

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:

24

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

William

B.

NICKNAME

LAST

SUFFIX

"Brian"

Byrd

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

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

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

3200 Riverfront Drive, Suite 200

Fort Worth, TX 76107

(Residence or Business)

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
03 / 28 / 2017

THROUGH

Month Day Year
04 / 26 / 2017

11 ELECTION

ELECTION DATE

Month Day Year
05 / 06 / 2017

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fort Worth City Council, District 3

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)

\$ 18,842.57

EXPENDITURE
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 34,200.99

CONTRIBUTION
BALANCE

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

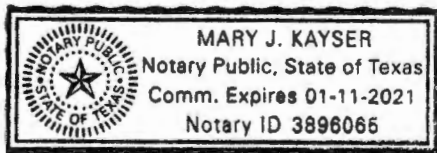
\$ 4,359.32

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William B. Byrd, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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	\$ 6,265.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 12,577.57
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 34,200.99
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: 1/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

03/29/2017

5 Full name of contributor

Byron Benard

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

1363 Roaring Springs Road Fort Worth, TX 76114

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/29/2017

Full name of contributor

Susan Pritchett

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

450 FM 2871 Fort Worth, TX 76126

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2017

Full name of contributor

Richard Bender

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

6613 Crooked Stick Drive Fort Worth, TX 76132

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2017

Full name of contributor

Thomas Mader

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

6617 Shoal Forest Court Plano, TX 75024

Amount of contribution (\$)

\$500

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: 2/10
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Garrett 6 Contributor address; City; State; Zip Code 6332 Kenwick Avenue Fort Worth, TX 76116	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aubrey Morris Contributor address; City; State; Zip Code 2828 Manorwood Trail Fort Worth, TX 76109	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan McGrew Contributor address; City; State; Zip Code 4900 Westridge Ave, Apt 2 Fort Worth, TX 76116	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Hutchison Contributor address; City; State; Zip Code 6321 Calmont Avenue Fort Worth, TX 76116	Amount of contribution (\$) \$30
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: 3/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

03/30/2017

5 Full name of contributor

Stinson Jones

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

4009 Hildring Drive East

City; State; Zip Code

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$40

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/02/2017

Full name of contributor

Susan Bucher

☐ out-of-state PAC (ID#: _____)

Contributor address;

4344 Whitfield Avenue

City; State; Zip Code

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2017

Full name of contributor

Conway Snipes

☐ out-of-state PAC (ID#: _____)

Contributor address;

6808 Trinity Landing Dr. N. Fort Worth, TX 76132

City; State; Zip Code

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2017

Full name of contributor

Marion Snipes

☐ out-of-state PAC (ID#: _____)

Contributor address;

6808 Trinity Landing Dr N Fort Worth, TX 76132

City; State; Zip Code

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: 4/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

04/04/2017

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Linda Guminski

6 Contributor address;

City; State; Zip Code

4010 Hildring Drive West Fort Worth, TX 76109

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/05/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anne Goss

Contributor address;

City; State; Zip Code

4000 Hildring Drive West Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/05/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kent Dalton

Contributor address;

City; State; Zip Code

4501 Francisco Court Fort Worth, TX 76133

Amount of contribution (\$)

\$75

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/08/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Nottoli

Contributor address;

City; State; Zip Code

3253 Wabash Avenue Fort Worth, TX 76109

Amount of contribution (\$)

\$50

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: 5/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

04/09/2017

5 Full name of contributor

Babs Alvarez

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

3529 Bellaire Drive South

City; State; Zip Code

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/10/2017

Full name of contributor

Conservative Voters Forum

☐ out-of-state PAC (ID#: _____)

Contributor address;

1144 Terrace Trail

City; State; Zip Code

Hurst, TX 76053

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/12/2017

Full name of contributor

Bob McIntyre

☐ out-of-state PAC (ID#: _____)

Contributor address;

3420 Brady Avenue

City; State; Zip Code

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2017

Full name of contributor

Jeff Swan

☐ out-of-state PAC (ID#: _____)

Contributor address;

3109 Provine Road

City; State; Zip Code

McKinney, TX 75070

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: 6/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

04/13/2017

5 Full name of contributor

Woodrin Grossman

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

4900 Riverbend Drive

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$150

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/10/2017

Full name of contributor

Lance Cashion

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

6852 Brants Lane

Fort Worth, TX 76116

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2017

Full name of contributor

Dana Parnell

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

4245 Ranier Court

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2017

Full name of contributor

Andee Smyer

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

12825 Modena Court

Fort Worth, TX 76126

Amount of contribution (\$)

\$1,000

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: 7/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

04/21/2017

5 Full name of contributor

Robert Lovett

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

4972 Westbriar Drive

City; State; Zip Code

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/21/2017

Full name of contributor

Barbara Hagle

☐ out-of-state PAC (ID#: _____)

Contributor address;

1709 Westminster

City; State; Zip Code

Grand Prairie, TX 75050

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2017

Full name of contributor

Erika Harold

☐ out-of-state PAC (ID#: _____)

Contributor address;

115 East Holmes

City; State; Zip Code

Urbana, IL 61801

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2017

Full name of contributor

Lindy Hudson

☐ out-of-state PAC (ID#: _____)

Contributor address;

4713 Oak Trail

City; State; Zip Code

Fort Worth, TX 76109

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: 8/10**2** FILER NAME
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date

04/19/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Elizabeth McCurdy

6 Contributor address; City; State; Zip Code

6813 Lahontan Drive Fort Worth, TX 76132

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

04/22/2017

John Bradley

Contributor address; City; State; Zip Code

241 Verna Trail North Fort Worth, TX 76108

\$20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

04/22/2017

Norman Lindley

Contributor address; City; State; Zip Code

640 Paint Pony Trail North Fort Worth, TX 76108

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

04/22/2017

Cyndy McCoy

Contributor address; City; State; Zip Code

233 Verna Trail North Fort Worth, TX 76108

\$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: 9/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

04/22/2017

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Lyle Walker

6 Contributor address; City; State; Zip Code

601 Paint Pony Trail North Fort Worth, TX 76108

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ralph Duggins

Contributor address; City; State; Zip Code

4209 Ridgehaven Court Fort Worth, TX 76116

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dorothy Blackman

Contributor address; City; State; Zip Code

3549 Bellaire Drive South Fort Worth, TX 76109

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clara Sidney Reed

Contributor address; City; State; Zip Code

4426 Harlanwood Dr. #229 Fort Worth, TX 76109

Amount of contribution (\$)

\$25

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: 10/10**2** FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)**4** Date

04/26/2017

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Mary Cochran

7 Amount of contribution (\$)**6** Contributor address;

City; State; Zip Code

4000 Hartwood Drive

Fort Worth, TX 76109

\$200

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/26/2017

Full name of contributor

☐ out-of-state PAC (ID#: _____)

David McLendon

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3451 River Park Drive, Apt. 324 Fort Worth, TX 76116

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

SCHEDULE A2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

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: 1/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 03/29/2017		5 Payee name Danwal, Inc.			
6 Amount (\$) \$1,799.93		7 Payee address; City; State; Zip Code 12404 Hwy 155 S. Tyler, TX 75703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/31/2017		Payee name US Postal Service			
Amount (\$) \$98.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/31/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$4,365.93		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing	
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
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: 2/9	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 04/03/2017	5 Payee name ISkySoft Studio
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6 Amount (\$) \$104.90	7 Payee address; City; State; Zip Code 207 Regent Street, 3rd Floor London, W1B 3HH, UK
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
---	--	--

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

Date 04/04/2017	Payee name Walmart Neighborhood Market
--------------------	---

Amount (\$) \$46.38	Payee address; City; State; Zip Code 6756 W. Vickery Blvd. Fort Worth, TX 76116
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
---------------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/04/2017	Payee name Sam's Club
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Amount (\$) \$17.96	Payee address; City; State; Zip Code 4400 Bryant Irvin Road Fort Worth, TX 76132
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
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Complete <u>ONLY</u> 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 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: 3/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 04/19/2017		5 Payee name Michael White			
6 Amount (\$) \$60.00		7 Payee address; City; State; Zip Code 4840 Madyson Ridge Dr. Fort Worth, TX 76133			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/05/2017		Payee name Nation Builder			
Amount (\$) \$377.00		Payee address; City; State; Zip Code 520 S Grand Avenue Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/05/2017		Payee name Target			
Amount (\$) \$54.61		Payee address; City; State; Zip Code 5700 Overton Ridge Blvd. Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 4/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 04/05/2017		5 Payee name Campaign Sidekick			
6 Amount (\$) \$99.00		7 Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/11/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$841.25		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/18/2017		Payee name Mail Chimp			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 5/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/2017		5 Payee name US Postal Service			
6 Amount (\$) \$98.00		7 Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/18/2017		Payee name Office Depot			
Amount (\$) \$15.13		Payee address; City; State; Zip Code 4613 Hulen, Ste B Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/17/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$4,251.00		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing	
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: 6/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 04/17/2017		5 Payee name WishList Direct/Voter Direct Texas			
6 Amount (\$) \$4,251.00		7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Card Printing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/22/2017		Payee name FedEx			
Amount (\$) \$764.46		Payee address; City; State; Zip Code 4485 Bryant Irvin Rd. Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing voting information cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/22/2017		Payee name Sam's Club			
Amount (\$) \$410.90		Payee address; City; State; Zip Code 4400 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 7/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 04/21/2017		5 Payee name Macias Strategies			
6 Amount (\$) \$3,500.00		7 Payee address; City; State; Zip Code 31540 Smithson Valley Rd. Bulverde, TX 78163			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/24/2017		Payee name Albertsons			
Amount (\$) \$271.84		Payee address; City; State; Zip Code 7400 Oakmont Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food & Beverage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/25/2017		Payee name Frontline Political Strategy			
Amount (\$) \$8,000.00		Payee address; City; State; Zip Code 2830 S. Hulen St. #365 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Canvassing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: 8/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2017		5 Payee name WishList Direct/Voter Direct Texas			
6 Amount (\$) \$1,788.25		7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/24/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$1,561.75		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/27/2017		Payee name Democracy Engine			
Amount (\$) \$103.31		Payee address; City; State; Zip Code 2125 14th Street NW Wasington, DC 20009			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge for processing online donations	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 9/9		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/2017		5 Payee name Brooke Arnold			
6 Amount (\$) \$97.50		7 Payee address; City; State; Zip Code 11741 Bent Oaks St. Parker, CO 80138			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/18/2017		Payee name Jacob Buttry			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 6548 Village Springs Dr. Plano, TX 75024			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/26/2017		Payee name Ott Advertising and Marketing			
Amount (\$) \$1,142.89		Payee address; City; State; Zip Code 3205 Lamesa Pl Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notecards, envelopes, rack cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

William B. Byrd

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder