CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 60		
3 CANDIDATE/	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr. William	В.	23450		
INAIVIE	NICKNAME LAST	SUFFIX	Date Received		
	"Brian" Byrd	22	RECEIVED		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	N 17.201		
OFFICEHOLDER MAILING ADDRESS	P.O. Box 33767 Fo	ort Worth, TX 76162	CITY OF FORT WORTH		
Change of Address			GIII OLA		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	53456		
OFFICEHOLDER PHONE	(682) 667 - 8081		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	WI	Receipt # Amount \$		
TREASURER NAME	Mr. Robert	Е.	Date Processed		
I WAVE	NICKNAME LAST	SUFFIX	Data Imaged		
	"Rob" Opitz		Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY; STATE;	ZIP CODE		
TREASURER	3200 Riverfront Drive, Suite 200	Fort Worth, TX	76107		
ADDRESS	3200 Riverifolit Drive, Suite 200	ron worth, 12	70107		
(Residence or Business)					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(817) 332 - 2301				
		*			
9 REPORT TYPE	X January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
		etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
	July 15 Sth day before elec	Cilon Exceeded \$600 iiiiii	T may report to mass even 1119		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	08 / 24 / 2016	12	31 / 2016		
		THROUGH /	/		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
II ELECTION		Runoff Other			
,	Month Day real	Description			
,	05 / 06 / 2017 X General				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known			
	-	E (W of City C	District 2		
		Fort Worth City Co	ouncil, District 3		
GO TO PAGE 2					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Wi	5 Filer ID (Ethics Commission Filers)			
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		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	^N \$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 44,856.01			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, \$ 0.00 UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$ 36,042.35			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 6,575.81			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 150.00			
18 AFFIDAVIT				
			erjury, that the accompanying report is rmation required to be reported by me	
MY CC	JO WARREN MMISSION EXPIRES ptember 22, 2017			
307010		Signature & Cand	idate or Officeholder	
AFFIX NOTARY STAME	P/SEALABOVE	11:11 RR 1	. 7	
Sworn to and subscr	1,1		, this the	
day of Janua	<u>Y Y 20 </u>	o certify which, witness my hand and seal of office.		
John	arren	Jo Warren	Ota Mgr.	
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

<u> </u>						
19	9 FILER NAME 20 Filer ID (Ethics Co				sion Filers)	
	William B. Byrd					
21		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	29,220.00	
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				15,636.01	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. X SCHEDULE E: LOANS				150.00	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				22,528.27	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				6,916.04	
9.	. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				6,598.04	
10,		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Sharon McWilliams 09/24/2016 City; State; Zip Code 6 Contributor address; \$2,500 Fort Worth, TX 76132 6659 Gascony Place 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Lianxi Liao 10/10/2016 Contributor address; City; State; Zip Code 6612 Sahalee Drive Fort Worth, TX 76132 \$500 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Robert Chiang 10/10/2016 Contributor address; City; State; Zip Code \$250 6440 Monarch Hills Drive Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ Glenn G. Born 10/10/2016 Contributor address; City; State; Zip Code \$50 Fort Worth, TX 76132 6813 River Bend Road Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 2/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ Kimberly R. Norton 10/10/2016 6 Contributor address; City; State; Zip Code \$250 Fort Worth, TX 76123 4709 Edenwood Drive 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Robert Higgins 10/12/2016 Contributor address; City; State; Zip Code \$1,000 6345 Meadows West Drive Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Shelley Hamilton Contributor address; City; State; Zip Code 11/21/2016 \$50 Fort Worth, TX 76116 3704 Stoney Creek Road Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Eduardo Castillo 10/12/2016 Contributor address; City; State; Zip Code \$1,000 Fort Worth, TX 76116 5701 Turtle Creek Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 3/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Marian DeMott 10/10/2016 City; State; Zip Code 6 Contributor address; \$75 Fort Worth, TX 76132 6709 Watermill Dive 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date Alex Geesbrecht 9/22/2016 Contributor address; City; State; Zip Code \$500 6665 Trinity Heights Blvd. Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Nicholas T. Pritchard Contributor address; 10/10/2016 City; State; Zip Code Fort Worth, TX 76116 \$75 10081 Chapel Oak Trail Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Vijay G. Kalaria 10/10/2016 Contributor address; City; State; Zip Code \$100 Fort Worth, TX 76132 6016 Annandale Drive Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 4/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Mary Virginia Smith 6 Contributor address; 10/10/2016 City; State; Zip Code Arlington, TX 76016 5500 Timber Green Dr \$25 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) J. Michael Fite 10/13/2016 City; State; Zip Code Contributor address; 1125 S. Henderson Street Fort Worth, TX 76104 \$2,500 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Barbara L. Barnett 10/10/2016 Contributor address; City; State; Zip Code 2501 Museum Way, Apt. 712 Fort Worth, TX 76107 \$25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Clyde E. Womack 10/10/2016 City; State; Zip Code Contributor address; Fort Worth, TX 76109 2917 Harlanwood Drive \$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 1 Total pages Schedule A1: 5/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Raylene Latta 10/10/2016 6 Contributor address; City; State; Zip Code \$300 5017 River Bluff Drive Fort Worth, TX 76132 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Judith A. Herman 10/10/2016 Contributor address; City; State; Zip Code \$500 2432 Nogales Drive Fort Worth, TX 76108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Jim Black Contributor address; 10/10/2016 City; State; Zip Code Fort Worth, TX 76126 8116 Modena Drive \$1,000 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Carol Stripling 10/10/2016 Contributor address; City; State; Zip Code \$250 1701 Rogers Rd, Atp. 316 Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 6/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Edwin E. Adams 10/10/2016 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 \$100 3221 Preston Hollow 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date **Bruce Benes** 10/13/2016 Contributor address; City; State; Zip Code \$100 Fort Worth, TX 76116 4205 Tamworth Road Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Debra Beaird Contributor address; City; State; Zip Code 10/10/2016 Fort Worth, TX 76108 \$100 2420 Nogales Drive Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Fred Rohm Contributor address; 10/10/2016 City; State; Zip Code 5013 Daylily Ct Fort Worth, TX 76123 \$500 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 7/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Jennifer Cauble 10/10/2016 City; State; Zip Code 6 Contributor address; \$250 Fort Worth, TX 76109 3955 Sarita Park 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Brian Childers 10/10/2016 Contributor address; City; State; Zip Code 3609 Ridglea Country Club Dr Fort Worth, TX 76116 \$500 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Date Byron Benard Contributor address; 10/10/2016 City; State; Zip Code \$500 1363 Roaring Springs Rd Fort Worth, TX 76114 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ George W. Faris III 10/10/2016 Contributor address; City; State; Zip Code \$500 6650 Trinity Heights Blvd Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Dennis R. Opitz 10/10/2016 6 Contributor address; City; State; Zip Code \$1,000 Fort Worth, TX 76109 3949 Stonehenge Road 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date John Fewins 10/10/2016 Contributor address; City; State; Zip Code \$500 Fort Worth, TX 76132 6654 Laurel Valley Drive Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Michael L. Dietrich 10/10/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76132 6928 Vista Ridge Drive W. \$200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Rosemarie Morris 10/10/2016 Contributor address; City; State; Zip Code 9841 Brazoria Trail Fort Worth, TX 76126 \$100 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 9/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Melissa J. Rogers 6 Contributor address; 10/10/2016 City; State; Zip Code Fort Worth, TX 76116 4008 Edgehill Road \$100 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date James David 10/10/2016 Contributor address; City; State; Zip Code \$100 6609 Cherry Hills Drive Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Jack W. Morrow 10/10/2016 Contributor address: City; State; Zip Code \$500 Fort Worth, TX 76132 7112 Saucon Valley Drive Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ Del Real Karol 09/22/2016 City; State; Zip Code 3036 Tanglewood Park West Fort Worth, TX 76109 \$100 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 10/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Ionathan Kim 10/06/2016 6 Contributor address; City; State; Zip Code \$100 Duncanville, TX 75116 619 Frank Keasler Blvd 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Joan Moore 10/12/2016 City; State; Zip Code Contributor address; Fort Worth, TX 76114 1373 Roaring Springs Road \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Shelby Whiteley 10/12/2016 Contributor address; City; State; Zip Code \$20 Fort Worth, TX 76114 1359 Roaring Springs Road Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Rob Opitz 12/31/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76109 \$1,000 4705 Fieldcrest 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Bryd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Jarrold Cabluck 10/13/2016 6 Contributor address; City; State; Zip Code \$1,000 Fort Worth, TX 76107 1308 Virginia Pl. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Eric Wear 10/13/2016 Contributor address; City; State; Zip Code \$100 Fort Worth, TX 76116 4400 Stonedale Road Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Bill Byrd 10/12/2016 Contributor address; City; State; Zip Code 3701 Ridglea Country Club Dr. Fort Worth, TX 76116 \$250 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Preston Garrison 10/14/2016 City; State; Zip Code Contributor address; Benbrook, TX 76132 \$150 6516 St. Johns Drive, #3048 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 1 Total pages Schedule A1: 12/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Elizabeth C. McCurdy 10/14/2016 6 Contributor address; City; State; Zip Code \$200 Fort Worth, TX 76132 6813 Lahontan Drive 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Tom Deas 10/22/2016 Contributor address; City; State; Zip Code Fort Worth, TX, 76132 6912 Desert Highlands Dr. \$500 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) David Capper Contributor address; City; State; Zip Code 10/18/2016 Benbrook, TX 76132 3 Bounty Road E. \$250 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: Steve Greig 10/19/2016 Contributor address; City; State; Zip Code 2902 Rivergrove Ct. Fort Worth, TX 76116 \$1,000 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 13/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Bill Byrd 10/30/2016 6 Contributor address; City; State; Zip Code \$250 3701 Ridglea Country Club Dr. Fort Worth, TX 76116 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Darena Carney 11/03/2016 City; State; Zip Code Contributor address; Fort Worth, TX 76107 5215 Locke Avenue \$50 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Bill Byrd 11/10/2016 Contributor address; City; State; Zip Code 3701 Ridglea Country Club Dr. Fort Worth, TX 76116 \$250 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Whitney Reid Boydstun 11/11/2016 City; State; Zip Code Contributor address; \$500 6319 Rosemont Avenue Fort Worth, TX 76116 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 14/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ **Jeanie Ott** 11/11/2016 6 Contributor address; City; State; Zip Code \$500 Fort Worth, TX 76109 3205 Lamesa Pl. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Olivia Eudaly 11/12/2016 Contributor address; City; State; Zip Code Colleyville, TX 76034 4704 Mill Springs Ct. \$100 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Calvin Crider 11/15/2016 Contributor address; City; State; Zip Code 5001 Highland Meadow Dr. Fort Worth, TX 76132 \$200 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ Todd Knight 11/18/2016 City; State; Zip Code Contributor address; Fort Worth, TX 76132 6616 Sahalee \$250 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 15/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Debra Carney 11/17/2016 City; State; Zip Code 6 Contributor address; \$100 4317 Miraloma Drive Fort Worth, TX 76126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Susan Murrin Pritchett 11/18/2016 Contributor address; City; State; Zip Code \$100 Fort Worth, TX 76126 450 FM 2871 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) **Hugh Montgomery** 11/18/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76116 6828 Springhill Road \$250 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) Date out-of-state PAC (ID#:_ Michael R. Williams 11/23/2016 Contributor address; City; State; Zip Code 7105 Riverport Road Fort Worth, TX 76116 \$25 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 16/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Spencer M. Brown 11/29/2016 City; State; Zip Code 6 Contributor address; \$250 Fort Worth, TX 76132 6655 Gascony Pl. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Jim H. Smith 11/29/2016 Contributor address; City; State; Zip Code \$100 Fort Worth, TX 76132 6845 Laurel Valley Dr. Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Joseph Cameron Allen Contributor address; 12/08/2016 City; State; Zip Code \$50 4013 Ridglea Country Club Dr. Fort Worth, TX 76126 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Bill Byrd Contributor address; City; State; Zip Code 12/05/2016 3701 Ridglea Country Club Dr. Fort Worth, TX 76116 \$250 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 17/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Alan Norman 6 Contributor address; 12/09/2016 City; State; Zip Code \$250 Fort Worth, TX 76109 4204 Harlanwood Drive 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Nancy T. Fleming 12/11/2016 Contributor address; City; State; Zip Code \$25 Fort Worth, TX 76116 3709 Streamwood Road Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Suzanne Wyatt 12/14/2016 Contributor address; City; State; Zip Code 6716 River Bend Road Fort Worth, TX 76132 \$25 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Sheila Reynolds Contributor address; 12/14/2016 City; State; Zip Code Fort Worth, TX 76109 4017 Glenwood Drive \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 18/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Kathleen Callaghan-Hernandez 12/15/2016 6 Contributor address; City; State; Zip Code \$200 Fort Worth, TX 76132 6801 Saint Andrews Ct. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Barry K. Watts 12/15/2016 Contributor address; City; State; Zip Code \$100 Fort Worth, TX 76132 6670 Saint Andrews Rd. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date Maria Regina Lee 12/15/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76109 3516 Ranch View Terrace \$200 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Chris Lutes 12/15/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76132 6505 Saucon Valley Dr. \$1,000 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 19/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Rosemary Detweiler 12/15/2016 City; State; Zip Code 6 Contributor address; \$25 3818 Bellaire Circle Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Caron Moore 12/15/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76109 \$50 4821 Overton Woods Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) Jeff Farmer 12/15/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76109 5100 Clliffrose Lane \$150 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Clare Pritchett 12/17/2016 Contributor address; City; State; Zip Code 3824 Lands Edge Road Fort Worth, TX 76109 \$50 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: 20/21 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Terry Mackenzie 12/16/2016 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 3900 Summercrest Drive \$50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Robert Benda 12/15/2016 Contributor address; City; State; Zip Code Fort Worth, TX 76108 \$100 608 Paint Pony Trail Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Patrick Powers 12/17/2016 City; State; Zip Code Contributor address: Fort Worth, TX 76132 \$250 6859 Shorecrest Court Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Deidra Pozez 12/26/2016 Contributor address; City; State; Zip Code 5901 Cypress Point Dr. Fort Worth, TX 76132 \$50 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 21/21 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ Kirk Blackmon 12/30/2016 City; State; Zip Code 6 Contributor address; \$2,000 3017 Alton Road Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) Date City; State; Zip Code Contributor address: Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Date City; State; Zip Code Contributor address: Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (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

he Instruction Guide explains how to complete this form	1 Total pages Schedule A2:					
² FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)			
F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00				
5 Date 6 Full name of contributor out-of-state PAC (ID#:) John Ott 7 Contributor address; City; State; Zip Code 3205 Lamesa Pl. Fort Worth, TX 76109			Advertising / Marketing side of Texas. Complete Schedule T.			
supation / Job title (FOR NON-JUDICIAL) (See Instructions)	ii Employe	. (. 0	,			
s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)			
s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spo	use (if any) (FOR JUDICIAL)			
r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution \$ In-kind contribution description Contributor address; City; State; Zip Code						
at a / Lab title (FOR NON ILIDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T.				
upation / Job title (FOR NON-JUDICIAL) (Gee instituctions)	Employe	or (i Ori NON-JODIO	INLY(GOO INSTRUCTION)			
s principal occupation (FOR JUDICIAL)	Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)				
s employer/law firm (FOR JUDICIAL)	Law firm	n 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 T	HIS SCHEDU	JLE AS NEEDED				
	William B. Byrd F UNITEMIZED IN-KIND POLITICAL CONTRIB F UNITEMIZED IN-KIND POLITICAL CONTRIB F UNITEMIZED IN-KIND POLITICAL CONTRIB John Ott 7 Contributor address; City; State; Zip Coc 3205 Lamesa Pl. Fort Worth, TX 7610 Expation / Job title (FOR NON-JUDICIAL) (See Instructions) E principal occupation (FOR JUDICIAL) F is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Coc Expation / Job title (FOR NON-JUDICIAL) (See Instructions) E principal occupation (FOR JUDICIAL) F is a child, law firm of parent(s) (if any) (FOR JUDICIAL) T is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	WIIIAM B. BYRD F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor	The Instruction Guide explains how to complete this form.			

SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 TOTAL OF UNITEMIZED LOANS 50.00 Loan Amount (\$) 7 Name of lender Date of loan ut-of-state PAC (ID#:_ \$50.00 08/31/2016 William B. Byrd 10 Interest rate 6 Is lender State; Zip Code 8 Lender address; City; N/A a financial Institution? 11 Maturity date Fort Worth, TX 76162 P.O. Box 33767 N/A 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) X none 19 Amount Guaranteed (\$) **16** GUARANTOR 17 Name of guarantor INFORMATION City; 18 Guarantor address; State; Zip Code X not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:____ \$100.00 William B. Byrd 09/02/2016 Interest rate State; Zip Code City; Lender address; Is lender N/A a financial Institution? Maturity date Fort Worth, TX 76162 P.O. Box 33767 N/A (N)Υ Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) X Amount Guaranteed (\$) Name of guarantor GUARANTOR INFORMATION City; State; Zip Code Guarantor address; X not applicable Employer (See Instructions) Principal Occupation (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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 1/14 4 Date 10/03/2016 5 Payee name WishList Direct/Voter Direct Texas City; State; Zip Code 7 Payee address; 6 Amount (\$) P.O. Box 312100 New Braunfels, TX 78131 \$225.78 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **Printing Expense EXPENDITURE** Remittance Envelopes Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/03/2016 **Macias Strategies** City; State; Zip Code Amount (\$) Payee address; 31540 Smithson Valley Rd. Bulverde, TX 78163 \$1,000.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PHRPOSE Check if Austin, TX, officeholder living expense OF Consulting Expense EXPENDITURE Campaign Services Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date WishList Direct/Voter Direct Texas 10/03/2016 City; State; Zip Code Payee address; Amount (\$) \$278.61 P.O. Box 312100 New Braunfels, TX 78131 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE **Printing Expense** Volunteer Cards Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 4 Date 5 Payee name Rent a Frog Valet, LLC 10/07/2016 City; State; Zip Code 7 Payee address; 6 Amount (\$) 4904 Camp Bowie Blvd. Fort Worth, TX 76107 \$692.80 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **Event Expense** EXPENDITURE Valet Parking for Kick-off Event Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ott Advertising and Marketing 10/11/2016 Payee address; City; State; Zip Code Amount (\$) Fort Worth, TX 76109 3205 Lamesa Pl. \$6,460.01 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **Printing Expense** EXPENDITURE Campaign Supplies Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date WishList Direct/Voter Direct Texas 10/24/2016

City; State; Zip Code Amount (\$) Payee address; P.O. Box 312100 New Braunfels, TX 78131 \$216.50 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Consulting Expense Voter Data Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1: 3/14	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
3/14 4 Date 11/01/2016	5 Payee name Frontline Political S	Strategy	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
\$499.00	2830 S. Hulen St. #365 Fort Wo	orth, TX 76109	
8 PURPOSE	(a) Category (See Categories listed at the top of this s	<u> </u>	atside of Texas. Complete Schedule T.
OF EXPENDITURE	Consulting Expense	Check if Austin	, TX, officeholder living expense
		Tuition for Ca	ndidate Class
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/12/2016	Fort Worth Republican Women	L	
Amount (\$)	Payee address; City; State; Z	lip Code	
\$25.00	306 W. 7th Street Fort Worth, T	TX 76102	
	Category (See Categories listed at the top of this s	m	iside of Texas. Complete Schedule T.
PURPOSE OF	Face		TX, officeholder living expense
EXPENDITURE	Fees		
		Membership Fe	Office held
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field
Date	Payee name		
10/25/2016	Fort Worth Republican Women		
Amount (\$)	Payee address; City; State; Z	ip Code	
\$28.00	306 W. 7th Street Fort Worth, T.	X 76102	
PURPOSE	Category (See Categories listed at the top of this s		iside of Texas. Complete Schedule T.
OF EXPENDITURE	Fees	Check if Austin	TX, officeholder living expense
		Event Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OE THIS SCHEDI II E AS NEE	DED
	AT TACH ADDITIONAL COPIES	OF THE SOURCE AS MEL	, part (ma) (ma)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 4/144 Date 5 Payee name **Macias Strategies** 11/07/2016 City; State; Zip Code 7 Payee address; 6 Amount (\$) 31540 Smithson Valley Rd. Bulverde TX 78163 \$1,000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Consulting Expense **EXPENDITURE** Campaign Services Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/15/2016 Fort Worth Republican Women Payee address; City; State; Zip Code Amount (\$) Fort Worth, TX 76102 306 W. 7th Street \$35.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fees Check if Austin, TX, officeholder living expense EXPENDITURE **Event Fee** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/16/2016 **US Postal Service** City; State; Zip Code Amount (\$) Payee address; 7101 Bryant Irvin Rd. Fort Worth, TX 76132 \$94.00 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.

Office Overhead

Candidate / Officeholder name

PURPOSE

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Office held

Check if Austin, TX, officeholder living expense

Postage

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense **Event Expense** Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 5/14 4 Date 5 Payee name 10/31/2016 Northwest Engravers City; State; Zip Code 7 Payee address; 6 Amount (\$) 3300 Cherry Lane Fort Worth, TX 76116 \$9.20 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Advertising Expense Nametag Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date US Postal Service 11/22/2016 City; State; Zip Code Payee address; Amount (\$) 7101 Bryant Irvin Rd. Fort Worth, TX 76132 \$235.00 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Overhead Check if Austin, TX, officeholder living expense **EXPENDITURE Postage** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name WishList Direct/Voter Direct Texas 11/28/2016 City; State; Zip Code Amount (\$) Pavee address; New Braunfels, TX 78131 P.O. Box 312100 \$594.02 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Postage & Card Design Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 6/14 5 Payee name 4 Date US Postal Service 11/29/2016 City; State; Zip Code 6 Amount (\$) 7 Payee address; 7101 Bryant Irvin Rd. Fort Worth, TX 76132 \$705.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office Overhead Postage Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Campaign Sidekick 12/01/2016 Payee address; City; State; Zip Code Amount (\$) 1550 Old Annetta Rd. Aledo, TX 76008 \$198.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Fees EXPENDITURE Database Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 11/16/2016 **US Postal Service** City; State; Zip Code Amount (\$) Payee address; 7101 Bryant Irvin Rd. Fort Worth, TX 76132 \$110.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office Overhead Postage Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Po y Gift/Awards/Memorials Expense P	iffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains h	-		
1 Total pages Schedule F1: 7/14	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 12/07/2016	5 Payee name WishList Direct/Voter	r Direct Texas		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code		
\$420.19	P.O. Box 312100 New Braunfels,	TX 78131		
8	(a) Category (See Categories listed at the top of this sched		utside of Texas. Complete Schedule T.	
PURPOSE OF			n, TX, officeholder living expense	
EXPENDITURE	Advertising Expense			
		Postage & Car	d Design	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/07/2016	Macias Strategies			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$1,000.00	31540 Smithson Valley Rd. Bulvero	le, TX 78163		
	Category (See Categories listed at the top of this sched			
PURPOSE OF	Consulting Expense Check if Austin, TX, officeholder living expense			
EXPENDITURE	Consulting Expense	Collect if Addition	, TA, Uniconded ining expense	
		Campaign Ser	vices	
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/13/2016	US Postal Service			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$235.00	7101 Bryant Irvin Rd. Fort Worth,	TX 76132		
	Category (See Categories listed at the top of this sched	<u></u>		
PURPOSE	Office Overhead	l ——	utside of Texas, Complete Schedule T.	
OF EXPENDITURE	Cinco O (cincua	Cneck it Austin	n, TX, officeholder living expense	
		Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/N Legal Service	Memorials Expense	Printing Ex Printing Ex Salaries/V		Travel in District Travel Out Of Dis Other (enter a ca	strict tegory not listed above)
Credit Card Payment		The Instru	ıction Guide explai	ns how to d	complete this form.		
1 Total pages Schedule F1: 8/14	2 FILER NA	ME Will	liam B. Byrd			3 Filer ID (Et	hics Commission Filers)
4 Date 12/26/2016	5 Payee nar	ne Direc	t Action Texas	3			
6 Amount (\$)	7 Payee add		City; State; 2	•			
\$16.75	7001 Boul	levard 26	North Richl	and Hills	s, TX 76180		
8 PURPOSE	(a) Category	(See Categorie	es listed at the top of this	schedule)	(b) Description Check if travel	outside of Texas. Comple	te Schedule T.
OF EXPENDITURE	Consultir	ng Expen	se		Check if Aust	tin, TX, officeholder liv	ing expense
					Candidate Tr	aining	
9 Complete ONLY if direct expenditure to benefit C/Oh		ite / Officeh	older name		Office sought		Office held
Date	Payee nar	ne					
12/27/2016	US Posta	l Service					
Amount (\$)	Payee add		City; State; Z	•			
\$94.00	7101 Brya	nt Irvin	Rd. Fort Wo	rth, TX	76132		
	Category	(See Categorie	s listed at the top of this	schedule)	Description		
PURPOSE OF	Office Ov	erhead				outside of Texas. Complet in, TX, officeholder livi	
EXPENDITURE		omoud			Postage		
Complete ONLY if direct expenditure to benefit C/OH		te / Officeho	older name		Office sought		Office held
Date	Payee nar	me					
12/29/2016	Ott Adver	tising an	d Marketing				
Amount (\$)	Payee add	lress;	City; State; Z	ip Code			
\$738.47	3205 Lam	esa Pl.	Fort Worth,	TX 761	109		
	Category	(See Categorie	s listed at the top of this	schedule)	Description		
PURPOSE	Duinting	Evronos			-	outside of Texas. Complete	
OF EXPENDITURE	Printing 1	Expense			Check if Austi	n, TX, officeholder livi	ng expense
					Door Hanger	s & Rack Care	ds
Complete ONLY if direct	Candida	te / Officeh	older name		Office sought		Office held
expenditure to benefit C/OH							
	ATTA	ACH ADDI	TIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		xpense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)		
	T .	3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1: 9/14	William B. Byrd	3 Filer ID (Luites Commission Files)		
4 Date 12/30/2016	5 Payee name Party City			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$40.00	4826 SW Loop 820 Fort Worth, TX 76	109		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense		
		Napkins and Cups		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/30/2016	Costco			
Amount (\$)	Payee address; City; State; Zip Code			
\$61.10	5300 Overton Ridge Blvd. Fort Worth,	TX 76132		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense		
		Plates, Plasticware, and Cups		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/22/2016	Danwal, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$6,403.29	12404 Hwy 155 S. Tyler, TX 75703			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense		
		Yard and Street Signs		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	l Committee Legal Services	Office Overnead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.		
1 Total pages Schedule F1: 10/14	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 10/24/2016	5 Payee name Fedex			
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
\$43.50	4485 Bryant Irvin Rd. Fort Wo	orth, TX 76132		
8	(a) Category (See Categories listed at the top of thi	1 —	A Complete Orbertale T	
PURPOSE			outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
OF EXPENDITURE	Printing Expense	Cileax ii Aus	ini, 17, onocious ming orporati	
		Map of Distri	ict 3	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ł	Office sought	Office held	
Date	Payee name			
09/28/2016	Democracy Engine			
Amount (\$)	Payee address; City; State;	Zip Code		
\$3.95	2125 14th St NW. Washingto	on, DC 20009		
	Category (See Categories listed at the top of thi	s schedule) Description		
PURPOSE			outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Fees Check if Austin, TX, officeholder living expense			
		Bank Fee		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	ł			
Date	Payee name			
10/13/2016	Democracy Engine			
20, 20,	•			
Amount (\$)	Payee address; City; State;	Zip Code		
\$22.90	2125 14th St NW. Washingto	n, DC 20009		
	Category (See Categories listed at the top of thi		Complete Sch-dide T	
PURPOSE OF	Fees		outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
EXPENDITURE	1 000		in, 17, uncertained inting expense	
		Bank Fee		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED	

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

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

3 Filer ID (Ethics Commission Filers)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 11/14 5 Payee name

4 Date **Democracy Engine** 10/20/2016 City; State; Zip Code 6 Amount (\$) 7 Payee address; 2125 14th St NW. Washington, DC 20009 \$256.71 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Fees Bank Fee Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Democracy Engine** 10/27/2016 City; State; Zip Code Amount (\$) Payee address; 2125 14th St NW. Washington, DC 20009 \$47.27 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** _ Check if Austin, TX, officeholder living expense Fees EXPENDITURE Bank Fee Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name **Democracy Engine** 11/01/2016 Amount (\$) Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009 \$9.57 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Fees Bank Fee Office held Candidate / Officeholder name Office sought Complete ONLY 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 12/14 William B. Byrd 4 Date 11/17/2016 5 Payee name **Democracy Engine** City; State; Zip Code 7 Payee address; 6 Amount (\$) 2125 14th St NW. Washington, DC 20009 \$2.07 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Fees EXPENDITURE Bank Fee Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Democracy Engine 11/17/2016 City; State; Zip Code Amount (\$) Payee address; 2125 14th St NW. Washington, DC 20009 \$9.57 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Fees Bank Fee Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/25/2016 **Democracy Engine** City; State; Zip Code Amount (\$) Payee address; 2125 14th St NW. Washington, DC 20009 \$19.14 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Bank Fee Office held Office sought Candidate / Officeholder name Complete ONLY 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 Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Gift/Awards/Memorials Expense Print	ng Expense Travel In District ing Expense Travel Out Of District ries/Wages/Contract Labor Other (enter a category not listed above)					
Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)					
4 Date 12/15/2016	5 Payee name Democracy Engine						
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de					
\$19.14	2125 14th St NW. Washington, DC	20009					
8	(a) Category (See Categories listed at the top of this schedule						
PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
EXPENDITURE	Fees	Bank Fee					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
12/22/2016	Democracy Engine						
Amount (\$)	Payee address; City; State; Zip Coo	de					
\$19.92	2125 14th St NW. Washington, DC	20009					
	Category (See Categories listed at the top of this schedule						
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
EXPENDITURE	Fees	Bank Fee					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
08/31/2016	Democracy Engine						
Amount (\$)	Payee address; City; State; Zip Coo	de					
\$2.07	2125 14th St NW. Washington, DC	20009					
	Category (See Categories listed at the top of this schedule						
PURPOSE OF	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
EXPENDITURE	1000						
		Bank Fee Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
	ATTACH ADDITIONAL COPIES OF T	HIS 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 B Candidate/Officeholder/Politica	Fees O Food/Beverage Expense Po y Gift/Awards/Memorials Expense Po	oan Repayment/Reimbursement fflice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
Credit Card Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1: 14/14	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)					
4 Date 11/28/2016	5 Payee name WishList Direct/Votes	Direct Texas						
6 Amount (\$)	7 Payee address; City; State; Zip C	Code						
\$657.74	P.O. Box 312100 New Braunfels, T	TX 78131						
8	(a) Category (See Categories listed at the top of this sched							
PURPOSE			utside of Texas. Complete Schedule T.					
OF EXPENDITURE	Advertising Expense	Check if Austin	n, TX, officeholder living expense					
EXPENDITURE	Travertioning Emperior	Postage & Care	d Design					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address; City; State; Zip C	Code						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address; City; State; Zip C	Code						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheo	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED					

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice	Fees (Food/Beverage Expense F gift/Awards/Memorials Expense F		•	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 F4: 1/11	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	OACRED	TCARD	\$ 0.00		
5 Date 08/23/2016	6 Payee name US Postal Service					
7 Amount (\$)	8 Payee address; City; State; Zi	p Code				
\$110.00	7101 Bryant Irvin Rd. Fort Wort	h, TX 76	132			
9 TYPE OF EXPENDITURE	X Political	Non-Political				
10	(a) Category (See Categories listed at the top of this se	chedule)	(b) Description	n		
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Fees		Check i	f Austin, TX, officeholder living expense		
			Post Offic	e Box Rental		
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held		
Date 09/01/2016	Payee name Taylor's Rental Equ	ipment Co	ompany			
Amount (\$) \$1,027.30	Payee address; City; State; Zi 220 University Drive Fort Worth	*	07			
TYPE OF EXPENDITURE	X Political	Non-Politica	!			
	Category (See Categories listed at the top of this so	chedule)	Descriptio			
PURPOSE	Erront Erronno			travel outside of Texas. Complete Schedule T.		
OF Expenditure	Event Expense		Check I	f Austin, TX, officeholder living expense		
			Rented Tal	bles and Chairs		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NE	EDED		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Solicitation/Fundraising Expense

Accounting/Banking Accounting/Banking Consulting Expense Contributions/Donations Made B	Fees Office Food/Beverage Expense Poll of Gift/Awards/Memorials Expense Print I Committee Legal Services Sale	De Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how	v to complete this form.		
1 Total pages Schedule F4: 2/11	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 0.00	
5 Date 09/08/2016	6 Payee name Portrait Innovations			
7 Amount (\$)	8 Payee address; City; State; Zip C	Code		
\$173.19	4801 Overton Ridge Blvd. Fort Wor	th, TX 76132		
9 TYPE OF EXPENDITURE	X Political N	on-Political		
10	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	on	
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.	
OF	Advertising Expense	Check	if Austin, TX, officeholder living expense	
EXPENDITURE	Mayer Home Expense		r Campaign Materials	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 09/09/2016	Payee name Party Warehouse			
Amount (\$)	Payee address; City; State; Zip (Code		
\$16.17	6550 Camp Bowie Blvd. Fort Wort	h, TX 76116		
TYPE OF EXPENDITURE	X Political N	on-Political		
PURPOSE	Category (See Categories listed at the top of this sched		on travel outside of Texas. Complete Schedule T.	
OF	Event Expense	Check i	f Austin, TX, officeholder living expense	
EXPENDITURE	Ivent Expense	Napkins		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED	

SCHEDULE F4

Advertising Expense Accounting/Banking	Fees Office	Overhead/	Rental Expense	Transportation Equipment & Related Expense	
Consulting Expense Contributions/Donations Made B		j Expense g Expense		Travel In District Travel Out Of District	
Candidate/Officeholder/Politica	al Committee Legal Services Salarie		Contract Labor	Other (enter a category not listed above)	
	The Instruction Guide explains how t	to comple	ete this form.		
1 Total pages Schedule F4: 3/11	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)	
	IZED EXPENDITURES CHARGED TO A	CREDI	TCARD	\$ 0.00	
5 Date 09/23/2016	6 Payee name US Postal Service				
7 Amount (\$)	8 Payee address; City; State; Zip Co	de			
\$94.00	7101 Bryant Irvin Rd. Fort Worth, T.	X 7613	32		
9 TYPE OF EXPENDITURE	X Political Non	n-Political			
10	(a) Category (See Categories listed at the top of this schedul	le)	(b) Description	n	
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Overhead		Check i	f Austin, TX, officeholder living expense	
27 2			Postage		
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office	sought	Office held	
Date 09/30/2016	Payee name Taylor's Rental Equipm	ent Co	ompany		
Amount (\$)	Payee address; City; State; Zip Co	de			
4270.42	220 University Drive Fort Worth, T		07		
\$270.62					
TYPE OF EXPENDITURE	X Political Nor	n-Political			
	Category (See Categories listed at the top of this schedul	e)	Description	ravel outside of Texas. Complete Schedule T.	
PURPOSE	E-rant E-range		-	f Austin, TX, officeholder living expense	
OF EXPENDITURE	Event Expense		CHeck I	Austri, 17, Uniceriolder living expense	
			Speaker Sy	ystem Rental	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS	SSCHE	DULE AS NE	EDED	

SCHEDULE F4

Accounting Expense Accounting/Banking Consulting Expense Contributions/Donations Made B	Fees Office Overhe Food/Beverage Expense Polling Expe y Gift/Awards/Memorials Expense Printing Expe	nse	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other Control of the Contr		
Candidate/Officeholder/Political Committee 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 F4: 4/11	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRE	DITCARD	\$ 0.00		
5 Date 10/06/2016	6 Payee name Hurley House				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
\$3,062.50	5512 Bellaire Drive S, Ste. A Fort Worth,	TX 76109			
9 TYPE OF EXPENDITURE	X Political Non-Politi	cal			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on		
PURPOSE OF	Food/Beverage Expense		travel outside of Texas. Complete Schedule T.		
EXPENDITURE	1	<u> </u>	if Austin, TX, officeholder living expense		
Til Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/24/2016	Payee name US Postal Service				
Amount (\$)	Payee address; City; State; Zip Code				
\$188.00	7101 Bryant Irvin Rd. Fort Worth, TX 76	5132			
TYPE OF EXPENDITURE	X Political Non-Polit	cal			
	Category (See Categories listed at the top of this schedule)	Description	on travel outside of Texas. Complete Schedule T.		
PURPOSE OF	Office Overhead		f Austin, TX, officeholder living expense		
EXPENDITURE	Office Overficad	Postage			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL CODIES OF THE COL	JEDIJI E AS NE	EDED		
	ATTACH ADDITIONAL COPIES OF THIS SCI	ILDULE NO NE	LV LV		

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees (Food/Beverage Expense I gift/Awards/Memorials Expense I	Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/	'Rental Expense	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 comple	ete this form.	
1 Total pages Schedule F4: 5/11	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	OACREDI	TCARD	\$ 0.00
5 Date 10/16/2016	6 Payee name Office Depot			
7 Amount (\$)	8 Payee address; City; State; Zi	p Code		
\$70.52	4613 Hulen Ste. B Fort Worth,	TX 76132		
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this se	chedule)	(b) Description	on
PURPOSE OF	Office Overhead		Check if	travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overnead		Check i	f Austin, TX, officeholder living expense
			Folders fo	r Campaign Materials
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held
Date 10/22/2016	Payee name Office Depot			
Amount (\$)	Payee address; City; State; Zi	p Code		
\$41.94	4613 Hulen Ste. B Fort Worth,	TX 76132		
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE	Category (See Categories listed at the top of this so	chedule)	Description Checkif	on travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense		Check i	f Austin, TX, officeholder living expense
	-		Envelope	s for Event Invitations
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office :	sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NE	EDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees O Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pe	ffice Overhead/ olling Expense rinting Expense alaries/Wages/	Rental Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains h	ow to comple	ete this form.	
1 Total pages Schedule F4: 6/11	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO	ACREDI	TCARD	\$ 0.00
5 Date 10/26/2016	6 Payee name Hobby Lobby			
7 Amount (\$) \$28.62	8 Payee address; City; State; Zip 5020 S. Hulen Street Fort Worth,		2	
\$20.02				
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this sch	nedule)	(b) Descriptio	n
PURPOSE			Check if t	ravel outside of Texas. Complete Schedule T.
OF Expenditure	Office Overhead		Check if	Austin, TX, officeholder living expense
			Bags and I	Envelopes
11 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office s	sought	Office held
Date 09/04/2016	Payee name Nationbuilder			
Amount (\$)	Payee address; City; State; Zip	Code		
\$199.00	520 S. Grand Avenue Los Angeles	, CA 900)71	
TYPE OF EXPENDITURE	X Political	Non-Political		
	Category (See Categories listed at the top of this sch	edule)	Descriptio	
PURPOSE	_			ravel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Fees		Check if	Austin, TX, officeholder living expense
			Database	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHE	DULE AS NEI	EDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Gift/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contrac	•		
The Instruction Guide explain	s how to complete this	s form.		
2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)		
ZED EXPENDITURES CHARGED	TO A CREDIT CA	RD \$ 0.00		
6 Payee name Nationbuilder				
8 Payee address; City; State;	Zip Code			
520 S. Grand Avenue Los Ange	les, CA 90071			
X Political	Non-Political			
(a) Category (See Categories listed at the top of thi	s schedule) (b) [Description		
		Check if travel outside of Texas. Complete Schedule T.		
Face	[Check if Austin, TX, officeholder living expense		
rees	Da	tabase		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Payee name Shutterstock, Inc.				
Payee address; City; State;	Zip Code			
350 5th Avenue New York,	NY 10118			
x Political	Non-Political			
Category (See Categories listed at the top of thi	s schedule)	Description		
Category (See Categories listed at the top of thi	s schedule) [Description Check if travel outside of Texas. Complete Schedule T.		
Category (See Categories listed at the top of thi ${\operatorname{Fees}}$	s schedule)			
		Check if travel outside of Texas. Complete Schedule T.		
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ctures for Website		
Fees Candidate / Officeholder name	[Pic	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ctures for Website		
Fees Candidate / Officeholder name	[Pic	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ctures for Website		
Fees Candidate / Officeholder name	[Pic	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ctures for Website		
Fees Candidate / Officeholder name	[Pic	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ctures for Website		
	The Instruction Guide explain 2 FILER NAME William B. Byrd ZED EXPENDITURES CHARGED 6 Payee name Nationbuilder 8 Payee address; City; State; 520 S. Grand Avenue Los Ange X Political	Committee Legal Services Salaries Printing Expense Salaries Wages/Contract The Instruction Guide explains how to complete this 2 FILER NAME William B. Byrd ZED EXPENDITURES CHARGED TO A CREDIT CA 6 Payee name Nationbuilder 8 Payee address; City; State; Zip Code 520 S. Grand Avenue Los Angeles, CA 90071 X Political Non-Political (a) Category (See Categories listed at the top of this schedule) (b) If the schedule of this s		

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/ how to comple	/Rental Expense e Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: 8/11	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)
***************************************	IZED EXPENDITURES CHARGED T	OACREDI	TCARD	\$ 0.00
5 Date 10/02/2016	6 Payee name Google Service App	S		
7 Amount (\$)	8 Payee address; City; State; Z	ip Code		
\$2.33	75 9th Avenue New York, N	JY 10011		
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this s	schedule)	(b) Descriptio	n
PURPOSE OF	Office Overhead			travel outside of Texas. Complete Schedule T.
EXPENDITURE			,	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held
Date 08/25/2016	Payee name GoDaddy.com			
Amount (\$)	Payee address; City; State; Z	ip Code		
\$22.71	14455 N. Hayden Road Scottsdal	e, AZ 852	.60	
TYPE OF EXPENDITURE	X Political	Non-Political	l	
	Category (See Categories listed at the top of this s	chedule)	Descriptio	
PURPOSE OF	Office Overhead			ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
EXPENDITURE			Website D	omain
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NE	EDED

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/G	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: 9/11	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)
	IZED EXPENDITURES CHARGED T	TO A CREDI	TCARD	\$ 0.00
5 Date 10/04/2016	6 Payee name Fedex			
7 Amount (\$)	8 Payee address; City; State; Z	Zip Code		
\$211.09	4485 Bryant Irvin Rd. Fort Worth	n, TX 76132)	
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	n
PURPOSE OF	Printing Expense			travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 Illiang Emponer		Poster of	if Austin, TX, officeholder living expense
11 Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 11/03/2016	Payee name Office Depot			
Amount (\$)	Payee address; City; State; Z	Zip Code		
\$30.27	4613 Hulen Ste. B Fort Worth,	TX 76132		
TYPE OF EXPENDITURE	x Political	Non-Political		
	Category (See Categories listed at the top of this s	schedule)	Descriptio	rn travel outside of Texas. Complete Schedule T.
PURPOSE OF	Event Expense			f Austin, TX, officeholder living expense
EXPENDITURE	1		Envelopes	for Mailing Invitations
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s		Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense		•	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 compl	ete this form.		
1 Total pages Schedule F4:	2 FILER NAME William B. Byrd			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED T	OACRED	IT CARD	\$ 0.00	
5 Date 11/4/2016	5 Date 11/4/2016 6 Payee name Nationbuilder				
7 Amount (\$)	8 Payee address; City; State; Zi	p Code			
\$219.00	520 S. Grand Avenue Los Angele	es, CA 90	071		
9 TYPE OF EXPENDITURE	X Political	Non-Political			
10	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description	on	
PURPOSE			Check if	travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Fees		Check i	f Austin, TX, officeholder living expense	
			Database		
11 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name I	Office	sought	Office held	
Date 11/16/2016	Payee name US Postal Service				
Amount (\$)	Payee address; City; State; Zi	p Code			
\$517.00	7101 Bryant Irvin Rd. Fort Worth	, TX 76132	2		
TYPE OF EXPENDITURE	X Political	Non-Political	1		
	Category (See Categories listed at the top of this so	chedule)	Descriptio		
PURPOSE				travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Office Overhead		Check i	f Austin, TX, officeholder living expense	
			Postage		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F4

Accounting/Banking	Event Expense Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District				
Consulting Expense Contributions/Donations Made B	y Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)				
Candidate/Officeholder/Political Committee 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 F4: 11/11	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 0.00				
5 Date 11/17/2016	6 Payee name Office Depot						
7 Amount (\$)	8 Payee address; City; State; 2	Zip Code					
\$44.78	4613 Hulen Ste. B Fort Worth, T	K 76132					
9 TYPE OF EXPENDITURE	X Political	Non-Political					
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	on				
PURPOSE		Checki	f travel outside of Texas, Complete Schedule T.				
OF EXPENDITURE	Office Overhead	Check	if Austin, TX, officeholder living expense				
		Folders					
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held				
Date 12/04/2016	Payee name Nationbuilder						
Amount (\$)	Payee address; City; State; 2	Zip Code					
\$319.00	520 S. Grand Avenue Los Angeles	, CA 90071					
TYPE OF EXPENDITURE	X Political	Non-Political					
	Category (See Categories listed at the top of this						
PURPOSE			ftravel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense				
OF Expenditure	Fees		if Austin, 1X, officenolaer living expense				
		Database					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense Printin	Expense g Expense s:/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
	The instruction Guide explains now to	o complete this form.			
1 Total pages Schedule G: 1/8	² FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)		
4 Date 11/16/2016	5 Payee name Citi Cards				
6 Amount (\$) \$110.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 8506	2-8045			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		cal of P.O. Box e of Texas. Complete Schedule T. K, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
Date 10/26/2016	Payee name U. Promise				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,027.30 Reimbursement from political contributions intended	P.O. Box 60517 City of Industry, CA				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Check if travel outside	paign Event Supplies of Texas. Complete Schedule T. c, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held		
Date 11/16/2016	Payee name Citi Cards				
Amount (\$)	Payee address; City; State; Zip Code				
\$173.19 Reimbursement from political contributions intended	P.O. Box 78045 Phoenix, AZ 8506	2-8045			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Check if travel outside	os for Campaign Materials of Texas. Complete Schedule T.		
EXPENDITURE	Credit Card Payment	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

C	Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi			erage Expense Is/Memorials Expense vices	Polling Printing	Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a categor	
C	Credit Card Payment		The Ins	truction Guide expl	ains how t	o complete this form.		
1	Total pages Schedule G: 2/8	2 FILER NA	ME Wi	lliam B. Byrd			3 Filer ID (Ethics	Commission Filers)
4	Date 10/26/2016	5 Payee nar	u. P	romise			•	
6	Amount (\$) \$16.17	7 Payee add		City; State;	·	0.1.1.4.0.5.1.5		
	Reimbursement from political contributions intended	P.O. Box	60517	City of Indus	stry, CA	N 91716-0517		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			(b) Description Nar	okins for Campa ide of Texas. Complete Sched		
	EXPENDITURE	Credit Ca	rd Payn	nent		Check if Austin,	TX, officeholder living expe	ense
9	Complete ONLY if direct expenditure to benefit C/C		ate / Offic	eholder name		Office sought		Office held
	Date 10/26/2016	Payee nar	me U.P	romise				
	Amount (\$) \$94.00	Payee add	dress;	City; State;	Zip Code			
	Reimbursement from political contributions intended	P.O. Box	60517	City of Indus	stry, CA	91716-0517		
	PURPOSE	Category	(See Categor	ies listed at the top of this	schedule)		ostage ide of Texas. Complete Sched	ula T
	OF EXPENDITURE	Credit Ca	ard Payı	ment			TX, officeholder living expe	
	Complete ONLY if direct expenditure to benefit C/C		ate / Offic	eholder name		Office sought		Office held
	Date 10/26/2016	Payee nan	u. Pi	romise				
	Amount (\$)	Payee add	dress;	City; State;	Zip Code			
	\$270.62 Reimbursement from political contributions intended	P.O. Box 6	50517	City of Indus	try, CA			
	PURPOSE	Category (See Categor	ies listed at the top of this	schedule)	(b) Description Spea	aker System for (ide of Texas, Complete Sched	
	OF EXPENDITURE	Credit Ca	rd Payn	nent		Check if Austin,	TX, officeholder living expe	inse
	Complete ONLY if direct expenditure to benefit C/C		ate / Offic	eholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

(Accounting/Banking Consulting Expense Contributions/Donations Made	Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
C	Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how	-	,		
1	Total pages Schedule G: 3/8	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)		
4	Date 11/16/2016	5 Payee name Citi Cards				
6	Amount (\$)	7 Payee address; City; State; Zip Code	3			
	\$3,062.50 Reimbursement from political contributions intended	P.O. Box 78045 Phoenix, AZ 8500				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)		H/Beverage for Campaign Event le of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Card Payment		X, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
	Date 12/16/2016	Payee name U. Promise				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$188.00 Reimbursement from political contributions intended	P.O. Box 60517 City of Industry, CA				
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description Posta	age le of Texas, Complete Schedule T.		
	OF EXPENDITURE	Credit Card Payment		X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
	Date 12/16/2016	Payee name U. Promise				
	Amount (\$)	Payee address; City; State; Zip Code	•			
	\$70.52 Reimbursement from political contributions intended	P.O. Box 60517 City of Industry, C.	A 91716-0517			
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description Cam	npaign Materials e of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Card Payment		X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic			verage Expense rds/Memorials Expense rvices	Printing	Expense g Expense ss/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
C	Credit Card Payment		The In:	struction Guide expla	ins how t	o complete this form.		
1	Total pages Schedule G:	2 FILER NA	ME W	Villiam B. Byrd			3 Filer ID (Ethics Commission File	ırs)
4	Date 12/16/2016	5 Payee nar		. Promise				
6	Amount (\$)	7 Payee add	dress;	City; State; Z	Zip Code			
	\$41.94 Reimbursement from political contributions intended	P.O. Box 6	50517	City of Industr	ry, CA	91716-0517		
8	PURPOSE	(a) Category	(See Catego	ories listed at the top of this s	schedule)	(b) Description Cam	paign Materials	
	OF EXPENDITURE	Credit Ca	rd Payr	nent		l —	e of Texas. Complete Schedule T. X, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/C		ate / Offic	ceholder name		Office sought	Office held	
	Date 12/16/2016	Payee nar	ne U	. Promise				
	Amount (\$)	Payee add	dress;	City; State; Z	ip Code			
	\$28.62 Reimbursement from political contributions intended	P.O. Box 6	50517	City of Industr	ry, CA	91716-0517		
	PURPOSE OF EXPENDITURE	Category (ories listed at the top of this s $yment$	chedule)	1	paign Materials e of Texas. Complete Schedule T. K, officeholder Ilving expense	
	Complete ONLY if direct expenditure to benefit C/C		ate / Offic	ceholder name		Office sought	Office held	
	Date 10/05/2016	Payee nan	^{ne} Citi	i Cards				
	Amount (\$)	Payee add	dress;	City; State; Z	Zip Code			
	\$199.00 Reimbursement from political contributions intended	P.O. Box 7	78045	Phoenix, AZ	z 85062	2-8045		
	PURPOSE	Category ((See Categor	ries listed at the top of this s	chedule)	(b) Description Data		
	OF EXPENDITURE	Credit Ca	ırd Payı	ment			e of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/C		ate / Offic	ceholder name		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

