Texas Ethics Commission

P.O. Box 12070

CANDIDATE / OFFICEHOLDER

CAMPAIGN FINANCE REPORT

Austin, Texas 78711-20 0 CITY SECRETARY

(TDD 1-800-735-2989)

FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS, SIARON NICKNAME NICKNAME ASON FIRST LAST FORD	L SUFFIX	OFFICE USE ONLY Date Received 1 2 3 4 5 6 RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX: APT/SUITE#; CITY; S3/6 Tallaha HWOTH/X	STATE; ZIP CODE STATE; ZIP CODE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APR - 9 2015 Date land delivered or Postmarked City SECURE And INV
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (8/1) 2943443	EXTENSION	Date Processed & D & Z L
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS, The Ma NICKNAME NICKNAME NATSON	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 30	CITY; STATE; RLC LI LI LI LI LI LI LI LI LI	ZIP CODE INE 16112
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 8/7 - 4/92-8/3-	extension	
9 REPORT TYPE	July 15 Sth day before election	Runoff Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 409	Year
11 ELECTION	Month Day Year ELECTION TYPE Month Day Year Primary	Runoff	eneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) OFFICE SOUGHT (if known)	owner/ Ft.W
	GO TO PAGI	E2	

CANDIDATE / OFFICEHOLDER REPO	RT:
SUPPORT & TOTALS	

P.O. Box 12070

(512) 463-5800

SUPPORT	& IUIAL	.5	COVER SHEET PG Z			
14 C/OH NAME	RON 1	MASON-FORD 15	ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME	-			
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	·	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45970			
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$ -0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,150			
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ (653)			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$			
	RONALD P. GONZALE: MY COMMISSION EXPIRI May 17, 2016		mation required to be reported by			
AFFIX NOTARY STAMP		ne, by the said Sharm Mason-F				
Sworn to and subsorted day Signature of officer admin	7mxl	Ronald P. Grunzales				

POLITICAL	CONTRIBUTI	ONS
OTHER THA	N PLEDGES	OR LOANS

SCHEDULE A

		,		
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	ShARON MASon FORG	L	3 ACCOUNT# (E	thics Commission Filers)
4 Date 1/29/15	5 Full name of contributor out-of-state PAC (ID#_ JO CALD/YN JONES 6 Contributor address City; State; Zip Code	/1/TX 7/ W	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	1 120 1 Jansom RETTIL	1/9/6/1		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Eyll name of contributor Poul-of-state PAC (IC#_	\	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/5/15	Contributor address; City; State; Zip Code Signature City; State; Zip Code	YN RD 76132	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ PAS TOP BI 19 WASh N Contributor address; State; Zip Code	gfon	Amount of contribution (\$)	In-kind contribution description (if applicable)
' ' //5	7405 Ledonox Det.	W.TX 2634	(If travel outside o	of Texas, complete Schedule T)
Principal gotup	pation Job title (See Instructions)	Employer (See I	nstructions)	
Date 2/0/6	Full name of contributor out-of-state PAC (ID#) Makanatka Electr	ic Thereman	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code #6/6/Washifa St St.W.	11× 76105		f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
2/1/15	Full name of contributor on or of-state PAC (ID#	76119		In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	estructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	SMAKON MASON F	ord	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:	COX	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7 . 40	ST. WORTA/17	16105		of Texas, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 3/28/15	Full name of contributor out-of-state PAC (IDM:	ave 04	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 3/15/15	Continue of contributor out-of-state PAC (ID#	500 H#2 1A 9215		In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 3/1/5	Full name of contributor out-of-state PAC (ID#_COntributor address; State) State Zip Code San Diego, A	PL#1 92115		In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See li	nstructions)	
Date 3/3/6 Principal occupa	Full name of contributor out-of state PAC (ID#:	2 76 1/9 Employer (See In		In-kind contribution description (if applicable) f Texas, complete Schedule T)
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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

011121				
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	SHARON MASON	- Fold	3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 45/15	5 Full name of contributor Out-of-state PAC (ID#. 6 Contributor address; City; State; Zip Code FLUID	N 16/19	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
3/21/15	Full name of contributor out-of-state PAC (ID#) Contributor address; City; State Zip Code THOUGH	134 134	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i	nstructions)	·
Date 3/27/5	Full-name of contributor out of state PAC (ID#) Contributor address City; State; Zip Gode 733 Fall MWWA Tokes Hull A	Hall		In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	1
Date 3/29//S Principal occup	Full name of contributor out-of-state PAC(ID#) Contributor address: City; State; Zip Code ation / Job title (See Instructions)	Employer (See In	nstructions)	In-kind contribution description (if applicable) Shamps Grant State of the state
Date ## Substitution of the content	Full name of contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code ation / Job title (See Instructions)	2012 Employer (See In		In-kind contribution description (if applicable) Symplectic Sympl
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

OTHER MARY LEBOLO ON LOTHE	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME SARON/MASON-FORD	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor putyof-state PAC(ID#:) 6 Contributor address; City; State; Zip Code 305 MEARTH (4)	7 Amount of sin-kind contribution description (If applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	
Date Full name of contributor	Amount of contribution (\$) in-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	istructions)
Date Full name of contributor Out-of-state PAC(ID#; A Out-of-state PAC(ID#; John State; Zip Code A Out-of-state PAC(ID#; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) In-kind contribution description (if applicable)
Date Full name of contributor Out-of-state t/AC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The Instr	uction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	ARON MASon-Fo	Rd	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 5 5	Full-name of contributorout-of-state PAC (ID#_ Out-of-state PAC (ID#_ Contributor address; City; State; Zip Code Out-of-state PAC (ID#_ A Contributor address; City; State; Zip Code	DR.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
/ /	PERLINGTON T	~ 760/V		of Texas, complete Schedule T)
9 Principal occupation	/ Job title (See Instructions)	10 Employer (See I	nstructions)	
2/1: 1	Full name of contributor out-of-state PAC (ID#_ SAUCE BLOWN Contributor address; City; State; Zip Code	- EtW	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/65 7	521 Marlindaly	Cle 76140		f Texas, complete Schedule T)
Principal occupation	/ Job title (See Instructions)	Employer (See II	nstructions)	
Date F. L.	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code	5	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation	/ Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
2/10/15 7	ull name of contributor out-of-state PAC (ID#	RAPA PADL Employer (See In		In-kind contribution description (if applicable) Texas, complete Schedule T)
3/20/15 8	ull reme of contributor out-of-state PAC (ID#_ontributor address; City; State; Zip Code	ord aln 123		In-kind contribution description (if applicable) Texas, complete Schedule T)
Principal occupation /	Job title (See Instructions)	Employer (See In	structions)	

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POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME In-kind contribution 7 Amount of Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions In-kind contribution Amount of Full name of contributor Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind contribution Amount of Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Full name of contributor Date description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	SAARON MASON -1	TORD	3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of state PAC (ID#) 6 Contributor address; City: State; Zip Code	Sison	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
71915	FF. WORTH	16/19	(If travel outside	of Texas, complete Schedule T)	
9 P:incipal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#_	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)	
7/1/15	Contributor address; City; State Zip Code H. W. TEND W. T.) 23	(If travel outside of	l of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
7/14/15	Full name of contributor out-of-state PAC/ID#_ ARYGUEN WRHOCK Centributor address; City; State; Zip Code	Le Hick	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		76/19	(If travel outside of	f Texas, complete Schedule T)	
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)		
Date 2/1//	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/1915	Contributor address: City; State; Zip Code ### Contributor address: City; State; Zip Code	7.W.TX 76/33	(If travel outside o	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date 3/	Full name of contributor out-of-state PAC (ID#	MAS.	Amount of contribution (\$)	In-kind contribution description (if applicable)	
114/15	460/ Kichards 13	16115		f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

OTTIER				
	O LL control how to complete this	form	1 Total pages Sch	edule A:
The	Instruction Guide explains how to complete this			
2 FILER NAME	MARON MASON FORD		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Apout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
47/	6 Contributor address: City; State; Zip Code	Ri and	50°	
/ ///5	H. W. TX	16112	<u> </u>	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor, oyl-gr-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
This	Contributor address; City; State/ Zip Code	PR	9/100	
11/12	1/1/1/X	76017	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
H/15	Standing Maller Zip Code 1932 CROSSA	ANK-1/1/1	\$ 1500 30 1500	description (ii applicable)
/ • /	H. W, TX	10110	(If travel outside of	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_	Te	Amount of contribution (\$)	In-kind contribution description (if applicable)
400/15	Contributor address; City; State; Zip Code 3 7 / 3 CR: 995	re	4000	
// /	H WOX	76119	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/1/15	Contributor address; City; State; Zip Code	KLN	10000	
-	J. WOKINJI	Employer (See I		f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (388 I		

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POLITICAL CONTRIBUTIONS

SCHEDULE A

(512) 463-5800

OTHER THAN PLEDGES OR LOANS					
The Instruction Guide explains how to complete this	1 Total pages Sch	edule A:			
2 FILER NAME SUARON MASON	FORD	3 ACCOUNT# (E	thics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#_	2150n	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 30 Palover de	Ln6112	(If travel outside o	of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)	10 Employer (See I				
Date Full name of contributor out-of-state PAC (ID#_	V9	Amount of contribution (\$)	In-kind contribution description (if applicable)		
2415 Contributor address; City; State; Zip Code	- 16 1011	2/00			
Principal occupation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)		
Date Full name of contributor Qut-of-state PAC (ID#_	en	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; / Gity; State; Zip Code 330 Shampon	76119	2500	of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See In				
Date Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		2000			
Principal occupation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)		
Full pages of contributor		Amount of	In-kind contribution		
Date Full name of contributor Jour 61-state PAC (ID#_ Jour 61-state PAC (ID#_ Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	ra DR	contribution (\$)	description (if applicable)		
Principal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)		

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(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME SMARON MASON - FORD	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor out-of state PAC fine Contributor at less; City; State; Zip Code A Final Pacific Code A Final Pa	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employe	((See Instructions)
Date Full name of contributor fluyof-state PAC (IDE) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Amount of description (if applicable)
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable) Amount of contribution (\$) In-kind contribution description (if applicable) Amount of contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable) Amount of contribution (\$) Amount of contribution (\$
Principal occupation / Job title (See Instructions) / Employer	(See Instructions)
Date Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution description (if applicable) Askip (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer	(See Instructions)

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(512) 463-5800

OTHER	THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	hedule A:
2 FILER NAME	Shappon Mason -	Topk	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date #15/14	5 Full name of contributor Out-of-state PAC (ID#) 6 Contributor address; Gity; State; Zip Code 5509 Stone Mea	126 1002	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) A Contribution (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If traval autoida	Tayor complete Schedule T
Principal occup	Dation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	
Principal occup	pation / Job title (See Instructions)	Employer (See I		0,10,00,00,00
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; Clty; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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PLEDO	GED CONTRIBUTIONS			SCHEDULE B
Th	ne Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule B:
2 FILER NAME	5 ·	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (E	Ethics Commission Filers)
4 TOT	TAL OF UNITEMIZED PLEDGES: ⇒	⇔ ⇔ ⇔	⇒ ⇒	\$.
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See In		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			:
			(If travel outside c	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	,
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			l (If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
	I		(If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		
If c	ATTACH ADDITIONAL COPIES Of ontributor is out-of-state PAC, please see instru			requirements.

	EXPENDITURE	CATEGORIES FOR BO	(8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labo Solicitation/Fundraising Expens		
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee	е
Fees	Printing Expense	Office Overhead/Rental Exper	• • •	
	, , , , , , , , , , , , , , , , , , , 	explains how to complete t	nis form. 3 ACCOUNT # (Ethics Commission Filers	
1 Total pages 6chedule F:	2 FILER NAMES HAROL	V'MASon-F	ord s Account # (Eurics Commission Friend	
4 Date 25/5	5 Payee name	DRY WOR	\mathcal{H}	_
6 Annount (\$)	7 Payee address; City; Sta	ite; Zip Code	Cl Fol march TV	_
100	1000 Throc	CMORTO	1 St FT. WORL MING	101
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Desci	iption (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	1845	cf	eck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought Office held	
Date ///	Payee name /	1. Inlall		
46/13	Pavee address: - City/ Sta	te: Zip Code		_
Amount'(\$)	Payee address; City: Sta	ile, Zili Code	7/1/0	i
109	J. Work	Kydt, 1	10119	
PURPOSE	Category (See categories listed at the top	of this schedule) Descr	ption (If travel outside of Texas, complete Schedule T),	
OF EXPENDITURE	Advertising &	There of	WY JOPES CONTRIDUU OF eck if Austin, VX, officeholder living expense	
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Date / (// 5	Payer name S. Mark	macy		
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PURPOSE	Category (See categories listed at the top of	of this schedule) Descri	ption (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Accounting/BA	Ming 10 ch	eck if Austin, TK, officeholder living expense	
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OF EXPENDITURE	HOVERTISING C	Xpense By	DD COLLY VO ock if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office s	ought Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE	AS NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Contributions/Donations Made By Candidate/Officeholder/Political C OTHER (enter a category not listed	Committee
1 Total pages Schedule F:	2 FILER NAME RON	MASON FORD	3 ACCOUNT # (Ethics Commis	sion Filers)
4 Date /8/15	5 Payee name	PRIST The Ca	lunch	
6 Amozint (\$)	7 Payee address; Salue	ate, Zip Code T T T T T T T T T T T T T	101	
8/ PURPOSE OF EXPENDITURE	(a) Category (See categories ifsted at the to	1/0 10 6	if travel outside of Texas, complete Schedule MAD WMY Austri, TX, office forder living expense	F(1)2
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	tht Office held	_
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PURPOSE OF EXPENDITURE	Category (See Paleagries listed at the top	I Cilia M	n (If travel outside of Texas, complete Schedule 1)5/ Phiship Austin, TX, officeholderliving expense	Т)
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Ampunt (\$) D	Payee address; Caty; Sta	te: Zip Code WE LAV. FORT	WORLLY 7616	2
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Pense Stam	<u> </u>	r)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	t Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	NEEDED	

POLITICAL	EXPENDITURES			SCHEDULE F
-	EVDENDITURE	CATEGODIES	EOP POY 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	E CATEGORIES Salaries/Wages/Co		pan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra		ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	tental Expense O	THER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME,	MASON	-Fold	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/1/	5 Payee name	1///301		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Gode		
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8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If I	ravel outside of Texas, complete Schedule T)
EXPENDITURE	(Consulting 5)	PENSE	☐ Check if Austi	A / / Officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	/	Office sought	Office held
expenditure to benefit C/0)H	·····		
Date /	Paylee name //	I/M N	(1)	`
8/13/15	Renneth/	Vocace	Stallon	<u> </u>
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Amount (\$)	It. Worth, I	× 7613.	35649	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	EXPENSE	POSTAL ST Check if Austli	OMD5 n, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office field
Det- / /	Payae game /	24 (7	/	
Date OS	Dollar 11	lel Sti	oRes.	Inc.
Amount (\$)	Payee address; / City; / Sta	tę; "Zip Code	n.	
10.00	1458 EAST	hase 1	KWY 7	0/20-441/
	Category (See categories listed at the top	of this schedule)	Description (If tre	avel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	A A Valticias	Lym. a	Check it Austin	XCO Central Ving expense
Complete ONLY if direct	Candidate / Officeholder name	CHANX!	Office sought	Office held
expenditure to benefit C/O	н 🗸	<i></i>		
Date / 39/15	Payee name Mary Louise	Garcia	County	Perk to rant lovely
Amount (\$)	Payee address; City; Star	te; Zip Code	<16 2	301
2000	200 Layer	THU.	12 761	9/2
	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
PURPOSE OF	Medanto- ala	Kan	assus	not Wane
EXPENDITURE	(Muning/)a	nery		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

	EXPENDITURE	CATEGORIES FOR BOX 8(a	1)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundralsing Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	explains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER MAME	10-04/ to 0/	3 ACCOUNT # (Ethics Commission Filers)
4	JARON 11	450N TORK	
4 Date / /	5 Payee name		
2011	EE Ca		
6 Amount (\$)	7 Payee address: City; Str	ate; Zip Code	1 1 000
10000	P.O.BONI	1 St, WOUR) A 76/01
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting Ba	nting Check if	Ming Bank W. A. Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Office polder name	Office soug	ht Office held
expenditure to benefit C/C	oн į		
Date /	Payee name— 'A	1.1	
2/21/15	Ma Deas Do	wn Cotting	
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11100	FICKI	er) +x 1	Ø110
PURPOSE OF	Category (See categories listed at the top		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Royalting E		Austin, TX, officeholder ilving expense
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expenditure to benefit C/O	он		
Date 🕢 (. (Payee games		
21/6/15	Wallmant		
	Payee address; City; Sta	e; Zip Code	1/1
Amount (\$)/	rayee address, City, Sta	e, zip code	looth 18
59.10	1451 mgCa	et ave H.W	016/19/11 76/33
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule 7)
OF	A airellion - 1	VIXIEC - PR	enting Supplies
EXPENDITURE	HOVER ISING E	MUSE Check if	austin, TX, office holder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date 0/	Payee name o	10 101	
2/11/11	1/1/1/57	15/10	
	JIW DO	My May	
Amount/(\$)	Payee address; City; Stat	e; Zip Code	a) a WAY or as
3/100	1801/ UNIVER	Sity DR TT.	MARIJ /6/2/
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	March -	VACCE FTY	EKS 1
	THE WEST OF THE		ustin, TX, officeholder living expense
EXPENDITURE	HXVERTISING C		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	
Complete ONLY if direct	ЭН		t Office held

POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BO	OX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Contract Lal Solicitation/Fundraising Expe Travel In District	bor Loan Repayme ense Transportation Contributions/D	nt/Reimbursement Equipment & Related Expense onations Made By
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Exp		officeholder/Political Committee a category not listed above)
Fees	Printing Expense The Instruction Guide	e explains how to complete	•	a category not noted above,
4 Total sansa Cabadula Er		/		INT # (Ethics Commission Filers)
1 Total pages Schedule F:	5 HARON MI	150N-FORC		The Canada Commission Commission
3 / 18/15	5 Payee name Raphic Sch	CONPRINTING	Reduction	INC
6 Amount (\$1	7 Payée address; / City; St	ate; Z/p Code	1 -	2.4
663	55/2 Mitche	Male HOU	Ston /X	77082
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Des	cription (If traver) pulside of	Fexas, complete Schedule T)
EXPENDITURE	AdvertisingE	XPERSE D	Check if Austin, TX, office ho	der living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Offic	e sought	Office held
Date 3/11/14	Payee name FM, LCC			
Amount (\$)	Payee address; City; St	ate; Zip Code /	ute 1410	
2050	416 TKHVIS	STREAT, JUL	uje 1910 01	
PURPOSE	Category (See categories listed at the top	of this schedule) Des	cription (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Advertising L	xperse 0	NUDSIFE	der living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	/ Office	e sought	Office held
Date 3/16/15	Payee name / SITA A WI	ARDS, Com		
Amount (\$)	Payee address: City; Sta	ite; Zip Code		
20.00	2000 KILUGA	2 Th TX	76119	
PURPOSE	Category (See categories lighted at the top	of this schedule) Desc	cription (If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	HOVERHOSTIG	EXPLOSE 110	Check if Austin, TX, office hold	der Ilving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	sought	Office held
Date / /	Payeq name /	11		
3/19/15	tamily 20	lar		
Amount (\$)	Payée address; City; Stat	te; Zip Gode 16STERAVE	Ft. Wort	STX 761'
PURPOSE OF	Category (See categories listed at the top	of this schedule) Desc	cription (If travel outside of To	
EXPENDITURE	HOYCKHISING	NYENSE 100	heck if Austin, TX, officehold	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDUL	E AS NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX	8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense explains how to complete thi	Contributions/Donation Candidate/Officeho OTHER (enter a categ	ent & Related Expense is Made By Ider/Political Committee
1 Total pages Schedule F:	2 EHER/NAME	explains now to complete the	 	Ethics Commission Filers)
Total pages schedule F.	STARON/NA	SON FORK	, , , , , , , , , , , , , , , , , , , ,	
4 Date 3/13/15	5 Payername EMNETH	MACK ST	ation	
6 Amount (\$) 4	7 Payee address; City; Sta	ate;	49	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Adventising by	In 18 54	tion (If travel outside of Texas, co The MPS 100 It if Austin, 17X, office holder livin	Hal
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office so	ught	Office held
Date, ////5	Payer name LUNKY TO	DWN HO		
220 50	Payee address; City; Sta 4200 South	The The TO	HE 1348	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	France - 7	ion (If travel outside of Texas, co	WORKERS
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder parme	/ Office so	ught	Office held
Date 3/28/15	Payee name HUDD K	int shop		
Amount (\$)	Payee address; City; Star		To 76/0	7
PURPOSE	Category (See categories listed at the top	Descripti	on (If travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	Advertising.	CHAINE Check	cif Ausen, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ıght	Office held
Date 4/1/15	Payee name FWLSD PK	INT Shop		
Amount (\$)	100 N UNIVERS	e; Zip Code	W. TX 7610	7
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of AUCH HS/MG L	Fin P	on (If trayel outside of Texas, con	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ght	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE A	S NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX 8(a	1)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
		e explains how to complete this f	
1 Total pages Schedule F:	2 FILERONAME RON	VIASON-I-OR	3 ACCOUNT # (Ethics Commission Filers)
4 Date / 15	5 Payee name WISD 11	BINTShop	
6 Arriount/(\$)	7 Payee address: City; St	ate; ZIp Code Sty DR, Ft, W	PRHIX 7607
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	xmuse 14	n (If travel outside of Texas, apmplete Schedule T) EKS AUDILESS ADDILES Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date: 4/6/15	Payee-name FAST COLOK	PRINTERIM	CAMPANG STOKELLC
Amount (\$) 163,00	Payee address; City; St. 304 WM; H	gle; zip Code -/NG tor Kl	vy #20/
PURPOSE OF EXPENDITURE	Category (See categories listed at the top AUKHHSING E	E05	(if travel outside of Texas complete Schedule T) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	// Office sough	nt c Office held
Date 2/14/15	Payer manie Wa	lkek	4
Amount (\$) /	Payee address, City; Sta	law Mer International	PR/129 for 2/00/
PURPOSE OF EXPENDITURE	Category (See categories disted at the top	069 / 10	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	
Date # 8 / 5	Payee name REShown	L.Ford	
Amount (\$)	836 Tallaha	te; zip Code BBELNH	WORKET 76/23
