CANDIDATE / OFFICEHOLDER OFFICIAL RECORD FORM C/OH CITY SECRETARYER SHEET PG 1 CAMPAIGN FINANCE REPORT FT. WORTH, TX 1 Filer ID (Ethibe Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** william NAME Date Received SUFFIX ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / STATE; ZIP CODE 6600 lung love ct. **OFFICEHOLDER MAILING ADDRESS** CITY OF FORT WORTH Fr. WAM. N 76132 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** Date Hand-delivered or Date Postmarked (682) 667 8001 PHONE MS / MRS / MR Amount \$ Receipt # 6 CAMPAIGN TREASURER NAME Date Processed SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN STATE: ZIP CODE **TREASURER** 777 main St. **ADDRESS** Et. warm 1x 76132 (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** 332 - 2301 (817) **PHONE** 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 Exceeded \$500 limit 8th day before election Final Report (Attach C/OH - FR) 10 PERIOD Month **COVERED** 07/01/2021 /31 / 2021 12/ THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year Description Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	r ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THIS INFORMATION CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMA	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC	· .	
	•		·
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			,
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		•	
		• •	
17 CONTRIBUTION	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS		S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS	\$ 05
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	* 4
EXPENDITURE			<u> </u>
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$
	UNLESS	S ITEMIZED	
	4 TOTAL	DOLITICAL EXPENDITURES	0 0202 71
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,302.71
CONTRIBUTION			· · · · · · · · · · · · · · · · · · ·
BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 1798,77
	OF REP	ORTING PERIOD	, ,
OUTSTANDING	6. TOTAL F	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	
LOAN TOTALS		AY OF THE REPORTING PERIOD	\$ 379,410.00
18 AFFIDAVIT			A
		l swear, or affirm, under penalty of perjury,	that the accompanying report is
		true and correct and includes all informatio	/ 1
,		under Titte-1-5, Election Gode.	/ - [
	_		
BON.	ALD PAUL GONZAL		1
Notary	Public, State of Te		
Comr	n. Expires 05-17-20:	Signature of Candidate	or Officeholder
	tary ID 10520616		
	and the second control of the second control		
		Excian la 1 Kund	744
Sworn to and subscr	ibed before me, k	by the said $+\gamma$ (W) \vee $$, $$	_, this the
day of January	1 .2022 ·	to cer <u>tif</u> y which, witness my hand and seal of office.	
. () ()	1. That-1	Sanald Li Larmaclas	1 Hays
Maria	1 my	MINUM YVINCUES I	wiw x
Signature of officer a	dministering oath	Printed name of officer administering oath Ti	tle of officer administering oath π
			· · · · · · · · · · · · · · · · · · ·

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 F	filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$ 3302.71
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTI	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	BUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2505.63

SCHEDULE F1

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

Solicitation/FundraisIng Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c		nter a category not listed above)
1 Total pages Schedule F1:	1 6 2 //		ID (Ethics Commission Filers)
4 Date (0.20,2(5 Payee name Laca Bounes Campa 7 Payee address; City; State; Zip Code	19 m	
6 Amount (\$)	7 Payee address; City; State; Zip Code	7	
500.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa	on Complete Schedule T
PURPOSE OF		Check if Austin, TX, office	·
EXPENDITURE	Political Courts butin		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas	s. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officel	holder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	- Complete Calculut- T
PURPOSE OF		Check if travel outside of Texa	·
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Margas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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)				
	3 Byrd	3 Filer ID (Ethics Continission Filers)		
4 Date	5 Payee name			
(2.1.21	asoyle			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
12.79				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	^ <i>/</i>	Check if Austin, TX, officeholder living expense		
EXPENDITURE	email			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12.3.2(Gorfe			
Amount (\$)	Payee address; City; State; Zip Code			
19.19				
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OF EVDENDITURE	· ₀	Check if Austin, TX, officeholder living expense		
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Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/Oh	1			
Date	Payee name			
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Amount (\$)	Payee address; City; State; Zip Code			
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	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
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EXPENDITURE	duta base	·		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDULE AS NEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Inches present and Inches)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)	
4 7 10 0 1 1		complete (ins form.	2 Files ID (Ethics Commission Files)	
1 Total pages Schedule F1:	B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 11.3.21	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code		İ	
12.79				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE			utside of Texas. Complete Schedule T.	
OF EXPENDITURE	email	Check if Austir	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11.4.21	Naturaldy			
Amount (\$)	Payee address; City; State; Zip Code			
14.30				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	database	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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Amount (\$)	Payee address; City; State; Zip Code			
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	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF			utside of Texas. Complete Schedule T.	
EXPENDITURE	baulary	Check If Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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

sement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME B. By J	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
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Date	Payee name	
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11.2-21	Google	
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	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	enal	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Others (expenses as tileted choice)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME B. Byrd	3 Filer ID (Ethics Commission Filers)
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6 Amount (\$)	7 Payee address; City; State; Zip Code	
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
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Date	Payee name	
16.1-2(Bark 1 tarrica	
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date (ひ、Ч・ン(Amount (\$)	Payee name Corple Gluit Payee address; City; State; Zip Code	
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Opnations Made By
Candidate/Opnations Made By
Candidate/Opnated

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	-	Vages/Contract Labor Other (enter a category not listed al	bove)	
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3. Byrd	3 Filer ID (Ethics Commissio	n Filers)	
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6 Amount (\$)	7 Payee address; Clty; State; Zip Code			
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	İ	
Date	Payee name			
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Amount (\$)	Payee address; City; State; Zip Code			
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· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	·n	Check If Austin, TX, officeholder living expense		
EXPENDITURE	enal			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	1	
Date	Payee name			
9-3.21	Gorgle Gsulu			
Amount (\$)	Payee address; City; State; Zip Code			
19.19				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	În	Check if Austin, TX, officeholder living expense		
EXPENDITURE	email			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office hel	d	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
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4 Date 9(- 2-(7 Payee address; City; State; Zip Code	1	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1.93	520 S. Grand Ave	LA,C4	90071
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	dotalase		slde of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Code		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wall by		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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PURPOSE OF			side of Texas. Complete Schedule T. TX, officeholder living expense
EXPENDITURE	Acty Fervices		
	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	The Instruction Guide explains how to co	omplete this form. Other (enter a category not listed above)
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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16.50	100 N. Tynst. Ch	anlotte, NC 28255
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EXPENDITURE	Baulain	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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12-79		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	xmal	Check it Austin, 1.A. Unicendider living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wi The Instruction Guide explains how to co		(enter a category not listed above)	
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71,21	Gorfe	V		
6 Amount (\$)	7 Payee address, City; State; Zip Code	C=1	:	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	<u>-</u>	
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9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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Amount (\$)	Payee address; City; State; Zip Code			
125.00	6422 36 the leattle	WA 98107		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF			exas, Complete Schedule T.	
EXPENDITURE	website	L Check If Austin, IX, off	iceholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
7.2.21	Couple			
Amount (\$)	Payee address; City; State; Zip Code			
19.19	4			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	À		exas. Complete Schedule T.	
EXPENDITURE	emal	Check If Austin, TX, of	liceholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

SCHEDULE K

			
The Instruction Guide explains how to complete this form.			dule K:
2 FILER NAME 3 Filer ID (Ethics		s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
7.1.2(Axiom Strategres 6 Address of person from whom amount is received; City; State; 800 W. 47th St. Kunsus City, MD 64	Zip Code	2585.63
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	Consiltant service		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;		
	Purpose for which amount is received Check if	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;	Zip Code	
	Purpose for which amount is received Check if	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		
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	