www.ethics.state.tx.us

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAME William B. Byrd 5/8 4 Date 5 Payee name Citi Cards 11/16/2016 7 Payee address; City; State; Zip Code 6 Amount (\$) \$219.00 Phoenix, AZ 85062-8045 P.O. Box 78045 Reimbursement from political contributions intended (b) Description Database 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Credit Card Payment Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH Office sought Candidate / Officeholder name Payee name Date Citi Cards 10/05/2016 City; State; Zip Code Amount (\$) Payee address; \$49.00 Phoenix, AZ 85062-8045 P.O. Box 78045 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description Pictures for Campaign Website PURPOSE Check if travel outside of Texas. Complete Schedule T. Credit Card Payment Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Citi Cards 11/16/2016 City; State; Zip Code Amount (\$) Payee address; \$2.33 Phoenix, AZ 85062-8045 P.O. Box 78045 Reimbursement from political contributions intended (b) Description Gmail and Google Docs Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Credit Card Payment **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense		Fees Food/Beverage Expense		erhead/Rental Expense	Transportation Equipment & Related Expense Travel In District
Consulting Expense Contributions/Donations Made	Ву	Gift/Awards/Memorials Expense	Printing Ex		Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services The Instruction Guide expla		•	Office (enter a category not noted accord,
	T			, on p	2 Files ID (Files Commission Filese)
1 Total pages Schedule G: 6/8	2 FILER NAM	William B. Byrd			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>			
11/16/2016	o rayoo nam	Citi Cards			
6 Amount (\$)	7 Payee addr	ress; City; State; Z	Zip Code		
\$22.71 Reimbursement from political contributions intended	P.O. Box 7	78045 Phoenix, AZ			
8 PURPOSE OF		See Categories listed at the top of this s	schedule) (I	b) Description Web	osite Domain e of Texas. Complete Schedule T.
EXPENDITURE	Credit Car	rd Payment		Check if Austin, TX	(, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
Date	Payee name	e			
11/16/2016		Citi Cards			
Amount (\$)	Payee addr	ess; City; State; Z	Ip Code		
\$211.09 Reimbursement from political contributions intended	P.O. Box 78	8045 Phoenix, AZ	2 85062-8	3045	
DUDDOCE	Category (S	ee Categories listed at the top of this s	chedule) (E	b) Description Cam	
PURPOSE OF	Credit Car	d Payment		$\overline{}$	of Texas. Complete Schedule T.
EXPENDITURE				Check if Austin, TX	. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
Date	Payee name	a			
12/16/2016		U. Promise			
Amount (\$)	Payee addr	ess; City; State; Z	ip Code		
\$30.27 Reimbursement from political contributions intended	P.O. Box 60	0517 City of Indust	ry, CA 9)1716-0517	
PURPOSE	Category (Se	ee Categories listed at the top of this so	chedule) (k		paign Materials of Texas, Complete Schedule T.
OF EXPENDITURE	Credit Car	rd Payment			of lexas. Complete Schedule 1. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		te / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Cuido explain	Printing Salarie	Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of Distric Other (enter a categ		
			The Instruction Guide explain	is now t	o complete this form.		
1	Total pages Schedule G: 7/8	2 FILER NA	ME William B. Byrd			3 Filer ID (Ethic	s Commission Filers)
4	Date	5 Payee nan	ne				
	12/16/2016		Citi Cards				
6	Amount (\$)						
	\$219.00	¹⁰ P.O. Box 78045 Phoenix, AZ 85062-8045					
	Reimbursement from political contributions intended						
8	DUDDOOF	(a) Category ((See Categories listed at the top of this so	hedule)		abase	
	PURPOSE OF	0 14 0	10 (Check if travel outside	of Texas. Complete Scheo	dule T.
	EXPENDITURE	Credit Cai	rd Payment		Check if Austin, TX	, officeholder living exp	ense
9	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date 12/16/2016	Payee nan	u. Promise				
	Amount (\$)	Payee add	dress; City; State; Zi	p Code			
	\$517.00						
	Reimbursement from political contributions intended	P.O. Box 6	60517 City of Industr	y, CA	91716-0517		
		Category (See Categories listed at the top of this sc	hedule)	(b) Description Pos	tage	
	PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Credit Ca	rd Payment		Check if Austin, TX	, officeholder living exp	ense
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	Date 12/16/2016	Payee nam	U. Promise				
	Amount (\$)	Payee add	łress; City; State; Zi	o Code			
	\$44.78						
	Reimbursement from	P.O. Box 6	60517 City of Industr	у, СА	91716-0517		
	political contributions intended						
	PURPOSE	Category (See Categories listed at the top of this sci	nedule)		paign Material	
	OF	Credit Car	rd Payment			of Texas. Complete Sched	
	EXPENDITURE	Sivan our	w ₁		Check if Austin, TX	, officeholder living expe	ense
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule G: 8/8	2 FILER NAI	ME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2016	5 Payee nam	Tarrant County Vote	r Registration	
6 Amount (\$) \$1.00	7 Payee add	ress; City; State; Zip nier Street Fort Worth, 7		
political contributions intended				
8 PURPOSE OF		See Categories listed at the top of this sch	Check if travel o	Voter Information utside of Texas. Complete Schedule T.
EXPENDITURE	Fees		Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
Date	Payee nam	ne		
Amount (\$)	Payee add	ress; City; State; Zip	Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (s	See Categories listed at the top of this sch	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held
Date	Payee nam	е		
Amount (\$)	Payee add	ress; City; State; Zip	Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (S	See Categories listed at the top of this sche	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name	Office sought	Office held
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 c •• Complete only if "Report Type" on page 1 is	complete this form. s marked "Final Report" ••
1 C/OH	H NAME William B. Byrd	2 Filer ID (Ethics Commission Filers)
3 SIGN	NATURE	
iliy a	not expect any further political contributions or political expenditures in cor report as a final report terminates my campaign treasurer appointment. ibutions or make any campaign expenditures without a campaign treasur	also understand that I may not accept any compoint
		Signature of Candidate / Officeholder
4 FILEI Co	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	ck only one:	
	I do not have unexpended contributions or unexpended interest or inc	come earned from political contributions.
R	I have unexpended contributions or unexpended interest or income emay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report or unexpended contributions or unexpended interest or income earned or this final report. Further, I understand that I must dispose of unexpenincome earned on political contributions in accordance with the require	interest or income earned on political contributions to f unexpended contributions and that I may not retain n political contributions longer than six years after filing ded political contributions and unexpended interest or
В.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest	or other income from political contributions.
X	I do retain assets purchased with political contributions or interest or o that I may not convert assets purchased with political contributions or i personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	interest or other income from political contributions to
		Signature of Candidate
	EHOLDER plete this section <i>only</i> if you are an officeholder ··	
	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended conficeholder, I retain political contributions, interest or other income from pocal contributions or interest or other income from political contributions.	ntributions if, after filing the last required report as an
	_	Signature of Officeholder

5