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	ma 108t	(If travel outside of Texas, complete Schedule T) ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS I	VEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FO Salaries/Wages/Contra Solicitation/Fundraising Travel in District Travel Out Of District Office Overhead/Renta e explains how to com	ect Labor 3 Expense al Expense	Loan Repayment/Reim Transportation Equipm Contributions/Donation Candidate/Officehol OTHER (enter a catego	ent & Related Expense s Made By Ider/Political Committee
1 Total pages Schedule F:	2 FILER NAME AARON	MASon	-Ford	3 ACCOUNT # (F	Ethics Commission Filers)
4 Date 15/14	5 Payer name	ling worth	Lee		
6 Ambunt (\$1)	7 Payee address; City, St	ate; /zip Code MeMla	Sono	L. H. W.	X76179
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule) (b)	Description (If travel outside of Taxas, co SIFE Sistin, TX, officeholder living	ding & Setap
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder Fame DH		Office sought		Office held
Date	Payee name				
Amount (C)	Payee address; City; Sta	ate; Zip Code	• •		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	if travel outside of Texas, con	nplete Schedule T)
OF EXPENDITURE			Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	(Office sought		Office held
Date	Payee name	-			
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		travel outside of Texas, com	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought	an, 12, on sonodo, neng	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	e; Zlp Code			
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	_	travel outside of Texas, com	
Complete ONLY if direct	Candidate / Officeholder name	, c	Check if Aus Office sought	tin, TX, officeholder living	expense Office held
expenditure to benefit C/O	H ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULFASNE	=FDFD	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundra Travel In District		Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R		OTHER (enter a category not listed above)
·	The Instruction Guide	e explains how to	complete this for	m.
1 Total pages Schedule G:	2 FILER NAME	1 1 - 0	Fanl	3 ACCOUNT # (Ethics Commission Filers)
l	PRAYKON 111	4150W	TOKA	
4 Date	5 Payee name	Find	110	
2/29/15	SEEKing Out	MYST K	1.61	
6 Amount (\$)	7 Payee address. City; Sta	tate Zip Code	16	
Reimbursement from	1115/17awes	tony		D. F.
political contributions	1 IL TIDENTA	⁽⁵⁾ ~//	160	$\mathcal{O}(\mathcal{L})$
intended	TOUGUE U	// ~~		- T
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If trevel outside of Texas, complete Schedule)(1)
EXPENDITURE	- LVOKTEX	DO156	1 unos	Ching Even
	2 vario	-	Check if Au	ustin, TX, officeholder living expense
Date / /	Payge name // /	111		
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01/10/10	J CIU MENYU	1º 1/4CM	Jrun	
Amount (\$)	Payee address; City; Sta	ater Zip Code	1177 36	1/110
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political contributions		-/ -		
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PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (i	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	1 KINIAN HIGING	+Apris	10546	al stanys
	MOTOGUMIAN	Upperce	Check if Au	ustin, TX, officeholder living expense
1 /			1	
Date 12/1	Payee Mame	1		
2112115	11/almakt	<i></i>		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
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Reimbursement from political contributions	1 49 19851	young		
[/_] political contributions intended	JH, WUU	$\mathbb{Z}_{/\infty}$	<u>X</u>	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	f travel outside of Texas, complete Schedule T)
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EXPENDITURE	/1XV9/KY15M9 tx	Dense 1	☐ Check if Au	stin, TX, officeholder living expense
	00000			
Date	Payee name			
Amount (\$)	Payee address; City; Stat	ate; Zip Code		
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Reimbursement from				
political contributions intended				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF	•		i	1
EXPENDITURE			·	
			Check if Aust	tin, TX, officeholder living expense
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	CHEDULE AS NE	:EDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	E CATEGORIES F Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Rei le explains how to co	ontract Labor Loan Repayment/ ising Expense Transportation Eq Contributions/Don Candidate/Officental Expense OTHER (enter a co		ment & Related Expense
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT #	t (Ethics Commission Filers)
4 Date	5 Business name				·
6 Amount (\$)	7 Business address; City; St	itate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	,	Office sought	3001 ₂ 173 ₃ 200623.232	Office held
Date	Business name		. 10		
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	_ ,	iravel outside of Texas, co in, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sought		Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	_	travel outside of Texas, co	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	1	Office sought	tin, TX, officeholder livin	og expense Office held
Date	Business name				
Amount (\$)	Business address; City; Stat	ite; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)		ravel outside of Texas, co	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H		Office sought		Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCI	HEDULE AS NE	EDED	