

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

16

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

William

B.

NICKNAME

LAST

SUFFIX

"Brian"

Byrd

**OFFICE USE ONLY**

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 33767

Fort Worth, TX 76162

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 682 )

667 - 8081

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

Robert

E.

NICKNAME

LAST

SUFFIX

"Rob"

Opitz

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3200 Riverfront Drive, Suite 200

Fort Worth, TX 76107

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 817 )

332 - 2301

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH -FR)

10 PERIOD COVERED

Month

Day

Year

01 / 01 / 2019

THROUGH

Month

Day

Year

03 / 25 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2019

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Fort Worth City Council, District 3

13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **William B. Byrd**

15 Filer ID (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

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

\$ 0.00

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

\$ 3,555.00

**EXPENDITURE  
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,152.39

**CONTRIBUTION  
BALANCE**

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

\$ 94,297.88

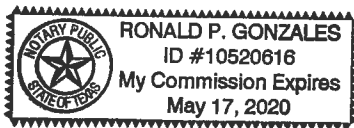
**OUTSTANDING  
LOAN TOTALS**

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

\$ 150.00

**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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian Byrd, this the 9th day of April, 202019, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Ronald P. Gonzales  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19 FILER NAME**

William B. Byrd

**20 Filer ID (Ethics Commission Filers)**

**21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE**

**SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,555.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 150.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,152.39
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/19

5 Full name of contributor

Melissa McFadden

out-of-state PAC (ID# \_\_\_\_\_ )

7 Amount of contribution (\$)

\$100

6 Contributor address;

425 Meadowhill

City: State: Zip Code

Benbrook, TX 76126

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/16/19

Full name of contributor

Dennis Opitz

out-of-state PAC (ID# \_\_\_\_\_ )

Amount of contribution (\$)

\$250

Contributor address;

3949 Stonehenge

City: State: Zip Code

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/19

Full name of contributor

Mark Moore

out-of-state PAC (ID# \_\_\_\_\_ )

Amount of contribution (\$)

\$250

Contributor address;

3812 Westcliff Rd S

City: State: Zip Code

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/19

Full name of contributor

Jennifer Rymell

out-of-state PAC (ID# \_\_\_\_\_ )

Amount of contribution (\$)

\$100

Contributor address;

2416 Lofton Ter

City: State: Zip Code

Fort Worth, TX 76109

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

2/23/19

5 Full name of contributor

Robert Benda

out-of-state PAC (ID# \_\_\_\_\_ )

6 Contributor address;

608 Paint Pony Trl N

City: State: Zip Code

Fort Worth TX 76108

7 Amount of contribution (\$)

\$1,025

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/23/19

Full name of contributor

Stuart Pickell

out-of-state PAC (ID# \_\_\_\_\_ )

Contributor address;

3101 Wild Plum Dr

City: State: Zip Code

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/19

Full name of contributor

Elliot Garsek

out-of-state PAC (ID# \_\_\_\_\_ )

Contributor address;

3712 Black Canyon Rd

City: State: Zip Code

Fort Worth, TX 76109

Amount of contribution (\$)

\$125

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/19

Full name of contributor

Fowad Choudry

out-of-state PAC (ID# \_\_\_\_\_ )

Contributor address;

600 WaterchaseDr

City: State: ZipCode

Fort Worth, TX 76102

Amount of contribution (\$)

\$100

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/19

5 Full name of contributor

David Pettit

out-of-state PAC (ID# \_\_\_\_\_ )

6 Contributor address;

306 W 7th Suite 1025

City: State: Zip Code

Fort Worth TX 76102

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/19

Full name of contributor

Verne Garrison

out-of-state PAC (ID# \_\_\_\_\_ )

Contributor address;

6717SMeadowsWestDr

City: State: Zip Code

Fort Worth, TX 76132

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address;

out-of-state PAC (ID# \_\_\_\_\_ )

City: State: Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address;

out-of-state PAC (ID# \_\_\_\_\_ )

City: State: Zip Code

Amount of contribution (\$)

