

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: William MI: B. NICKNAME: "Brian" LAST: Byrd SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P. O. Box 33767 CITY: Fort Worth, TX STATE: ZIP CODE: 76162		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (682) PHONE NUMBER: 667 - 8081 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Robert MI: E. NICKNAME: "Rob" LAST: Opitz SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): 3200 Riverfront Drive, Suite 200 CITY: Fort Worth, TX STATE: ZIP CODE: 76107	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 332 - 2301 EXTENSION:	Date Processed	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 Month Day Year 03 / 26 / 2019 THROUGH 04 / 24 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> 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)

\$ 17,860.58

**EXPENDITURE
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 564.41

**CONTRIBUTION
BALANCE**

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

\$ 110,683.57

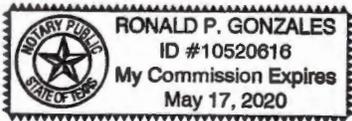
**OUTSTANDING
LOAN TOTALS**

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 26th day of April, 2019, 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	\$ 16,950.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 910.58
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	\$ 564.31
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: 1/6

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

04/02/19

5 Full name of contributor

Q PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

301 Commerce St. Ste 3200 Fort Worth, TX 76102

\$1,250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/02/19

Full name of contributor

Apartment Association of Tarrant County

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

6350 Baker Blvd

Fort Worth, TX 76118

\$2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/19

Full name of contributor

Deborah Heed

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3225 Preston Hollow Rd.

Fort Worth, TX 76109

\$250

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2/6**

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

04/12/19

5 Full name of contributor

Jim Pitts

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

6462 Woodstock Rd

City; State; Zip Code

Fort Worth TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/12/19

Full name of contributor

Justin Light

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

6116 Kenwick Ave

City; State; Zip Code

Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/12/19

Full name of contributor

David Parker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

6212 Curzon Ave

City; State; Zip Code

Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/12/19

Full name of contributor

Myong Chong

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

2733 River Forest Dr

City; State; Zip Code

Fort Worth, TX 76116

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: 3/6

2 FILER NAME
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/19

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

7 Amount of contribution (\$)

6 Contributor address: City; State; Zip Code
2008 Four Oaks Ln Fort Worth TX 76107

\$1,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/12/19

Full name of contributor out-of-state PAC (ID#: _____)
Greater Fort Worth Association of Realtors PAC

Amount of contribution (\$)

Contributor address: City; State; Zip Code
2650 Parkview Dr. Fort Worth, TX 76102

\$3,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/13/19

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

Amount of contribution (\$)

Contributor address: City; State; Zip Code
1411 Shady Oaks Fort Worth, TX 76107

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/13/2019

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

Amount of contribution (\$)

Contributor address: City; State; Zip Code
3805 Trails Edge Fort Worth, TX 76109

\$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: 4/6

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

04/13/19

5 Full name of contributor

Louise Appleman

out-of-state PAC (ID#: _____)

6 Contributor address;

3855 Bellaire Ct.

City; State; Zip Code

Fort Worth TX 76109

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/13/19

Full name of contributor

Peter Ochs

out-of-state PAC (ID#: _____)

Contributor address;

PO Box 10156

City; State; Zip Code

Newport Beach, CA 92658

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/22/19

Full name of contributor

G. Malcolm Louden

out-of-state PAC (ID#: _____)

Contributor address;

500 W. 7th St., Ste 1007

City; State; Zip Code

Fort Worth, TX 76102

Amount of contribution (\$)

\$5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/22/19

Full name of contributor

Stacey Jandrucko

out-of-state PAC (ID#: _____)

Contributor address;

617 Westwood Ave

City; State; Zip Code

Fort Worth, TX 76107

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: 5/6

2 FILER NAME
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date
04/22/19

5 Full name of contributor PAC (ID#: _____)
Fort Worth Republican of Women

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
PO Box 101613 Fort Worth TX 76185

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/04/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6720 Woodstock Rd Fort Worth, TX 76116

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4016 Tamsworth Rd Fort Worth, TX 76116

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/12/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7001 Sanctuary Heights Fort Worth, TX 76132

\$250

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: 6/6

2 FILER NAME
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date
04/12/19

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

7 Amount of contribution (\$)

Murphy Parks

6 Contributor address; City; State; Zip Code

6716 Clear Springs Fort Worth TX 76132

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/15/19

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

Amount of contribution (\$)

Donna Kolar

Contributor address; City; State; Zip Code

6017 Annadale Fort Worth, TX 76132

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/18/19

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

Amount of contribution (\$)

Brenda Rios

Contributor address; City; State; Zip Code

4144 Whitfield Rd Fort Worth, TX 76109

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/22/19

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

Amount of contribution (\$)

Steven Thompson

Contributor address; City; State; Zip Code

6720 Woodstock Rd Fort Worth, TX 76116

\$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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1/1	
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 910.58	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Tidwell	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 11712 Wind Creek Ct Aledo, TX 76008	910.58	Campaign Event Food/Beverage
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 1
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 150.00
5 Date of loan 10/3/17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) William B. Byrd	9 Loan Amount (\$) 150.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. Box 33767 Fort Worth, TX 76162	10 Interest rate N/A
		11 Maturity date N/A
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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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 N	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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/2	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 04/02/19	5 Payee name Authnet Gateway	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code	
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 Transaction Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 04/0219	Payee name Google Services	
Amount (\$) \$15.99	Payee address; City; State; Zip Code 636 O Street, Sanger CA 93657	
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 Emailing App Monthly Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 04/05/19	Payee name Nationbuilder	
Amount (\$) \$59.00	Payee address; City; State; Zip Code 520 Grand Ave, Los Angels, 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 _____ 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/2	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
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4 Date 04/16/19	5 Payee name Iron Egg
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6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110
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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 Website
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/16/19	Payee name Cyber Services
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Amount (\$) \$34.00	Payee address; City; State; Zip Code PO Box 8999 San Francisco, CA 94128
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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 Credit Card Transaction Fees
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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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Date 04/01/19	Payee name Ott Advertising
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Amount (\$) \$380.32	Payee address; City; State; Zip Code 3205 Lamesa Pl Fort Worth, Texas 76109
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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 Advertising
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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