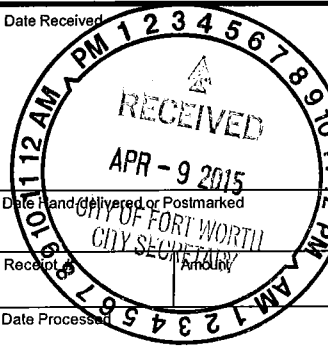


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: <i>22</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Ms. SHARON L</i> NICKNAME LAST SUFFIX <i>Mason-Ford</i>		OFFICE USE ONLY Date Received  Date Hand Delivered or Postmarked Receipt # Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>8316 Tallahassee Ln Ft. Worth, TX 76123</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 294-2443</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs. Thelma J</i> NICKNAME LAST SUFFIX <i>Watson</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>301 Paloverde Lane Fort Worth TX 76112</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 492-8133</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 28 / 2015 4 / 09 / 2015</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>5 / 09 / 2015</i>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>City Council Ft.W District 8</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

SHARON 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4,597⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

5,150⁰⁰

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

(653)

OUTSTANDING
LOAN TOTALS

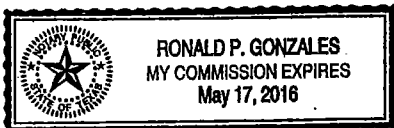
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Sharon Mason-Ford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sharon Mason-Ford, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 11

2 FILER NAME

SHARON MASON FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/29/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

To Carolyn Jones

6 Contributor address; City; State; Zip Code

1725 Ransom Ter Ft. WTX 76112

7 Amount of contribution (\$)

\$120.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/5/15

Full name of contributor

☐ out-of-state PAC (ID#)

Curtis Robinson

Contributor address; City; State; Zip Code

5100 Bryan IRVING Rd
H. WORTH, TX 76132

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Pastor Billy Washington

Contributor address; City; State; Zip Code

7405 Ledonox Dr Ft. W. TX 76134

Amount of contribution (\$)

\$57.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/15

Full name of contributor

☐ out-of-state PAC (ID#)

Maranatha Electric / Therman Watson

Contributor address; City; State; Zip Code

4616 Wackita St H.W. TX 76105

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/15

Full name of contributor

☐ out-of-state PAC (ID#)

Jessie M Johnson

Contributor address; City; State; Zip Code

2220 Timberline Dr H.W. TX 76119

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/28/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

FLORENCE A COX
 Contributor address: City: State: Zip Code
 2549 MELBY TRAIL
 FT. WORTH, TX 76105

7 Amount of contribution (\$)

20⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/28/15

Full name of contributor

☐ out-of-state PAC (ID#)

KRISTEN LAWLER
 Contributor address: City: State: Zip Code
 607 W. Magnolia Ave
 Ft. W. TX 76104

Amount of contribution (\$)

20⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/15

Full name of contributor

☐ out-of-state PAC (ID#)

CECIL MASON
 Contributor address: City: State: Zip Code
 5814 ANDROS CT #2
 San Diego CA 92115

Amount of contribution (\$)

50⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/15

Full name of contributor

☐ out-of-state PAC (ID#)

CECIL MASON
 Contributor address: City: State: Zip Code
 5814 ANDROS CT #2
 San Diego, CA 92115

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/15

Full name of contributor

☐ out-of-state PAC (ID#)

GEORGE MASON
 Contributor address: City: State: Zip Code
 3252 OAKTIMBER
 FT. WORTH TX 76119

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/5/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

KEITH BROWN

6 Contributor address: City: State: Zip Code

3300 SHAMROCKE
FT. WORTH, TX 76119

7 Amount of
contribution (\$)

25⁰⁰

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/24/15

Full name of contributor

☐ out-of-state PAC (ID#)

Bernice Young

Contributor address: City: State: Zip Code

7409 TRIMBLE
H.W. TX 76134

Amount of
contribution (\$)

100⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/15

Full name of contributor

☐ out-of-state PAC (ID#)

Tracey Norton Hall

Contributor address: City: State: Zip Code

7337 Falmouth
Forest Hill, TX 76119

Amount of
contribution (\$)

40⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/15

Full name of contributor

☐ out-of-state PAC (ID#)

Florence Cox

Contributor address: City: State: Zip Code

2549 Melvert Trail
H. Worth, TX 76105

Amount of
contribution (\$)

39⁰⁰

In-kind contribution
description (if applicable)

Stamps
Postal

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/15

Full name of contributor

☐ out-of-state PAC (ID#)

Thelma J Watson

Contributor address: City: State: Zip Code

301 Paloverde Ln
FT. WORTH, TX 76112

Amount of
contribution (\$)

150⁰⁰

In-kind contribution
description (if applicable)

Stamps
Postal
Envelopes

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARVIN HICKS

6 Contributor address; City; State; Zip Code

2305 McKENZIE ST. W. TX 76105

7 Amount of contribution (\$)

10⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/7/15

Full name of contributor

☐ out-of-state PAC (ID#)

ISAIAH COX

Contributor address; City; State; Zip Code

2604 Hunting H.W. TX 76119

Amount of contribution (\$)

18⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Gloria Hicks

Contributor address; City; State; Zip Code

3316 Gorman DR H. WORTH TX 76105

Amount of contribution (\$)

5⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/15

Full name of contributor

☐ out-of-state PAC (ID#)

Ronald Luckie

Contributor address; City; State; Zip Code

P.O. Box 8423 H. WORTH TX 76124

Amount of contribution (\$)

50⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/15

Full name of contributor

☐ out-of-state PAC (ID#)

Brian Watson

Contributor address; City; State; Zip Code

301 Paloverde W Ft. W. TX 76112

Amount of contribution (\$)

25⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Sharon Mason-Jord

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/14/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Eddie Burns

6 Contributor address; City; State; Zip Code

4706 Santa Harbor Dr
Cerrington TX 760147 Amount of
contribution (\$)50⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Bruce Bronner

Contributor address; City; State; Zip Code

7521 Marlinda Circle
Ft. Worth TX 76140Amount of
contribution (\$)100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Edna M. Hicks

Contributor address; City; State; Zip Code

2305 McKenzie
H.W. TX 76105Amount of
contribution (\$)50⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Tommy T. Ingram

Contributor address; City; State; Zip Code

7472 Arbor Park Dr
Ft. Worth TXAmount of
contribution (\$)50⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/15

Full name of contributor

☐ out-of-state PAC (ID#)

Preshawn L. Ford

Contributor address; City; State; Zip Code

8316 Tallahassee Ln
H.W. TX 76123Amount of
contribution (\$)150⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/10/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sarah Johnson

6 Contributor address; City; State; Zip Code

7583 Crestwick Ct
H.W. TX 76112

7 Amount of contribution (\$)

20.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Hammer Hicks

Contributor address; City; State; Zip Code

2305 McKenzie
H.W. TX 76105

Amount of contribution (\$)

20.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Martha Jewell Bryant

Contributor address; City; State; Zip Code

208 Pennsylvania Apt 622
H.W. TX 76104

Amount of contribution (\$)

20.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Jessie M. Smith

Contributor address; City; State; Zip Code

4900 Tahoe Dr
H.W. TX 76119

Amount of contribution (\$)

10.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/15

Full name of contributor

☐ out-of-state PAC (ID#)

Renee McKee

Contributor address; City; State; Zip Code

2304 McKenzie
H.W. TX 76105

Amount of contribution (\$)

10.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/14/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jessie M. Johnson

6 Contributor address; City; State; Zip Code

2220 Timberline Dr
H. WORTH TX 76119

7 Amount of contribution (\$)

75.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/4/15

Full name of contributor

☐ out-of-state PAC (ID#)

Rockelle Fagan

Contributor address; City; State; Zip Code

1421 Whittenburg
H.W. TX 76123

Amount of contribution (\$)

80.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/15

Full name of contributor

☐ out-of-state PAC (ID#)

Margellen Whithorne Hicks

Contributor address; City; State; Zip Code

P.O. Box 19165 H.W. TX
76119

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/15

Full name of contributor

☐ out-of-state PAC (ID#)

