### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

FORM C/OH FT. WORTH, TX COVER SHEET PG 1

The C/OH Instruction	Guide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers	Total pages filed: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	<sub>FIRST</sub> William	мі В	OFFICE USE ONLY
IV/ UVIL	NICKNAME	Byrd	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 6608 Long Cov	ve Ct. Ft. Worth,	city; state; zip code , Texas 76132	RECEIVED
Change of Address		-		JUL - 1 2021 4
5 CANDIDATE/ OFFICEHOLDER PHONE	(682 )	667-8081	EXTENSION	Date Hand-delivered on Date Postmarked CITY SECRETARY
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Rob	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	NICKNAME	Opitz		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		et, Suite 2000, Ft.	uite #; city; i. Worth, Texas 76102	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(817)	332-2301		
9 REPORT TYPE	January 15	30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	/w.y.w.
OVERLO	04 /	22 / 21	THROUGH 06	/ 30 / 21
11 ELECTION	ELECTION DATE		ELECTION TYP	E
	Month Day	Year Primary	Runoff Other Description	
	- / /	General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	m)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOL	OLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE CO	OMMITTEE NAME		
Additional Pages	GENERAL	OMMITTEE ADDRESS		
-	SPECIFIC CC	OMMITTEE CAMPAIGN TREA	SURER NAME	- q
	CC	OMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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)	\$ 85,520.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 252,007.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2,514.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 379,410.00
- 1	Please complete either option below before me by Brian Bood this the which, witness my hand and seal of office.	184 day of July,
(2) Unsworn Declarati	on	
	, and my date of birth is	·
iviy addicas is	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of , on the day of(month)	. 20
	Signature of Candid	ate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	85,520.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS		\$	69,410.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	252,007.47
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	404.43

SCHEDULE A1

If the requested 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:
<sup>2</sup> FILER NAME W. Brian		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Jonathan Kim	7 Amount of contribution (\$)
4.28.21	6 Contributor address; City; State; Zip Code 619 Frank Keasler Blvd, Duncanville, TX 75116	100.00
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Vinyana Potluri	Amount of contribution (\$)
4.28.21	Contributor address; City; State; Zip Code	500.00
	6348 Southern Hills Dr. FW, TX 76132	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4.28.21	Jerry Cabluck  Contributor address; City; State; Zip Code	1000.00
	1308 Virginia Place, FW, TX 76107	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Mina Milburn	Amount of contribution (\$)
4.21.21	Contributor address; City; State; Zip Code	1000.00
	5812 Singletree Ct. FW, TX 76132	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
-	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

SCHEDULE A1

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

		<u> </u>
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME W. Brian		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Kevin Edmonson	7 Amount of contribution (\$)
4.29.21	6 Contributor address; City; State; Zip Code 4304 Capra Way, Benbrook, TX 76126	100.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Jon Wells	Amount of contribution (\$)
4.26.21	Contributor address; City; State; Zip Code	20.00
	2523 College Ave. FW, TX 76110	
Princípal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4.22.21	David Kostorhyz  Contributor address; City; State; Zip Code	500.00
	3404 Autumn Dr. FW, TX 76109	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4.22.21	Elizabeth Poe Contributor address; City; State; Zip Code	100.00
	6220 Genoa Rd. FW, TX 76116	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
ı		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	

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 th	is form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME W. Brian				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor John Ryan		AC (ID#:)	7 Amount of contribution (\$)
4.30.21	6 Contributor address; 6229 Genoa R	Rd, FW,	State; Zip Code TX 76107	1,000.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	l :tions)
Date	Full name of contributor  Mark Gabioud	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
4.28.21		City;	State; Zip Code	100.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Frank Garner		C (ID#:)	Amount of contribution (\$)
5.4.21	Contributor address; 6080 S. Hulen St. Sto	City;	State; Zip Code V, TX 76132	250.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Richard Griffin	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4.30.21		city;	State; Zip Code  7 TX 76132	2,000.00
Principal occur	pation / Job title (See Instructions)	<u> 190, 1 VV</u>	Employer (See Instruct	tions)
	ATTACH ADDITIO	ONAL CODIES	OF THIS SCHEDULE AS N	FEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ir the reques	sted information is not applicable, DO NOT inclu	ude this page in the r	eport.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME W. Brian I	3yrd		3 Filer ID (Ethics Commission Filers)
4 Date	Jeff Smyth	D#:)	7 Amount of contribution (\$)
4.30.21	6 Contributor address; City; S	State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID:	D#:)	Amount of contribution (\$)
4.30.21		State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		)#:)	Amount of contribution (\$)
4.30.21	Susan Shropshire  Contributor address; City; S  4619 Crestline Rd. FW. TX	State; Zip Code X 76107	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	#)	Amount of contribution (\$)
4.30.21	Contributor address; City; 5	State; Zip Code	250.00
Principal occup	4417 Cumberland Rd., FW, TX 76	Employer (See Instructio	ons)
	,		
	ATTACH ADDITIONAL COPIES OF T	THE COURTH E AC NE	

### SCHEDULE A1

If the reques	sted information is not applicable, <b>DO NOT incl</b>	ide this page in the	report.
The	Instruction Guide explains how to complete this fo	1 Total pages Schedule A1:	
<sup>2</sup> FILER NAME W. Brian I	Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID Roger Norman		7 Amount of contribution (\$)
4.25.21		State; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
4.30.21	Jason Ray  Contributor address; City:  2703 Pin Oak Ln, Arlington, TX 7	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)
4.30.21	Kypreos Living Trust	7.0.4	250.00
	Contributor address; City; Significant Cherry Hills Dr, FW,	TX 76132	230.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID)	#:)	Amount of contribution (\$)
4.30.21	Carol Hogan  Contributor address; City;	State; Zíp Code	100.00
	7716 Incline Terrace, FW, TX 761	179	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
<sup>2</sup> FILER NAME W. Brian		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
4.25.21	6 Contributor address; City; State; Zip Code 3045 Lackland Ave. 76116	31,500.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Inst	I cructions)		
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)		
4.25.21	LAM Technology, LLC  Contributor address; City; State; Zip Code  1751 River Run Ste. 300, FW, TX 76107	5,000.00		
Principal occup	Deation / Job title (See Instructions)  Employer (See Inst	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)		
4.25.21	Terry Montesi  Contributor address; City; State; Zip Code  1701 River Run St. 500, FW, TX 76107	7,500.00		
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)		
4.25.21	Bruce Benes  Contributor address; City; State; Zip Code  4206 Tamworth Rd. FW, TX 76116	100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)		

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

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME W. Brian	Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  David Bloxom	7 Amount of contribution (\$)
4.25.21	6 Contributor address; City; State; Zip Code 2741 River Forest Dr., FW, TX 76116	250.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	l ctions)
Date	Full name of contributor out-of-state PAC (ID#:)  Jeff Harwell	Amount of contribution (\$)
4.25.21	Contributor address; City; State; Zip Code  11816 Ferndale Ln, FW, TX 76008	50.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  Fred Disney	Amount of contribution (\$)
4.25.21	Contributor address; City; State; Zip Code 1320 S. University Dr., FW, TX 76107	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)  John Moritz	Amount of contribution (\$)
4.25.21	Contributor address; City; State; Zip Code PO BOx 490, Arlington, TX 76004	30,000.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instruc	tions)
-	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this	page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
<sup>2</sup> FILER NAME W. Brian I	Byrd	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Norman Lindley	
4.23.21	6 Contributor address; City; State; Z 640 Paint Pony, FW, TX 76	ip Code 100.00
8 Principal occu		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4.23.21	***************************************	ip Code I UUU.UU
Principal occup		r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4.24.21	Warren Pearson  Contributor address; City; State; Zi  6933 Allen Place, FW, TX 761	p Code 50.00
Principal occup	eation / Job title (See Instructions) Employe	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4.24.21	Contributor address; City; State; Zip	1000.00
Principal occup	436 Haltom Road, FW, TX 761  ation / Job title (See Instructions)  Employe	7 (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

## LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME William Brian	n Byrd (Brian Byrd Campaig	ın)	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 4.27.21	7 Name of lender ☐ out-of-state f	PAC (ID#:)	9 Loan Amount (\$) 20,000.00
6 Is lender a financial Institution?	8 Lender address; City; 6608 Long Cove Ct. 76132	State; Zip Code	10 Interest rate 0 11 Maturity date
12 Principal occupation	ion / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat		21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	dame	,	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
act applicable	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE struction guide for additional rep	

#### SCHEDULE E LOANS

if the requested	d information is not applicable, DO NO	I include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME William Brian	Byrd (Brian Byrd Campaig	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
5.18.21	W. Brian Byrd		8,910.00
6 Is lender a financial Institution?	8 Lender address; City; 6608 Long Cove Ct. 76132	State; Zip Code	10 Interest rate 0 11 Maturity date
YIN			•
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable		T	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
5.10.21	W. Brian Byrd		24,000.00
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N	Camo		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	