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) Putegnat Family  6 Contributor address; City; State; Zip Code 4313 Woodwick Ct Fort Worth TX 76109	7 Amount of contribution (\$)  \$500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) Deborah Freed  Contributor address; City; State; Zip Code 3225 Preston Hollow Rd Fort Worth, TX 76109	Amount of contribution (\$)  \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) William Byrd  Contributor address; City; State; Zip Code 6608 Long Cove Ct Fort Worth, TX 76132	Amount of contribution (\$)  \$5
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>William B. Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 150.00
5 Date of loan <b>10/3/17</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William B. Byrd</b>	9 Loan Amount (\$) <b>150.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <b>P.O. Box 33767 Fort Worth, TX 76162</b>	10 Interest rate <b>N/A</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution?  Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/3/19	<b>5</b> Payee name Authnet Gateway	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Transaction Fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 1/2/19	Payee name Google Services	
Amount (\$) \$15.99	Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Emailing App Monthly Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 1/7/19	Payee name Nationbuilder	
Amount (\$) \$59.00	Payee address; City; State; Zip Code 520 Grand Ave, Los Angeles, CA 90071	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Database
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/8		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 1/14/19		5 Payee name Iron Egg			
6 Amount (\$) \$66.63		7 Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/16/19		Payee name Authnet Gateway			
Amount (\$) \$25.00		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transaction Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/7/19		Payee name Iron Egg			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website	
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 POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3/8		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/4/19		<b>5</b> Payee name Google Services			
<b>6</b> Amount (\$) \$15.99		<b>7</b> Payee address; City; State; Zip Code 636 O Street, Sanger, CA 93657			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees		<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Emailing Application Monthly Fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 2/5/19		Payee name Nationbuilder			
Amount (\$) \$59.00		Payee address; City; State; Zip Code 520 Grand Ave, Los Angeles, CA 90071			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fees		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 2/6/19		Payee name Tarrant County GOP			
Amount (\$) \$225.00		Payee address; City; State; Zip Code 7525 Mosier View Ct. Fort Worth, TX 76118			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Event Expense		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Ticket to Campaign Dinner	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/11/19	<b>5</b> Payee name Iron Egg	
<b>6</b> Amount (\$) \$99.94	<b>7</b> Payee address: City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Website
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/19/19	Payee name Iron Egg	
Amount (\$) \$50.00	Payee address: City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Website
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/19/19	Payee name USPS	
Amount (\$) \$118.00	Payee address: City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Postage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5/8		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/26/19		<b>5</b> Payee name INT Campaign Sidekick			
<b>6</b> Amount (\$) \$75.00		<b>7</b> Payee address: City; State; Zip Code			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees		<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought	Office held	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/4/19		Payee name Authnet Gateway			
Amount (\$) \$25.00		Payee address: City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Transaction Fee		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/4/19		Payee name Cyber Services			
Amount (\$) \$2.69		Payee address: City; State; Zip Code PO BOx 8999 San Francisco, CA 94128			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees		Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Transaction Fee		
	Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/4/19	<b>5</b> Payee name Google Services	
<b>6</b> Amount (\$) \$15.99	<b>7</b> Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Emailing Application Monthly Fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/4/19	Payee name Sheriff Waybourn	
Amount (\$) \$150.00	Payee address; City; State; Zip Code Bill Waybourn for Sheriff	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Political	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Political Contribution
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/5/19	Payee name Nationbuilder	
Amount (\$) \$59.00	Payee address; City; State; Zip Code 520 S Grand Avenue Los Angeles, CA 90071	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Database
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/15/19	<b>5</b> Payee name INT Campaign Sidekick	
<b>6</b> Amount (\$) \$75.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/18/19	Payee name Iron Egg	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Website Design
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/25/19	Payee name Pearl Snap Kolaches	
Amount (\$) \$436.50	Payee address; City; State; Zip Code 4006 White Settlement Rd., Fort Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fundraising	Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Food for Event
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/15/19	<b>5</b> Payee name Tarrant County	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense  Ballot Fees
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/18/19	Payee name Austin Byrd	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 6608 Long Cove Ct, Fort Worth, TX 76132	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Assistance with Signage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/25/19	Payee name Joanna Crain	
Amount (\$) \$5,500.00	Payee address; City; State; Zip Code 4216 Whitfield, Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense  Fundraiser
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED