution (\$)

\$5.00

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 53	3/67 Report: 56/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID RODRIGUEZ, BRANDON (Mr.))#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 2712 MUSE FT. WORTH, TX 76112		\$10.00] -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor uut-of-state PAC (ID RODRIGUEZ, EDDIE (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2306 GALEMEADOW DR. FT. WORTH, TX 76123		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In	 	, <u>, , , , , , , , , , , , , , , , , , </u>
, , , , , , , , , , , , , , , , , , , ,	,		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 12505 LIZZIE PLACE FORT WORTH, TX 76248		\$15.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4621 EVEREST DR. FT. WORTH, TX 76132		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1313 SMILAX AVE. FT. WORTH, TX 76111		\$10.00 	
		ļ	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	4/67 Report: 57/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID RYAN, TONY (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 1051 WEST 7TH STREET #314 FORT WORTH, TX 76102		\$10.00	
	TOTAL WORTH, TA 70102		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 630 WALES CT. FT. WORTH, TX 76133		\$10.00	
			(If trave) outside of	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable) BBQ for Campaign
04/18/2015	Contributor address; City; State; Zip Code 940 Jockey Club Ln.	• • • • • • • • • • • • • • • • • • • •	\$31.09	Event
	Fort Worth, TX 76179		. (If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 304 HALLUM FT. WORTH, TX 76114		\$10.00 	,
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# SANDERSON, RONALD (Mr.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 316 ATHENIA DR. FT. WORTH, TX 76114		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	·
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The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 55	5/67 Report: 58/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE SANTA CRUZ, ALEX (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5501 TULAROSA DR. FT. WORTH, TX 76137		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2032 WINIFRED DR. FT. WORTH, TX 76133		\$15.00	
!			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3816 MURRY CT. FORT WORTH, TX 76107		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3409 W. 5TH FORT WORTH, TX 76107		\$10.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# SCHMEDEL, JOHN (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2617 TUSCAN VIEW DR. FORT WORTH, TX 76131		\$5.00 	
				Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS

OTHER	R THAN PLEDGES OR LOA	NS		
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 56	5/67 Report: 59/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID SCHMIDT, GREGORY (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 4728 MCBREYER PLACE FORT WORTH, TX 76244		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4644 FEATHERCREST DR. FT. WORTH, TX 76137		\$10.00	
	<u> </u>		(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4821 BLACK OAK LANE FT. WORTH, TX 76114		\$10.00 	
			<u> </u>	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 708 CLUB OAK DRIVE FORT WORTH, TX 76114		\$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4017A WEST 5TH ST. FORT WORTH, TX 76107	,,,,,,,,	\$5.00 	_
Dulo ele el e e	otion / Joh titlo (Coo traterialisms)	Employer (Con le	<u></u>	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

Ī	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	non Guide explains how to complete this form.		1 PAGE# Schedule: 57	7/67 Report: 60/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: SHEEHY, JAMES (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 3209 CHAPARRAL LANE FORT WORTH, TX 76109		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4724 BRACKEN DR. FT. WORTH, TX 76137		\$10.00	
	·	!	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>ŧ</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6314 BASSWOOD FT. WORTH, TX 76110		\$15.00 	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2308 YATES ST. FT. WORTH, TX 76133		\$10.00 	
			(If travel outside of ?	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	<u> </u>
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5100 CIRCLE RIDGE DR. W. FT. WORTH, TX 76114		\$5.00 	
	· ·]	I arrival arrival do of T	F
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 58	8/67 Report: 61/76
2 FILER NAME	Thornton, Anthony (Mr.)	150	3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE SMITH, CHARLES (Mr.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 7204 MONTERREY DR. FT. WORTH, TX 76112		\$10.00	
			(If travel outside of	· Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	1	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8040 WOODVALE ROAD FT. WORTH, TX 76135		\$10.00	! !
	F1. WONTH, 1X 70100			
D. in its description	No. / Joh Miller (Con Instructions)	I Frankrica (Co. In		Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Data	Full name of contributor	<u> </u>	Amount of	In-kind contribution
Date	SMITH, JEFF (Mr.)	π	contribution (\$)	description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4125 CUMBERLAND PASS ST. #617 FT. WORTH, TX 76116		\$10.00	[
			(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	•
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4345 CLAYTON ROAD WEST FT. WORTH, TX 76116		\$5.00 	
İ			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4341 SELKIRK DR. W. FT. WORTH, TX 76109		ا \$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

POLITICAL CONTRIBUTIONS

OTHER	R THAN PLEDGES OR LOA	INS		
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 59	9/67 Report: 62/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE SONDERER, PAUL (Mr.))#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5301 BEVERLY DRIVE E. #2121 FT. WORTH, TX 76132		\$10.00	I. I I
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4924 RECTOR AVE. FORT WORTH, TX 76133		\$15.00	i
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5208 GREENWOOD CREEK DR. #144 FT. WORTH, TX 76109		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1000 BINYON AVE. FT. WORTH, TX 76133		\$10.00	
			<u>,,,, </u>	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	L.`	Texas, complete Schedule T)
- Tillelpai occup	audit 7 500 title (566 instituctions)	Employer (occ m	arractions)	
Date	Full name of contributor ut-of-state PAC (ID# STOUT, MARK (Mr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5201 GRAND MESA FORT WORTH, TX 76137		\$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 60	0/67 Report: 63/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID STREATER, SCOTT (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 3309 GEORGIAN DR. FT. WORTH, TX 76117		\$15.00	[
	1		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID STRIDER, JEREMY (Mr.))#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7321 ELLIS RD. FT. WORTH, TX 76112		\$10.00	
:			(If travel outside of	Texas, complete Schedule T)
Principal occur	action / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1/
	,		,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5101 OVERTON RIDGE BLVD. FT. WORTH, TX 76132		\$10.00	,
		T	<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 8421 WASHITA WAY FT. WORTH, TX 76137		\$10.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6211 DODSON TERR. FT. WORTH, TX 76110		\$10.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instructi	างก Guide explains how to complete this form.		1 PAGE# Schedule: 61	I/67 Report: 64/76
2	PILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: TEITELBAUM, DREW (Mr.)	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
	04/29/2015	6 Contributor address; City; State; Zip Code 4723 LAFAYETTE AVENUE FORT WORTH, TX 76107		\$5.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 5420 ENCLAVE CIR. #509 FT. WORTH, TX 76132		\$10.00	
	1		I	(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occup	Dation / Job title (See Instructions)	Employer (See Ins		Texas, complete
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 3848 GERMAN POINTER WAY FORT WORTH, TX 76123	, , , , , , , , , , , , , , , , , , , ,	\$5.00	
<u> </u>	Deleginal coour	" - / I-t Side /Oce Instructions)	Employer (See Inc	<u> L`</u>	Texas, complete Schedule T)
	Principal occupa	pation / Job title (See Instructions)	Employer (See Ins	structions;	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2015	Contributor address; City; State; Zip Code 4837 STAR RIDGE FORT WORTH, TX 76133		\$10.00 	_
					Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	04/29/2015	Contributor address; City; State; Zip Code 6011 PORTICO DR., #1816 FORT WORTH, TX 76132		\$10.00 	
				(If travel outside of T	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	

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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 62	2/67 Report: 65/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID THORNTON, BOBBY (Mr.)	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 11517 EAGLE VISTA DRIVE FT. WORTH, TX 76179		\$10.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 7133 CATTLE DR. FORT WORTH, TX 76179		\$15.00]
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID# TILLEY, EARNEST (Mr.)	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3956 MIAMI SPRINGS FT. WORTH, TX 76123		\$10.00	
·				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1610 LIPSCOMB STREET FORT WORTH, TX 76104		\$10.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4236 BROKEN ARROW RD. FT. WORTH, TX 76137		\$10.00 <mark> </mark> 	
·			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
		·		Flectronic Filing Version 3.4.6

The Instruct	rion Guide explains how to complete this form.		1 PAGE# Schedule: 63	3/67 Report: 66/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE TORREY, MICHAEL (Mr.))#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 3300 GATWICK CIR., #2209 FORT WORTH, TX 76155		\$10.00	
			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6931 PARK FOREST DR. #1121 FT. WORTH, TX 76137		\$10.00	 ·
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3620 GLENMONT DR. FT. WORTH, TX 76133	•••••	\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6200 PERSHING AVE., #342 FT. WORTH, TX 76116		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 10220 SUNSET VIEW DR. FT. WORTH, TX 76108		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		rozas, complete scriedule 1)

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The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 64	4/67 Report: 67/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID UTTER, WILLIAM (Mr.))#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 5317 OLD HANDLEY RD. FT. WORTH, TX 76112		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2015	Contributor address; City; State; Zip Code 302 NW 20th St. Fort Worth, TX 76164		\$25.00]
	Foll World, 12 70104		de terrest annatata ad	
Principal occur	pation / Job title (See Instructions)	Employer (See Ins	<u> </u>	Texas, complete Schedule T)
1 Intopa,				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 2085 ALTA MIRA CIR., #1427 FORT WORTH, TX 76132		\$15.00 	
			<u> </u>	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 4800 CIRCLE RIDGE DR. FORT WORTH, TX 76114		 \$10.00	
			(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5333 SUNFISH DR. #1024 FT. WORTH, TX 76132		\$10.00 	
			•	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Insi	tructions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 6	5/67 Report: 68/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT# 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID VILLEGAS, FABIAN (Mr.))#)	7 Amount of contribution (\$)	8
04/29/2015	6 Contributor address; City; State; Zip Code 4456 FOUNTAIN RIDGE DR. FORT WORTH, TX 76123		\$10.00	
İ			(If travel outside o	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6260 TRINITY CREEK DR. FORT WORTH, TX 76179		\$5.00	
			(If travel autoide of	Teves semulate Cabadule T
Principal occu	pation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
, molpai ooda				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5404 TURTLE RIVER CT. FT. WORTH, TX 76137		\$10.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
	,	, , ,	,	
Date	Full name of contributor	/)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 3004 OELS ST. FT. WORTH, TX 76108		\$10.00	
			<u> </u>	Texas, complete Schedule T)
Principal occur	eation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9601 KITTY HAWK LANE #5107 FORT WORTH, TX 76108		\$10.00 	
			<u> </u>	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The Instruction Guide explains how to complete this form. Schedule: 66/67 Report: 69/76 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Thornton, Anthony (Mr.) 05092015 In-kind contribution Date Full name of contributor ut-of-state PAC (ID# Amount of description (if applicable) contribution (\$) Wiliams, Richard (Mr.) 6 Contributor address: City; State; Zip Code \$100.00 04/08/2015 3100 Deer Path Weatherford, TX 76085 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#_ In-kind contribution Date Amount of contribution (\$) description (if applicable) WILLARS, CHRIS (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 3840 BLUE GRASS LANE FT. WORTH, TX 76133 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) description (if applicable) WILLIAMS, MARCUS (Mr.) 04/29/2015 Contributor address; City; State; Zip Code \$10.00 332 SUN MEADOW LANE FORT WORTH, TX 76140 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date description (if applicable) contribution (\$) WILLIAMS, NORMAN (Mr.) Contributor address; City; State; Zip Code \$10.00 04/29/2015 5804 MEADOW WOOD LANE FT. WORTH, TX 76112 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) WINEMILLER, DOUGLAS (Mr.) Contributor address; City: State; Zip Code \$10.00 04/29/2015 10100 LEATHERWOOD FORT WORTH, TX 76108 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6	7/67 Report: 70/76
2 FILER NAME	Thornton, Anthony (Mr.)		3 ACCOUNT # 05092015	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID WOODARD, MICHAEL (Mr.)	0#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
04/29/2015	6 Contributor address; City; State; Zip Code 8761 STONEBRIAR LANE FT. WORTH, TX 76123		\$10.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 1109 CLOVER LANE FT. WORTH, TX 76107		\$10.00	
	, in the second		(If traval outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)
	and the last	Employer (coc iii		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 5509 HIDDEN CREEK CIRCLE #459 FT. WORTH, TX 76109		\$10.00	1 -
			. (If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID: WYRICK, BRYAN (Mr.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 6720 THAXTON TRAIL FORT WORTH, TX 76137		\$15.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2015	Contributor address; City; State; Zip Code 9912 SPARROW HAWK LANE FORT WORTH, TX 76108		\$10.00 	
1			(If travel outside of)	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	·

direct expenditure to benefit C/OH

P.O.Box 12070 **POLITICAL EXPENDITURES** SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Legal Services Food/Beverage Expense Polling Expense Transportation Equipment & Related Expense Contributions/Donations Made By Consulting Expense Event Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel Out Of District Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Thornton, Anthony (Mr.) 05092015 Schedule: 1/4 Report: 71/76 5 Payee name Date Chuyitos 04/08/2015 Payee address City: State: Zip Code 6 Amount (\$) \$863.38 1521 N. Main St. Fort Worth, TX 76164 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Campaign Event **Event Expense** OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Dale's Donuts 04/21/2015 Pavee address Amount (\$) City; State; Zip Code 4455 Camp Bowie Blvd. \$26.00 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** for Campaign Workers Food/Beverage Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Ellman, Glen (Mr.) 04/16/2015 Pavee address Amount (\$) City: State: Zip Code P.O. Box 126081 \$500.00 Benbrook, TX 76126 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** professional services Advertising Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Gonzales, Derico (Mr.) 04/27/2015 Payee address City; State; Zip Code Amount (\$) 1713 Grand Ave. \$720.00 Fort Worth, TX 76164 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** labor Salaries/Wages/Contract Labor **EXPENDITURE** Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gilts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense
Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District
Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Thornton, Anthony (Mr.) 05092015 Schedule: 3/4 Report: 73/76 5 Payee name Date Metro Mailer 04/28/2015 Payee address City; State; Zip Code 6 Amount (\$) 5719 E. Rosedale St. Fort Worth, TX 76112 \$2,096.02 (b) Description (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Mailers Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Metro Mailer 04/29/2015 Payee address City; State; Zip Code Amount (\$) 5719 E. Rosedale St. \$1,291.49 Fort Worth, TX 76112 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** campaign materials Printing Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Office Depot 04/08/2015 Amount (\$) Pavee address City: State: Zip Code 401 Carroll St. \$10.27 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Office Supplies Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name PayPal 04/12/2015 Payee address City; State; Zip Code Amount (\$) 2211 North First St. \$6.40 San Jose, CA 95131 Description (If travel outside of Texas, complete Schedule T) Online Contribution Transaction Fees Category (See Categories listed at the top of this schedule) **PURPOSE** Accounting/Banking OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

		The Instruction Guide explains h	ow to complete this form.	
1 PAGE# 2 FILER NAME			3 ACCOUNT # (TEC filers)	
Schedule: 4/4 Report: 74/76 Thornton, Anthony (Mr.)			05092015	
4 Date	5 Payee name			
04/08/2015	Rodriguez, Gerard (Mr.)			
6 Amount (\$)	7 Payee address City; State; Zip Code			
\$500.00	1821 Highland Ave. Fort Worth, TX 76164			
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8	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Event Expense		` Live Music from Latin Exp	oress for Campaign Event
OF EXPENDITURE]		<u></u>	
			Check if Austin, TX, officehold	
9 Complete ONLY if direct expenditure	Candidate / Officeholder name		Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
04/08/2015	Target			
Amount (\$)	Payee address City; State; Zip Code			
\$13.79	9 816 Foch St. Fort Worth, TX 76107			
	Fort worth,	1X /610/		
	Cotogony (Sac	Cotogories listed at the ten of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Campaign Office Supplies	
OF EXPENDITURE	· I			
EXI ENDITORE			Check if Austin, TX, officeholds	er living expense
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
04/14/2015	WalMart			
Amount (\$)	Payee address City; State; Zip Code			
\$55.07	.07 2245 Jacksboro Hwy.			
	Fort Worth,	IX /6114		
	Catagon, (Can	Catagories flated at the top of this schodula)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense		Ice Cream for Campaign Event	
OF EXPENDITURE	Evolit Expont			
LXI LINDITOILL			Check If Austin, TX, officeholde	er living expense
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Event Expense Fees Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 3 ACCOUNT # (TEC filers) 2 FILER NAME Thornton, Anthony (Mr.) Schedule: 1/2 Report: 75/76 05092015 4 Date 5 Payee name BuildaSign.com 04/15/2015 Amount (\$) Payee address City; State; Zip Code 11525-A Stone Hollow Dr. \$217.41 Austin, TX 78758 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Advertising Expense Campaign materials EXPENDITURE Check if Austin, TX, officeholder living expense Date Payee name Knights of Columbus 04/24/2015 Amount (\$) Payee address City; State; Zip Code 3809 Yucca Ave. \$170.00 Fort Worth, TX 76111 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Golf Tournament Advertising Signage EXPENDITURE Check If Austin, TX, officeholder living expense Date Payee name Mulholland Custom Imprints 04/22/2015 Amount (\$) Payee address City; State; Zip Code P.O. Box 161220 \$305.00 Fort Worth, TX 76161 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Printing Expense** Campaign Materials EXPENDITURE Check if Austin, TX, officeholder living expense Date Payee name 04/06/2015 Staples (Online) Payee address Amount (\$) City; State; Zip Code 500 Staples Dr. \$97.84 Framingham, MA 01702 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies EXPENDITURE

Check If Austin, TX, officeholder living expense

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense
Polling Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

(512)463-5800

Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Thornton, Anthony (Mr.) 05092015 Schedule: 2/2 Report: 76/76 Date Payee name Staples (Online) 04/13/2015 Payee address City; State; Zip Code Amount (\$) 500 Staples Dr. \$24.62 Framingham, MA 01702 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF EXPENDITURE Check If Austin, TX, officeholder living expense Date Payee name Staples (Online) 04/22/2015 Payee address Amount (\$) City; State; Zip Code 500 Staples Dr. \$31.48 Framingham, MA 01702 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Office Supplies Office Overhead/Rental Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Date Payee name 04/14/2015 Wacky Buttons Amount (\$) Payee address City; State; Zip Code 101 Lincoln Pkwy. E. Rochester, NY 14445 \$85.16 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Campaign Buttons OF EXPENDITURE Check if Austin, TX, officeholder living expense Date Payee name Wacky Buttons 04/22/2015 Amount (\$) Payee address City; State; Zip Code 101 Lincoln Pkwy. E. Rochester, NY 14445 \$87.01 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Advertising Expense Campaign Buttons EXPENDITURE

Check if Austin, TX, officeholder living expense