OFFICIAL RECORD CANDIDATE / OFFICEHOLDER FORM C/OH CITY SECRETARY CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr. William Brian NAME Date Received LAST NICKNAME SUFFIX Byrd 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 6608 Long Cove Ct. Fort Worth, TX 76132 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 667-8081 (682 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST MI **TREASURER** Mr. Rob Date Processed NAME **NICKNAME** LAST SUFFIX Date Imaged Opitz STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 777 Main Street, St. 2000, Fort Worth, TX 76102 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 332-2301 (817 9 REPORT TYPE 15th day after campaign 30th day before election X January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day **COVERED** 01 / 2020 31 ′ 2020 07 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month Year OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE City Council District 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,665.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,935.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 469,152.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 300,100.00
18 SIGNATURE s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
		191
	Signature of Car	ndidate or Officeholder
		/
(A. 100 C.)		
Millian Millian		
HILLS A K BAU	Please complete either option below	•
SARY PUOL Z		
2 3		
(a) Affidayttor Tet		
(1) Affidavitor		
19070 2024 III		
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		
NOTARY STAMP/SEAL		13th day of TOMAGE
Sworn to and subscribed		day of Janus
20, to certify	which, witness my hand and seal of office.	- 205
Melas	Y. Dre Melissak, Dannoc	NOTE OF
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is _	·
My address is		
		ate) (zip code) (country)
Executed in	County, State of, on the day of (month)	, 20
	(monul)	Godi)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
	Mr. William Brian Byrd		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 49,665.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	١	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	X SCHEDULE E: LOANS	\$ 300,100.00	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 12,935.87	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 227.33	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Mr. \	William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	Tom Deas		7 Amount of contribution (\$) 500.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/08/2020	Contributor address; City; 6363 Newport Ct. Fort Worth, TX	State; Zip Code	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructi	ions)
Date	Robert Galvan	C (ID#:)	Amount of contribution (\$)
09/08/2020	Contributor address; City; 11601 Wind Creek Ct, Aledo, TX 7	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
08/10/2020	Contributor address; City; 6004 Laurel Valley Ct. Fort Worth,	State; Zip Code	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

II the reque	ested information is not applicable, DO NOT in	Clude tills page ill tile	
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	E Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC Don McClard) (ID#:)	7 Amount of contribution (\$)
09/08/2020	6 Contributor address; City; State; Zip Code 3835 Winslow Dr, Fort Worth, TX 76109		100.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	dions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/14/2020	Contributor address; City; 5429 Huntly Dr, Fort Worth, TX 76	State; Zip Code	500.00
Principal occuţ	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/11/2020	Contributor address; City; 3940 Bent Elm Ln, Fort Worth, TX	State; Zip Code	100.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Gary Havener	(ID#:)	Amount of contribution (\$)
09/14/2020	Contributor address; City; PO Box 121969 Fort Worth, TX 76	State; Zip Code	1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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The	Instruction Guide explains how to complete this form	ı.	1 Total pages Schedule A1:
2 FILER NAME	/lr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Verne & Elaine Garrison)	7 Amount of contribution (\$)
09/14/2020	6 Contributor address; City; Sta 6717 S Meadows West Dr, Fort Worth	ate; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruction	ons)
Date	Full name of contributor)	Amount of contribution (\$)
09/14/2020	Contributor address; City; Sta	ate; Zip Code K 76109	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)
Date	Full name of contributor)	Amount of contribution (\$)
09/14/2020	Contributor address; City; Star 3100 Avondale Ave, Fort Worth, TX 70		250.00
Principal occup	pation / Job title (See Instructions)	mployer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
09/14/2020	Contributor address; City; State; Zip Code 250.00 5001 Highland Meadow Dr, Fort Worth, TX 76132		250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)
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SCHEDULE A1

Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor		7 Amount of contribution (\$)
6 Contributor address; City;	State; Zip Code	250.00
	76109 9 Employer (See Instruction	dions)
Full name of contributor	> (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	250.00
6859 Shorecrest Ct, Fort Worth, T	ΓX 76132	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ions)
Full name of contributor		Amount of contribution (\$)
Contributor address; City; 6813 Lahontan Dr, Fort Worth, TX	State; Zip Code	250.00
ation / Job title (See Instructions)	Employer (See Instruction	ons)
Full name of contributor	(ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	250.00
121 Rivercrest Dr, Fort Worth, TX	76107	
	1	
	r. William Brian Byrd 5 Full name of contributor R. Denny Alexander 6 Contributor address; City; 4200 S Hulen St, Fort Worth, TX 7 pation / Job title (See Instructions) Full name of contributor Patrick Powers Contributor address; City; 6859 Shorecrest Ct, Fort Worth, T pation / Job title (See Instructions) Full name of contributor Elizabeth McCurdy Contributor address; City; 6813 Lahontan Dr, Fort Worth, TX pation / Job title (See Instructions) Full name of contributor Elizabeth McCurdy Contributor address; City; 6813 Lahontan Dr, Fort Worth, TX pation / Job title (See Instructions) Full name of contributor William Meadows Contributor address; City;	Tr. William Brian Byrd 5 Full name of contributor

SCHEDULE A1

if the reque	sted information is not applicable, DO NOT Ir	iclude this page in the	report.	
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	
09/14/2020	6 Contributor address; City; 6720 Blue Meadow Dr, Fort Wor	State; Zip Code	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Joseph Cappel	C (ID#:)	Amount of contribution (\$)	
09/14/2020	Contributor address; City; State; Zip Code 100.00 3801 Bellaire Cir, Fort Worth, TX 76109		100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
09/14/2020			100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Chad Barber	(ID#:)	Amount of contribution (\$)	
09/14/2020	Contributor address; City; 6600 Cherry Hills Dr, Fort Worth, 7	State; Zip Code	100.00	
Principal occupation / Job title (See Instructions) En		Employer (See Instructi	ons)	
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SCHEDULE A1

	1	The state of the s
Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
Patricia Garsek	,	7 Amount of contribution (\$)
6 Contributor address; City; State;	e; Zip Code	50.00
	<u></u>	ns)
Thomas Brian Carney		Amount of contribution (\$)
	e; Zip Code	50.00
ion / Job title (See Instructions) Em	ployer (See Instruction	ns)
Olivia Eudaly)	Amount of contribution (\$)
		50.00
ion / Job title (See Instructions)	ployer (See Instruction	ıs)
Full name of contributor)	Amount of contribution (\$)
The state of the s		50.00
ion / Job title (See Instructions) Emp	oloyer (See Instruction	is)
N to the state of	Mr. William Brian Byrd 5 Full name of contributor	Mr. William Brian Byrd 5 Full name of contributor

SCHEDULE A1

ii tile reque	sted information is not applicable, bo Not in	icidde tilis page ili tile	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
09/14/2020	6 Contributor address; City; 6209 Kenwick Ave, Fort Worth, T	State; Zip Code	50.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru			tions)
Date	Vivian Faxel	C (ID#:)	Amount of contribution (\$)
09/14/2020	Contributor address; City; 4628 Briarhaven Rd, Fort Worth,	State; Zip Code	25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/16/2020	Contributor address; City; 1107 Loch Lomond Crt, Fort Wort	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Alex Geesbreght	C (ID#:)	Amount of contribution (\$)
09/14/2020	Contributor address; City; 6665 Trinity Heights Blvd, Fort Wo	State; Zip Code	1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instruction	ions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date	Beverly Bielss	C (ID#:)	7 Amount of contribution (\$)	
09/14/2020	6 Contributor address; City;	State; Zip Code	50.00	
	3725 Shelby Dr, Fort Worth, TX 70	6109		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
09/17/2020	Contributor address; City; 6612 Sahalee Dr, Fort Worth, TX	State; Zip Code	250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
09/17/2020	Contributor address; City; 11 Bounty Road East, Fort Worth,	State; Zip Code	250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor ☐ out-of-state PAC Tim Fleet		Amount of contribution (\$)	
09/21/2020	Contributor address; City; 3045 Lackland Rd, Fort Worth, TX	State; Zip Code	2,500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	

SCHEDULE A1

II the reque	sted information is not applicable, DO NOT inclu	de this page in the i	
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME	⁄lr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Nathan McGrew		7 Amount of contribution (\$)
09/21/2020	6 Contributor address; City; State; Zip Code 4900 Westridge Ave Apt 2, Fort Worth, TX 76116		250.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	#:)	Amount of contribution (\$)
09/21/2020	Contributor address; City; State; Zip Code 3516 Ranch View Ter, Fort Worth, TX 76109		250.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
09/21/2020	Contributor address; City; S 2734 Colonial Pkwy, Fort Worth, TX	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
09/21/2020	Contributor address; City; State; Zip Code 50.00 233 Verna Trl N, Fort Worth, TX 76108		50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor		
09/23/2020	6 Contributor address; City; State; Zip 6217 Genoa Rd, Fort Worth, TX 76116	1000.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	
09/23/2020	Contributor address; City; State; Zip 5016 Barberry Dr, Fort Worth, TX 76133	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor		
09/23/2020	Contributor address; City; State; Zip 6341 Klamath Rd, Fort Worth, TX 76116	Code 100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor) Amount of contribution (\$)	
09/23/2020	Contributor address; City; State; Zip 6821 River Bend Rd, Fort Worth, TX 76132	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (Kay Wedemeyer	(ID#:)	7 Amount of contribution (\$)
09/24/2020	6 Contributor address; City; 6620 Long Cove Ct, Fort Worth, TX	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	tions)
Date	Full name of contributor □ out-of-state PAC ((ID#:)	Amount of contribution (\$)
09/28/2020	Contributor address; City; 1200 Summit Ave, Fort Worth, TX	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Raj Gandhi	(ID#:)	Amount of contribution (\$)
09/29/2020	Contributor address; City; P.O. Box 33937. Fort Worth, TX 76	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Rosie & Mike Moncrief	(ID#:)	Amount of contribution (\$)
09/29/2020	9/29/2020 Contributor address; City; State; Zip Code 100.00 777 Taylor St, Suite 1030, Fort Worth, TX 76102		100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Colby Siratt	C (ID#:)	7 Amount of contribution (\$)
10/05/2020	6 Contributor address; City; 9404 Palencia Ct, Fort Worth, TX	State; Zip Code	1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Donnie Siratt	C (ID#:)	Amount of contribution (\$)
10/05/2020	Contributor address; City; 4668 Saint Benet Ct, Fort Worth,	State; Zip Code	1000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Juli Siratt Mason	C (ID#:)	Amount of contribution (\$)
10/05/2020	Contributor address; City; 9301 Sagrada Park, Fort Worth, T	State; Zip Code	1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/05/2020	Contributor address; City; 4629 Palencia Dr, Fort Worth, TX	State; Zip Code	1000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			

SCHEDULE A1

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The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)		
4 Date	Jana Siratt	(ID#:)	7 Amount of contribution (\$)		
10/05/2020	6 Contributor address; City;	State; Zip Code	1000.00		
	4613 Marbella Cir, Fort Worth, TX	76126			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)		
Date	Steve Hawkins	(ID#:)	Amount of contribution (\$)		
10/05/2020	Contributor address; City;	State; Zip Code	1000.00		
	9 Thornhill Rd, Benbrook, TX 7613	32			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
10/09/2020	Contributor address; City; 7032 Shadow Creek Court, Fort Wor	State; Zip Code th, TX 76109	250.00		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Lamar C Smith	ID#:)	Amount of contribution (\$)		
10/13/2020	Contributor address; City; 1814 Westover Sq, Fort Worth, TX	State; Zip Code	500.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	iclude this page in the	report.	
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date	Thomas Jones	C (ID#:)	7 Amount of contribution (\$)	
10/13/2020	6 Contributor address; City; 11809 Blue Creek Dr, Willow Par	State; Zip Code	500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
10/13/2020	Contributor address; City; 1363 Roaring Springs Rd, Fort Wo	State; Zip Code orth, TX 76114	500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/14/2020	Contributor address; City; 6004 Laurel Valley Ct, Fort Worth	State; Zip Code , TX 76132	250.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Terry McAuley	(ID#:)	Amount of contribution (\$)	
10/14/2020	Contributor address; City; 3609 Middlewood Dr, Fort Worth,	State; Zip Code	250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Kirk Blackmon		7 Amount of contribution (\$)
10/19/2020	6 Contributor address; City; S 3017 Alton Rd, Fort Worth, TX 7610	tate; Zip Code	2000.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)
Date	Full name of contributor □ out-of-state PAC (ID#:		Amount of contribution (\$)
10/19/2020	Contributor address; City; S	tate; Zip Code	200.00
	3709 Mockingbird Ln, Fort Worth, TX	76109	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor)	Amount of contribution (\$)
10/19/2020	Contributor address; City; St	ate; Zip Code	25.00
10/10/2020	6513 Saucon Valley Dr, Fort Worth, T	X 76132	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor ☐ out-of-state PAC (ID#:_		Amount of contribution (\$)
10/19/2020		ate; Zip Code	25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
,			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
10/23/2020	6 Contributor address; City; 1200 Western Ave, Fort Worth, TX	State; Zip Code X 76107	1000.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	· (ID#:)	Amount of contribution (\$)
10/21/2020	Contributor address; City; 3036 Tanglewood Park W, Fort Wo	State; Zip Code /orth, TX 76109	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor ☐ out-of-state PAC ((ID#:)	Amount of contribution (\$)
10/26/2020	Contributor address; City; 4313 Woodwick Ct, Fort Worth, TX	State; Zip Code	1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor □ out-of-state PAC (Vijay G. Kalaria	(ID#:)	Amount of contribution (\$)
10/28/2020	Contributor address; City; 6016 Annandale Dr, Fort Worth, TX	State; Zip Code X 76132	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	

SCHEDULE A1

II the reque	sted information is not applicable, DO NOT In	icidue uns page in the	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Robert Opitz	C (ID#:)	7 Amount of contribution (\$)
10/30/2020	6 Contributor address; City; 4705 Fieldcrest Dr, Fort Worth, T	State; Zip Code	1000.00
8 Principal occu	 upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Lavanya Nagineni	C (ID#:)	Amount of contribution (\$)
11/02/2020	Contributor address; City; 6617 Oak Hill Ct, Fort Worth, TX	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Taylor Baird	C (ID#:)	Amount of contribution (\$)
11/05/2020	Contributor address; City; 4421 Belclaire Ave, Dallas, TX 75	State; Zip Code	100.00
Principal occup	l pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Raylene Latta	C (ID#:)	Amount of contribution (\$)
11/04/2020	Contributor address; City; 5017 River Bluff Dr, Fort Worth, T	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES C	NE THIS SCHEDI II E AS NE	EDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAG Jerry Daniel	C (ID#:)	7 Amount of contribution (\$)
11/04/2020	6 Contributor address; City; 4304 Tamworth Rd, Fort Worth, T	State; Zip Code	150.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	cions)
Date	Janet Kraftson	C (ID#:)	Amount of contribution (\$)
11/04/2020	Contributor address; City; 6901 Vista Ridge Ct, Fort Worth,	State; Zip Code	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Michael Dike	C (ID#:)	Amount of contribution (\$)
11/04/2020	Contributor address; City; 209 Summersby Lane, Fort Worth,	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Carol Stripling	(ID#:)	Amount of contribution (\$)
11/06/2020	Contributor address; City; 3000 Tanglewood Park West, Fort	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
		,	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this pa	ge in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
11/09/2020	6 Contributor address; City; State; Zip 0	Code 500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
11/09/2020	Contributor address; City; State; Zip of 2917 Harlanwood Dr, Fort Worth, TX 76109	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor) Amount of contribution (\$)
11/16/2020	Contributor address; City; State; Zip C	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor) Amount of contribution (\$)
12/07/2020	Contributor address; City; State; Zip Contributor Ashbrook Dr, Fort Worth, TX 76132	100.00
Principal occupa	ation / Job title (See Instructions) Employer (S	See Instructions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	William Byrd	C (ID#:)	7 Amount of contribution (\$)
07/23/2020	6 Contributor address; City; 6608 Long Cove Court, Fort Worth	State; Zip Code h, TX 76132	25.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Wytt Byrd	C (ID#:)	Amount of contribution (\$)
09/08/2020	Contributor address; City; 6608 Long Cove Court, Fort Worth	State; Zip Code h, TX 76132	5.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/10/2020	2 000 00		2,000.00
Principal occup	 pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
09/14/2020			1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Φ.	, '		

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT i n	iclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	Robert Chiang	C (ID#:)	7 Amount of contribution (\$)
09/23/2020	6 Contributor address; City; 6440 Monarch Hills Drive, Fort Wo	State; Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/24/2020	Contributor address; City; PO Box 100863, Fort Worth, TX 7	State; Zip Code	200.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/14/2020	Contributor address; City; 608 Paint Pony Trl N, Fort Worth,	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/16/2020	Contributor address; City; 4313 Woodwick Ct., Fort Worth, T	State; Zip Code X 76109	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

	sted information is not applicable, DO NOT include th	ns page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: Jonathan Munson	7 Amount of contribution (\$)
10/19/2020	6 Contributor address; City; State; 730 Samuels Ave, Fort Worth, TX 76102	•
8 Principal occup	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/28/2020	Contributor address; City; State; 3800 Aviemore Drive, Fort Worth, TX 76	100 100 100 100 100 100 100 100 100 100
Principal occupa	ation / Job title (See Instructions) Empl	oloyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/28/2020	Contributor address; City; State; 6800 Desert Highland, Fort Worth, TX 76	Zip Code 250.00
Principal occupa	ation / Job title (See Instructions) Emple	loyer (See Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (\$)
11/30/2020	Contributor address; City; State; 6551 Harris Pkwy Suite 200, Fort Worth,	Zip Code 500.00 TX 76132
Principal occupa	ation / Job title (See Instructions) Emplo	loyer (See Instructions)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii the requested information is not applicable, 55 No.1 molded this page in the report.				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
² FILER NAME Mr. William Brian Byrd			3 Filer ID (Ethics Commission Filers)	
4 Date	David Parker	C (ID#:)	7 Amount of contribution (\$)	
12/21/2020	6 Contributor address; City; 6212 Curzon Ave, Fort Worth, TX	State; Zip Code	100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
12/30/2020	Contributor address; City; 500 W. 7th Street, Fort Worth, TX	State; Zip Code 76102	5,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
09/14/2020	Contributor address; City; 3455 Ranch View Ct., Fort Worth,	State; Zip Code TX 76109	500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 09/21/2020	Full name of contributor out-of-state PAC Monty Trimble Contributor address; City; 3455 Ranch View Ct., Fort Worth,	State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor ☐ out-of-state PAC Jason Dermott	C (ID#:)	7 Amount of contribution (\$)
09/23/2020	6 Contributor address; City; 6709 Watermill Drive, Fort Worth,	State; Zip Code	50.00
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	> (ID#:)	Amount of contribution (\$)
10/01/2020	Contributor address; City; 1411 Shady Oaks Lane, Fort Wort	State; Zip Code	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
10/13/2020	Contributor address; City; 2901 Acme Brick Plaza, Fort Worth	State; Zip Code h, TX 76109	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC	S (ID#:)	Amount of contribution (\$)
10/28/2020	Contributor address; City; 2702 Heritage Hills Drive, Fort Wort	State; Zip Code rth, TX 76109	250.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
,			

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Mr. William Brian Byrd 4 Date	The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
G Contributor address; City; State; Zip Code	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
6 Contributor address; City: State; Zip Code 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Jan Fersing Contributor address; City: State; Zip Code 3800 Trailwood Lane, Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Employer (See Instructions) Full name of contributor William Byrd Contributor address; City: State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) 5.00 Amount of contribution (S) Employer (See Instructions)	4 Date	5 Full name of contributor ut-of-state PAC (f	(ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:				
Jan Fersing Contributor address; City; State; Zip Code 3800 Trailwood Lane, Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) William Byrd Contributor address; City; State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) 5.00 Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Contributor address; City; State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132 Contributor address; City; State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132	8 Principal occ	pation / Job title (See Instructions)	Employer (See Instruction	ons)
11/13/2020 Contributor address; City; State; Zip Code 3800 Trailwood Lane, Fort Worth, TX 76109	Date	Jan Fersing		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	11/13/2020	Contributor address; City;	State; Zip Code	200.00
William Byrd Contributor address; City; State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
12/17/2020 Contributor address; City; State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 12/21/2020 Full name of contributor out-of-state PAC (ID#:	William Byrd			Amount of contribution (\$)
Date 12/21/2020 Full name of contributor	12/17/2020	Contributor address; City;	State; Zip Code	5.00
12/21/2020 William Byrd Contributor address; City; State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Contributor address; City; State; Zip Code 6608 Long Cove Court, Fort Worth, TX 76132		William Byrd		
	12/21/2020	Contributor address; City;	State; Zip Code	5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ins)

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

John Ott 6 Contributor address; City;	is form. AC (ID#:)	 Total pages Schedule A1: Filer ID (Ethics Commission Filers) Amount of contribution (\$)
Mr. William Brian Byrd 5 Full name of contributor out-of-state PAG John Ott 6 Contributor address; City;	C (ID#:)	
John Ott 6 Contributor address; City;	C (ID#:)	7 Amount of contribution (\$)
	,	
3205 Lamesa Place, Fort Worth, 7	State; Zip Code	100.00
pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		Amount of contribution (\$)
Contributor address; City; 6725 Medinah Dr., Fort Worth, TX	State; Zip Code	150.00
l aation / Job title (See Instructions)	Employer (See Instruct	ions)
Andrea Loftin		Amount of contribution (\$)
Contributor address; City;	State; Zip Code	500.00
pation / Job title (See Instructions)	Employer (See Instructi	ions)
Will Martin		Amount of contribution (\$)
Contributor address; City;	State; Zip Code	100.00
ation / Job title (See Instructions)	Employer (See Instructi	ions)
	Janice Knebl and Thomas Fairchild Contributor address; City; 6725 Medinah Dr., Fort Worth, TX Pation / Job title (See Instructions) Full name of contributor Andrea Loftin Contributor address; City; 10513 Bing Dr., Fort Worth, TX 7610 ation / Job title (See Instructions) Full name of contributor Will Martin Contributor address; City; 3700 Hulen Street, Fort Worth, TX 7 ation / Job title (See Instructions)	Janice Knebl and Thomas Fairchild Contributor address; City; State; Zip Code 6725 Medinah Dr., Fort Worth, TX 76132 Pation / Job title (See Instructions) Full name of contributor

SCHEDULE A1

If the reques	sted information is not applical	ble, DO NOT i r	nclude this page in the	report.
The	Instruction Guide explains how	to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byro	k		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Tom Galbreath	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
10/28/2020	6 Contributor address;	City;	State; Zip Code	250.00
	11717 Cambria Court	, Aledo, TX	76008	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	otions)
Date	Full name of contributor Pedro Garcia	out-of-state PA	C (ID#:)	Amount of contribution (\$)
10/28/2020	Contributor address;	City;	State; Zip Code	250.00
	7128 Montejo Ct., Gra	E 0		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Jerry Conatser		C (ID#:)	Amount of contribution (\$)
9/12020	Contributor address;	City;	State; Zip Code	5000.00
2	PO Box 15302, Fort W	orth, TX 761	119	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor William Cothern	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
10/5/2020	Contributor address;	City;	State; Zip Code	100.00
	4251 Crestline Rd., Fort	t Worth, TX	76107	
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

if the reque	ested information is not applicable, DO NOT include this page in the	report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Mr. William Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10/5/2020	6 Contributor address; City; State; Zip Code 1816 Westover Square, Fort Worth, TX 76107	100.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	:tions)
Date	Full name of contributor	Amount of contribution (\$)
9/17/2020	Contributor address; City; State; Zip Code 6855 Lahontan Dr., Fort Worth, TX 76132	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
9/18/2020	Contributor address; City; State; Zip Code PO Box 123550, Fort Worth, TX 76121	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
92/3/2020	Contributor address; City; State; Zip Code 6913 Shadowcreek Ct. Fort Worth, TX 76132	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT include this page in the report**.

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code 8 Amount of 9 In-kind contribution description Jacob
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor □ out-of-state PAC (ID#: Contributor address; City; State;	Amount of Contribution \$ I In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS

SCHEDULE B

II the reque	ested information is not applicable, DO NOT II	iciuue iiiis page	III the report.	
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ut-of-state PAC (ID#:_)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; St	tate; Zip Code		
			Check if travel outs	I. side of Texas. Complete Schedule T
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	tate; Zip Code		
			Check if travel outs	L. side of Texas, Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	tate; Zip Code		
		*	Check if travel outs	। ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
			Check if travel outsi	l ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
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LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	r. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 12/29/2020	Mr. William Brian Byrd	PAC (ID#:)	9 Loan Amount (\$) 300,100.00
6 Is lender a financial Institution?	8 Lender address; City; 6608 Long Cove Ct. Fort Wor	State; Zip Code	10 Interest rate NA 11 Maturity date NA
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll [X] none	ateral	15 Check if personal fundaccount (See Instruct	ids were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
- at applicable	Guarantor address; City;	State; Zip Code	V.
not applicable	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Payee name 07/02/2020 Keep Fort Worth Neighborhoods 6 Amount (\$) 7 Payee address; City; State; Zip Code 636 O St. Sanger, CA 93657 1,000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **CCPD Election Support PURPOSE** Contribution OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date The Event Helper 10/07/2020 Amount (\$) City; State; Zip Code Payee address; 1020 McCourtney Rd suite B Grass Valley, CA 95949 104.30 Category (See Categories listed at the top of this schedule) Description PURPOSE **Event Expense Event Insurance** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Piatello Italian 10/30/2020 Amount (\$) Payee address; City: State: Zip Code 5924 Convair Dr UNIT 412, Fort Worth, TX 76109 1,195.86 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Food **Event Expense** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 07/02/2020 Google LLC 7 Payee address; 6 Amount (\$) City; State: Zip Code 636 O St. Sanger, CA 93657 19.19 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **Email Services PURPOSE** Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name **Authnet Gateway** 07/02/2020 Amount (\$) Payee address; City; State: Zip Code 808 East Utah Valley Drive, American Fork, UT, 84003 30.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Banking **Transaction Fee** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Nationuilder 07/06/2020 Amount (\$) Payee address; City; State; Zip Code 59.00 520 S Grand Ave. Los Angeles, CA 90071 Category (See Categories listed at the top of this schedule) Description **PURPOSE Database** Advertising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 07/16/2020 Iron Egg 6 Amount (\$) 7 Payee address; City; State: Zip Code 2600 8th Ave. Fort Worth, TX 76110 50.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Website Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Google LLC 08/03/2020 Amount (\$) Payee address; City: State: Zip Code 636 O St. Sanger, CA 93657 19.19 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising **Email Services** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Cyberservices 08/03/2020 Amount (\$) Payee address; City; State; Zip Code 0.30 PO Box 8999. San Francisco, CA 94128 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Credit Card Transaction Fees Banking EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 08/04/2020 Authnet Gateway 6 Amount (\$) 7 Payee address; City; State; Zip Code 808 East Utah Valley Drive, American Fork, UT, 84003 30.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Banking Transaction Fee OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Nationbuilder 08/06/2020 Amount (\$) Pavee address: City; State: Zip Code 520 S Grand Ave. Los Angeles, CA 90071 59.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising **Database EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Iron Egg 08/17/2020 Amount (\$) Payee address; City; State; Zip Code 50.00 2600 8th Ave. Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Website Advertising EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 08/17/2020 **USPS** 6 Amount (\$) 7 Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132 118.00 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Mailbox Mail OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name **Direct Texas** 09/01/2020 Amount (\$) Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131 1,219.07 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Printing EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Google LLC 09/02/2020 Amount (\$) Payee address; City; State: Zip Code 19.19 636 O St. Sanger, CA 93657 Category (See Categories listed at the top of this schedule) Description **Email Services PURPOSE** Advertising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH Office sought

Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The motification outde explains	now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Payee name Authnet Gateway		
6 Amount (\$) 30.00	7 Payee address; 808 East Utah Valley Drive,	c _{ity;} American Fork, UT,	State; Zip Code 84003
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Banking	Transaction	Fee
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Aus	stin. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/02/2020	Cyberservices		
Amount (\$) 0.60	Payee address; PO Box 8999. San Francisco	City; , CA 94128	State; Zip Code
	Category (See Categories listed at the top of this scho	edule) Description	
PURPOSE OF EXPENDITURE	Banking	Credit Car	d Transaction Fee
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/08/2020	Nationuilder		
Amount (\$)	Payee address;	City;	State; Zip Code
59.00	520 S Grand Ave. Los Angele	s, CA 90071	
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Advertising	Database	
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Стеди Сага наутыл	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 09/15/2020	5 Payee name Iron Egg		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00	2600 8th Ave. Fort Worth, TX 76	110	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Advertising	Website	
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/28/2020	Iron Egg		
Amount (\$)	Payee address;	City;	State; Zip Code
166.56	2600 8th Ave. Fort Worth, TX 761	10	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Website	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/02/2020	Google LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
19.19	636 O St. Sanger, CA 93657		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Email Servi	ices
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 10/02/2020 Authnet Gateway 6 Amount (\$) 7 Payee address; City; State; Zip Code 808 East Utah Valley Drive, American Fork, UT, 84003 30.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Transaction Fee Banking OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Cyberservices 10/02/2020 Amount (\$) City; Payee address; State: Zip Code PO Box 8999. San Francisco, CA 94128 27.48 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Banking Credit Card Transaction Fee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Nationbuilder 10/05/2020 Amount (\$) Payee address; City; State; Zip Code 59.00 520 S Grand Ave. Los Angeles, CA 90071 Category (See Categories listed at the top of this schedule) Description PURPOSE Database Advertising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

Advertising Expense Accounting/Banking Consulting Expense

Credit Card Payment

10/15/2020

62.50

6 Amount (\$)

4 Date

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name Iron Egg 7 Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110

8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Website	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/16/2020	Iron Egg		
Amount (\$) 50.00	Payee address; 2600 8th Ave. Fort Worth, TX 7611	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Website	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/19/2020	USPS		
Amount (\$)	Payee address;	City;	State; Zip Code
11.00	7101 Bryant Irvin Rd. Fort Worth, T	X 76132	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Mail	Mailbox	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	D