Gayle Jewell

Contributor address; City; State; Zip Code

4270 BALBOA DR H.W. TX
76133

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/15

Full name of contributor

☐ out-of-state PAC (ID#)

Willie & Cynthia Mas

Contributor address; City; State; Zip Code

4601 Richards Terrace
76115

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME <i>Sharon Mason Ford</i>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/7/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>E/Rita Rogers</i>		7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code <i>3308 Jensen Cir 76112</i>		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>2/7/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edna Wilkins</i>		Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <i>938 Lemontree Dr H. W. TX 76017</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/7/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Shemalya Miller</i>		Amount of contribution (\$) <i>\$45.00</i>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <i>1932 Crooked Lane H. W. TX 76112</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/6/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Terry Dotson Jr.</i>		Amount of contribution (\$) <i>40.00</i>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <i>3713 Griggs Ave H. W. TX 76119</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/7/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ken Flowers</i>		Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code <i>7529 Little Rock Ln H. W. TX 76120</i>		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/15/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Thelma J. Watson

6 Contributor address; City; State; Zip Code

301 Paloverde Ln
Ft. W. TX 76112

7 Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/24/15

Full name of contributor

☐ out-of-state PAC (ID#)

MELVIN MUSGROVE

Contributor address; City; State; Zip Code

607 W. Magnolia
Ft. Worth, TX 76104

Amount of contribution (\$)

21⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/15

Full name of contributor

☐ out-of-state PAC (ID#)

MARY COLEMAN

Contributor address; City; State; Zip Code

3300 SHAMPOCK LN
Ft. W. TX 76119

Amount of contribution (\$)

25⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/15

Full name of contributor

☐ out-of-state PAC (ID#)

Kee Song

Contributor address; City; State; Zip Code

1108 E BEVELY ST
Ft. Worth, TX 76110

Amount of contribution (\$)

20⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/15

Full name of contributor

☐ out-of-state PAC (ID#)

Dorise Kahn

Contributor address; City; State; Zip Code

4321 Cartagena DR
Ft. W. TX 76133

Amount of contribution (\$)

10⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/29/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Patricia James

Contributor address; City; State; Zip Code

2113 Briar Dale Rd
H. Worth, TX 76119

7 Amount of contribution (\$)

\$30.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/8/15

Full name of contributor

☐ out-of-state PAC (ID#)

Seeking God First H. Church

Contributor address; City; State; Zip Code

1131 Galveston Ave
H. Worth, TX 76004

Amount of contribution (\$)

\$6,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Headquarters office - used

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/15

Full name of contributor

☐ out-of-state PAC (ID#)

Edna Wilkins

Contributor address; City; State; Zip Code

938 Lemon Tree Dr
H. Worth, TX 76017

Amount of contribution (\$)

\$373.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Coping/Stamps
Supplies

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/15

Full name of contributor

☐ out-of-state PAC (ID#)

L. Rita Rogers

Contributor address; City; State; Zip Code

2308 Jensen Circle
H. Worth, TX 76112

Amount of contribution (\$)

\$120.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Stamps, Printing

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/15

Full name of contributor

☐ out-of-state PAC (ID#)

Min Derek Locke Memorial

Contributor address; City; State; Zip Code

Turners Chapel Scholastic
8316 Tallahassee Ln
H. Worth, TX 76115

Amount of contribution (\$)

\$200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/15/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

J. David Killworth, LLC

6 Contributor address; City; State; Zip Code

5509 Stone Meadow Ln
F.W. TX 76179

7 Amount of contribution (\$)

9900

8 In-kind contribution description (if applicable)

Supplied
WEBSITE
advertising

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

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 Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

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 Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

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 Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

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 Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** TOTAL 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

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8		2 FILER NAME SHARON Mason-Ford		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/28/15		5 Payee name City of FDR + WORTH			
6 Amount (\$) 100⁰⁰		7 Payee address, City, State, Zip Code 1000 Throckmorton St Ft. Worth TX 7602			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/6/15		Payee name Stephanie Mitchell			
Amount (\$) 70⁰⁰		Payee address, City, State, Zip Code 3617 Erato St. Ft. Worth, TX 76119			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Envelopes Contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/6/15		Payee name CV's Pharmacy			
Amount (\$) \$ 7.00		Payee address, City, State, Zip Code 4140 E Lancaster Ft. W. TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/BANKING		Description (If travel outside of Texas, complete Schedule T) Receipt Book <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/12/15		Payee name Maec Wright			
Amount (\$) 660⁰⁰		Payee address, City, State, Zip Code 805 Hamilton Place Ct Winter Park, FL 32789			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Robo Calling <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 form.