### LOANS SCHEDULE E

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

ii the requested	d information is not applicable, <b>bo no</b>	I iliciade tilis page ili tile re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
<sup>2</sup> FILER NAME William Brian	Byrd (Brian Byrd Campaig	n)	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 6.14.21	W. Brian Byrd	PAC (ID#:)	9 Loan Amount (\$) 13,000.00
6 Is lender a financial Institution?	8 Lender address; City; 6608 Long Cove Ct. 76132	State; Zip Code	10 Interest rate 0 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Colling	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
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 (\$) 3,500.00
Is lender a financial Institution?	Lender address; City; Same	State; Zip Code	Interest rate 0 Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal func account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPII nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	

### SCHEDULE F1

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	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 Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
<b>1</b> Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5.19.21	Fulcrum Strategy Partners		7. 0
6 Amount (\$) 41,598.84	PO Box 10051 FW, TX 76185	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sol	hedule) (b) Description	
PURPOSE OF EXPENDITURE	Consultant	Political Strate	<del>?</del> gy
	(c) Check if travel outside of Texas. Complete School	edule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.19.21	Iron Egg		
Amount (\$)	Payee address;	City;	State; Zip Code
√300.00	Seattle, WA		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Website	Description Update	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.17.21	HF Solutions		
Amount (\$)	Payee address;	City;	State; Zip Code
<i>2</i> 516.81	2612 W. Waggoman St. FW, TX	76110	
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Sign Production		
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS 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 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N  The Instruction Guide explains how to c	Vages/Contract Labor	Other (enter a category not listed above)
A , , O-)			3 Filer ID (Ethics Commission Filers)
<b>1</b> Total pages Schedule F1:	W. Brian Byrd		5 Filet ID (Euros Commission Files)
4 Date	5 Payee name		
6.2.21	Bank of America		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
<i>-</i> 35.00	100 N. Tryon Street, Charlotte, NC 28	3255	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Banking		
OF	3		
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6.2.21	Bank of America		
Amount (\$)	Payee address;	City;	State; Zip Code
OF OO	100 N. Tryon Street, Charlotte, NC 28	3255	
√35.00	,		•
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
6.2.21	Google		
Amount (\$)	Payee address;	City;	State; Zip Code
40.40	636 O. Street, Sanger, CA 93657		
19.19			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Email		
OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	i		1
	ATTACH ADDITIONAL COPIES OF THIS S	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
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/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Otner (enter a catego	ary not listed above)
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics	s Commission Filers)
4 Date 5.28.21	5 Payee name Bank			
6 Amount (\$) 35.00	7 Payee address; 100 N. Tryon St. Charlotte, NC 28255	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Banking	Overdraft fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
6.29.21	OttAdvertising			
Amount (\$)	Payee address;	City;	State;	Zip Code
12,326.37	Lamesa Place, FW, TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Sign design and production	Description		
	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
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
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	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Outer (erries a surry	,
1 Total pages Schedule F1:	1		3 Filer ID (Ethics	Commission Filers)
4 Date 4.23.21	5 Payee name Axiom Strategies	-		
6 Amount (\$) 1911.55	7 Payee address; 800 W. 47th St, Kansas City, MO 641	City; 12	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consultant	(b) Description Overnight stay	'S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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			
5.13.21	Remington			
Amount (\$) 1901.97	Payee address; 800 W. 47th St, Kansas City, MO 641	City; 12	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	Description		
	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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5.5.21	Iron Egg			
75.00	Payee address; Seattle, Washington	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website update	Description		
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austir	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
4.27.21	Axiom Strategies			
6 Amount (\$)	7 Payee address;	City;	State;	Zíp Code
√7,263.00	800 W. 47th St, Kansas City, MO 64	112		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consultant	Political Strate	gy, Mailers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
√5.4.21	Delucca Pizza			
Amount (\$)	Payee address;	City;	State;	Zip Code
433.00	3010 S. Hulen St. 76109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Entertainment	Food for Watc	h Party	
OF EXPENDITURE				
	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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5.3.21	CyberSRC			
Amount (\$)	Payee address;	City;	State;	Zip Code
ູ.9.99	Uttar Pradesh, India			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Database protection	cybersecurity		
OF EXPENDITURE				
	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 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
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/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Chark Cartest Release and listed shows

Candidate/Officeholder/Politica Credit Card Payment	Legal Services Salanes/v  The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics	s Commission Filers)
4 Date 5.28.21	5 Payee name Brian Byrd MD PA			
6 Amount (\$) 6,058.00	7 Payee address; 6100 Harris Parkway, Suite 1240, FW	City; V, TX 76132	State;	Zíp Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Repayment	(b) Description Accounting fee	es reimburser	nent
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 5.28.21 Amount (\$)	Payee name  Bank of America  Payee address;	City;	State;	Zip Code
√35.00	100 N. Tryon Street, Charlotte, NC 28	3255		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Banking	Description		
	Check if travel outside of Texas. Complete Schedule 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
Date	Payee name			
6.2.21	Google			
Amount (\$) 12.79	Payee address; 636 O. Street, Sanger, CA 93657	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Email, data	Description		
	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
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## 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 Giff/Awards/Memorials Expense I enal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/v  The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers	;)
4 Date 5.28.21	5 Payee name BKD			
6 Amount (\$) 2825.00	7 Payee address; 777 Main Street, FW TX 76102	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting	Financial Repo	ort Prep	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
5.3.21	Google			
Amount (\$)	Payee address;	City;	State; Zip Code	
35.00 <sub>19.19</sub>	100 N. Tryon Street, Charlotte, NC 28	3255		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Email	Description		
•	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5.3.21	Google			
Amount (\$)  1.09	Payee address; 636 O. Street, Sanger, CA 93657	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Email, data			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (eriter a categor)	y not nated above)
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics	Commission Filers)
4 Date 4.27.21	5 Payee name Axiom Strategies			
6 Amount (\$) 13,210.00	7 Payee address; 800 W. 47th St, Kansas City, MO 641	City; 112	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consultant	(b) Description Political Strate	egy, Mailers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	lin, TX, officeholder living e	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	(	Office held
Date	Payee name			
<b>5</b> .4.21	Vanguard			
Amount (\$)	Payee address;	City;	State;	Zip Code
15,000.00	https://find.bestplace4kids.com/			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Block Walking	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
5.3.21	Payee name  Campaign Sidekick			
Amount (\$)	Payee address;	City;	State;	Zip Code
264.00	Fort Worth, Texas			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consultant	Block walking s	software	
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austir	n, TX. officeholder living e	xpense
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 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries $M$ The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4.27.21	Axiom Strategies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
14,462.00	800 W. 47th St, Kansas City, MO 641	112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Consultant	Political Strate	egy, Mailers
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4.30.21	Quinton Mills		
Amount (\$)	Payee address;	City;	State; Zip Code
15,000.00	1509 Curtis Drive, Garland, Texas 75	040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Sign placement	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4.29.21	Susan Turner		
Amount (\$)	Payee address;	City;	State; Zip Code
3,285.07	4713 Belflower Way, Fort Worth, Texa	as, 76123	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Avent Planning and reimbursement		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS 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
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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.27.21	5 Payee name Axiom Strategies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
14,662.00	800 W. 47th St, Kansas City, MO 641	112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Consultant	Political Strate	gy, Mailers
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4.28.21	HF Solutions		
Amount (\$)	Payee address;	City;	State; Zip Code
<b>1,336.89</b>	2612 W. Waggoman St. FW, TX 761	10	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs, t-shirts	Description	
	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
Date	Payee name		
4.26.21	Underdawgs		
Amount (\$) 660.00	Payee address; 3101 Westridge Ave, 76116	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food for event		
	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 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 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/v  The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4.23.21	Axiom Strategies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
14,462.00	800 W. 47th St, Kansas City, MO 641	112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Consultant	Political Strate	gy, Mailers
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
4.26.21	Bank of America		
Amount (\$)	Payee address;	City;	State; Zip Code
5.00	100 N. Tryone Street, Charlotte, NC,	28255	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Banking	External transfer fee	
OF EXPENDITURE			
Best # 1.1   Desit # 1880 - A sper verse	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
			Office held
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field
Date	Payee name		
4.22.21	WPAi		
Amount (\$)	Payee address;	City;	State; Zip Code
250.00	3317 E. Memorial Rd Ste 201, 76013		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Consultant	Digital Strategy	
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
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.

#### **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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to o	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	,		3 Filer ID (Ethics Commission Filers)
I total pages ochedule i i.	W. Brian Byrd		
4 Date	5 Payee name		
4.23.21	AxMedia		
6 Amount (\$)	7 Payee address;	City;	State; Zíp Code
<i>i</i> 10,028.00	800 W. 47th St, Kansas City, MO 64	112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Consultant	Media buys	
OF EXPENDITURE			
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6.30.21	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
110.30	5555 Hilton Ave Ste. 106, Baton Rou	ge, LA 70808	
-			
		T	
	Category (See Categories listed at the top of this schedule)	Description	Commendit sound depositions
PURPOSE	Category (See Categories listed at the top of this schedule)  Banking	•	for credit card donations
PURPOSE OF EXPENDITURE		•	for credit card donations
OF		Collection fee	for credit card donations in, TX, officeholder living expense
OF	Banking  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Collection fee	
OF EXPENDITURE  Complete ONLY if direct	Banking  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Collection fee	in, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Banking  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Collection fee	in, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Banking  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Collection fee	in, TX, officeholder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name	Check if Austin	in, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name	Check if Austin	in, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name	Check if Austin	in, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;	Check if Austin Office sought City;	in, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  Amount (\$)	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;	Check if Austin Office sought City;	in, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  Amount (\$)  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;	Check if Austin Office sought  City;  Description	in, TX, officeholder living expense Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  Amount (\$)  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this schedule)	Check if Austin Office sought  City;  Description	Office held  State; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date  Amount (\$)  PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin Office sought  City;  Description	Office held  State; Zip Code

#### 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 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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
5.13.21	Vanguard Field Strategies			7:- 0 - 1-
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
<b>₫,875.00</b>	800 W. 7th St, Kansas City, MO 6411	12		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Consultant	Political Strate	gy	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5.17.21	Iron Egg			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	Seattle, WA			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Website	Update		
OF EXPENDITURE				
EXPENSITORE	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH		Olinoo oodgin		
Date	Payee name			
4.28.21	HF Solutions			
Amount (\$)	Payee address;	City;	State;	Zip Code
622.44	2612 W. Waggoman St. FW, TX 7611	0		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Sign Production			
OF EXPENDITURE	-			
ZXI EIGDII OIXE			TV - 10-2-11-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	
	Check if travel outside of Texas. Complete Schedule T.		n, TX. officeholder living	
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethic	s Commission Filers)	
4 Date 5.13.21	5 Payee name Vanguard Field Strategies				
5.13.21 6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
50,000.00	800 W. 7th St, Kansas City, MO 6411	•	,		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consultant	Political Strate	<del>;</del> gy		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	j expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
5.17.21	US Post Office				
Amount (\$)	Payee address;	City;	State;	Zip Code	
<b>122.00</b>	7101 Brynat-Irvin Road, FW, TX 7613	32			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PO Box	Description			
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		) expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4.28.21	HF Solutions				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1⁄051.28	2612 W. Waggoman St. FW, TX 7611	0			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Sign Production				
	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
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/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (solicity and property of listed shows)

Cantributions/Donations Made E Candidate/Officeholder/Politic		xpense Nages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to		
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5.13.21	Axiom Strategies		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
5,502.70	800 W. 47th St, Kansas City, MO 64	112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Consultant	Political Strate	gy, Mailers
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5.13.21	Remington Research Group		
Amount (\$)	Payee address;	City;	State; Zip Code
10,000.00	800 W. 47th St, Kansas City, MO 641	112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	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	Payee name		
5.10.21	PoolHouse		
Amount (\$)	Payee address;	City;	State; Zip Code
7,031.00	23 W. Broad St. Richmond, VA 23220	)	
1	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Media	Video Productio	n
	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 NEEL	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 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/Mages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses and little of the content of the cont

Candidate/Officeholder/Politica	cal Committee Legal Services Salaries/V	Nages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
5.13.21	Axiom Strategies			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
7.363.00	800 W. 47th St, Kansas City, MO 641	l12 		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Consultant	Political Strategy, Mailers		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
5.4.21	Authnet Gateway		,	
Amount (\$)	Payee address;	City;	State; Zip Code	
30 00	808 East Utah Valley Dr. American Fo	ork, UT 84003		
30.00	-			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Banking	Collections		
OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
5.4.21	Nationbuilder			
Amount (\$)	Payee address;	City;	State; Zip Code	
89.00	520 S. Grand St., LA, CA 90071			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Database			
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

### SCHEDULE K

If the requested 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 Sche	dule K:
<sup>2</sup> FILER NAME W. Brian B		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received	<u> </u>	8 Amount (\$)
	Campaign Sidekick		
5.4.21	6 Address of person from whom amount is received; City; State Fort Worth, Texas	te; Zip Code	264.00
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	Refund from overpayment to consultant/software pr	ovider.	
Date	Name of person from whom amount is received		Amount (\$)
	Adjustment on bank account		
4.29.21		ate; Zip Code	240.43
	Purpose for which amount is received Check if p Reported on bank statement as contributions through Democracy Engine which	political contribution ich is my former credit	
Date	Name of person from whom amount is received	ì	Amount (\$)
	Adjustment/Correction of poste	d item	
4.22.21	Address of person from whom amount is received; City; State		-100.00
	Purpose for which amount is received Check if p	political contribution r	returned to filer
	Reported on bank statement		
Date	Name of person from whom amount is received		Amount (\$)
1			
	Address of person from whom amount is received; City; stat	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution r	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	