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 10/28/2020 **Taylors Rental** 6 Amount (\$) 7 Payee address; City; State: Zip Code 220 University Drive, Fort Worth, TX 76107 853.01 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Event Expense Event OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Cyerservices 11/02/2020 Amount (\$) Payee address; City; Zip Code PO Box 8999. San Francisco, CA 94128 16.29 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Banking Credit Card Transaction Fee **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Google LLC 11/03/2020 Amount (\$) Payee address; City; State: Zip Code 19.19 636 O St. Sanger, CA 93657 Category (See Categories listed at the top of this schedule) Description **PURPOSE Email Services** Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prir I Committee Legal Services Sali	Fees Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 11/03/2020	5 Payee name Authnet Gateway				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
30.00	808 East Utah Valley Drive, Ar	nerican Fork, UT, 8	34003		
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description			
PURPOSE OF EXPENDITURE	Banking	Transaction	Fee		
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Aus	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/05/2020	Nationuilder				
Amount (\$)	Payee address;	City;	State; Zip Code		
59.00	520 S Grand Ave. Los Angeles	s, CA 90071			
	Category (See Categories listed at the top of this schedu	ule) Description			
PURPOSE OF EXPENDITURE	Advertising	Database			
	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Data	Payee name				
11/16/2020	Iron Egg				
Amount (\$)	Payee address;	City;	State; Zip Code		
50.00	2600 8th Ave. Fort Worth, TX 7	76110			
	Category (See Categories listed at the top of this schedu	ule) Description			
PURPOSE OF EXPENDITURE	Advertising	Website			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 4 Date 11/18/2020 USPS State; Zip Code 6 Amount (\$) 7 Payee address; City; 7101 Bryant Irvin Rd. Fort Worth, TX 76132 118.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Mailbox **PURPOSE** Mail OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Joanna Crain 12/02/2020 City; State: Zip Code Amount (\$) Pavee address: 4216 Whitfield drive, Fort Worth, TX 76109 5,500.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE Event Expense Event Planning EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Authnet Gateway 12/02/2020 Amount (\$) City; State; Zip Code Payee address; 808 East Utah Valley Drive, American Fork, UT, 84003 30.00 Description Category (See Categories listed at the top of this schedule) Transaction Fee **PURPOSE** Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2020	5 Payee name Cyberservices		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
25.09	PO Box 8999. San Francisc	co, CA 94128	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising	Email Service	es
	(c) Check if travel outside of Texas. Complete S	ichedule T. Check if Aus	etin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/03/2020	Google LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
19.19	636 O St. Sanger, CA 9365	7	
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Email Serv	vices
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/07/2020	Nationuilder		
Amount (\$)	Payee address;	City;	State; Zip Code
59.00	520 S Grand Ave. Los Ange	les, CA 90071	
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Database	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	- Total	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex		Travel In District Travel Out Of Distri	ct ory not listed above)
Credit Card Payment		The Instruction Guide explain	s how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethio	es Commission Filers)
4 Date 12/16/2020	5 Payee na					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
50.00	2600	8th Ave. Fort Worth, T	TX 7611	0		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF	Adve	rtising		Email Service	es	
EXPENDITURE				21		
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
12/16/2020	Goda	ddy.com LLC				
Amount (\$)	Payee ac			City;	State;	Zip Code
22.34	14455	N Hayden Rd Scottsd	dale, AZ	85260		
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising		Email Serv	ices	
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ıme				
12/17/2020	Iron E	g g				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
750.00	2600 8	Bth Ave. Fort Worth, T	X 76110)		
	Category	(See Categories listed at the top of this sch	hedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising		Database		
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	1	Office sought		Office held
	ATT	ACH ADDITIONAL COPIES O	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expo Printing Exp		Travel In District Travel Out Of Distr	ict gory not listed above)
Credit Card Payment		The Instruction Guide explain	s how to co	mplete this form.		
1 Total pages Schedule F1	2 FILER N	AME			3 Filer ID (Ethio	cs Commission Filers)
4 Date 12/30/2020	5 Payee na					
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
79.00	7101	Bryant Irvin Rd. Fort V	Vorth, T	X 76132		
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Mail			Mailbox		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
07/01/20 -12/31/20	Cyers	ervices				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
717.33	PO Bo	ox 8999. San Francisco	o, CA 94	4128		
	Category	(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Bank	ting		Credit Car	d Transactior	
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Aust	in, TX, officeholder livinç	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	*	Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	nedule)	Description		
		Check if travel outside of Texas. Complete Scho	edule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES O	F THIS SC	HEDULE AS NEE	DED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

if the reques	sted information is not applicable, DO NOT include this page if	n the report.	
The	dule K:		
2 FILER NAME	s Commission Filers)		
4 Date	5 Name of person from whom amount is received Brian Byrd MD PA	8 Amount (\$)	
07/09/2020	6 Address of person from whom amount is received; City; Stat		227.33
	6100 Harris Pkwy. Ste. 1240, Fort Worth, TX 761	32	,
	7 Purpose for which amount is received Check if p Reimbursement for payment made in error	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if p	olitical contribution i	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if po	olitical contribution r	eturned to filer
·	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	