1 Total pages Schedule F:	2 FILER NAME <i>SHARON Mason Ford</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/8/15</i>	5 Payee name <i>Seeking God First H. Church</i>
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6 Amount (\$) <i>1,000⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1131 Calneston Ave Fort Worth TX 76104</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign of JRE</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/30/15</i>	Payee name <i>Elna Wilkins</i>
------------------------	-----------------------------------

Amount (\$) <i>1373⁰⁰</i>	Payee address; City; State; Zip Code <i>938 Lemon Tree Dr H.W. # 76017</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stamps/Printing</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/30/15</i>	Payee name <i>Lita Rogers</i>
------------------------	----------------------------------

Amount (\$) <i>130⁰⁰</i>	Payee address; City; State; Zip Code <i>2508 Jensen circle H.W. # 76112</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stamp, Printing Business Cards</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/8/15</i>	Payee name <i>Thelma J Watson</i>
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Amount (\$) <i>150⁰⁰</i>	Payee address; City; State; Zip Code <i>301 Paloverde Ln. Fort Worth, TX 76112</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Stamps, Envelopes</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME: SHARON Mason-Ford 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 2/5/15 5 Payee name: Denny's

6 Amount (\$): 20.00 7 Payee address; City; State; Zip Code: 3228 DE Loop 82 Forest Hill TX 76140

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Consulting Expense (b) Description (If travel outside of Texas, complete Schedule T): Meeting
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 2/12/15 Payee name: Kenneth N Mack Station

Amount (\$): 59.00 Payee address; City; State; Zip Code: H. Worth, TX 761335649

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): Postal Stamps
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 2/6/15 Payee name: Dollar Tree Stores Inc.

Amount (\$): 10.00 Payee address; City; State; Zip Code: 1458 East Chase Hwy. H. Worth TX 76120 4411

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): Envelopes
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 1/29/15 Payee name: Mary Louise Garcia County Clerk for Travis County

Amount (\$): 20.00 Payee address; City; State; Zip Code: 200 Taylor St. 1st E 301 H. Worth TX 76196

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Accounting/Banking Description (If travel outside of Texas, complete Schedule T): Assumed Name
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES**SCHEDULE F****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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME **SHARON MASON-FORK** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **2/3/15** 5 Payee name **EECU**

6 Amount (\$) **100.00** 7 Payee address: City: State: Zip Code
P.O. BOX 1777 Ft. Worth, TX 76101

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Accounting/Banking** (b) Description (If travel outside of Texas, complete Schedule T) **Opening Bank Acct.**
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2/21/15** Payee name **Ma Deas Down Cooking**

Amount (\$) **11.00** Payee address: City: State: Zip Code
1019 W. L. ENON EVERMAN, TX 76140

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Consulting Expense** Description (If travel outside of Texas, complete Schedule T) **Dinner**
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2/16/15** Payee name **Walmart**

Amount (\$) **59.00** Payee address: City: State: Zip Code
7451 McCart Ave Ft. Worth, TX 76133

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Advertising Expense** Description (If travel outside of Texas, complete Schedule T) **Printing Supplies**
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **2/11/15** Payee name **H. WISD Print Shop**

Amount (\$) **31.00** Payee address: City: State: Zip Code
100 N UNIVERSITY DR FT. WORTH TX 76107

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Advertising Expense** Description (If travel outside of Texas, complete Schedule T) **Flyers**
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME: SHARON MASON-FORD 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 3/18/15 5 Payee name: G.S.P. Graphic Screenprinting Production Inc

6 Amount (\$): 663⁰⁰ 7 Payee address; City; State; Zip Code: 5512 Mitchelldale Houston TX 77082

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Advertising Expense (b) Description (If travel outside of Texas, complete Schedule T): Yard Signs
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 3/11/14 Payee name: VFM, LLC

Amount (\$): 205⁰⁰ Payee address; City; State; Zip Code: 416 TRAVIS Street, Suite 1410 Shreveport, LA 71101

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): Website
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 3/16/15 Payee name: Wilson Awards. Com

Amount (\$): 20.00 Payee address; City; State; Zip Code: 3000 E. Loop 8205 Ft. Worth TX 76119

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): NAME Badge
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 3/19/15 Payee name: Family Dollar

Amount (\$): 7.00 Payee address; City; State; Zip Code: 4117 E LANCASTER AVE Ft. Worth TX 761

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Expense Description (If travel outside of Texas, complete Schedule T): Supplies
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME: **SHARON MASON FORD** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **3/13/15** 5 Payee name: **Kenneth N. Mack Station**

6 Amount (\$): **49.00** 7 Payee address; City; State; Zip Code: **H. Worth TX 761335649**

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **Advertising Expense** (b) Description (If travel outside of Texas, complete Schedule T): **Stamps Postal**
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **3/11/15** Payee name: **FUNKY TOWN HQ**

Amount (\$): **220⁰⁰** Payee address; City; State; Zip Code: **4200 South Freeway Suite 1348 H. WORTH, TX 76115**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Advertising Expense** Description (If travel outside of Texas, complete Schedule T): **T-shirts workers**
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **3/28/15** Payee name: **FWISD Printshop**

Amount (\$): **100⁰⁰** Payee address; City; State; Zip Code: **100 N University Ft. W. TX 76107**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Advertising Expense** Description (If travel outside of Texas, complete Schedule T): **Flyers**
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **4/1/15** Payee name: **FWISD PRINT Shop**

Amount (\$): **125⁰⁰** Payee address; City; State; Zip Code: **100 N University Dr Ft. W. TX 76107**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Advertising Expense** Description (If travel outside of Texas, complete Schedule T): **Post Cards**
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME SHARON MASON-Ford	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/8/15	5 Payee name FWTSD PRINT Shop	
6 Amount (\$) 66.00	7 Payee address: City: State: Zip Code 100 N. University Dr. Ft. Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) FLYERS/ADDRESS LABELS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

Date 4/6/15	Payee name Fast Color Printer/My Campaign Store LLC	
Amount (\$) 163.00	Payee address: City: State: Zip Code 304 Whittington Pkwy #201 Louisville, KY 40222	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Post Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

Date 2/14/15	Payee name Doy Walker	
Amount (\$) 75.00	Payee address: City: State: Zip Code 3806 Meadow View Ln Arlington, TX 76001	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

Date 4/8/15	Payee name Preshaun L. Ford	
Amount (\$) 60.00	Payee address: City: State: Zip Code 836 Tallahassee Ln Ft. Worth TX 76123	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Post Cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5/8</u>	2 FILER NAME <u>SPARON MASON-FORD</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>2/15/14</u>	5 Payee name <u>JINNELL KILLINGWORTH LEE</u>	
6 Amount (\$) <u>97.00</u>	7 Payee address; City; State; Zip Code <u>5509 Stone Meadows Ln. WTX 76179</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Advertising expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Website Funding & Setup</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 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 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME SHARON MASON FORD		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/28/15		5 Payee name SEEKING God First H.C.			
6 Amount (\$) \$200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1131 Galveston Ave H. Worth, TX 76104			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) FUNDRAISING EVENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 2/30/15		Payee name Kenneth N Mack Station			
Amount (\$) 110.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code H. Worth, TX 76133 35649			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Postal Stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date 3/13/15		Payee name Walmart			
Amount (\$) 190.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 7451 McCart Ave H. Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) INK, Paper Envelopes <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	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 form.

1 Total pages Schedule H:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business address; City; State; 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)	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
				<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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