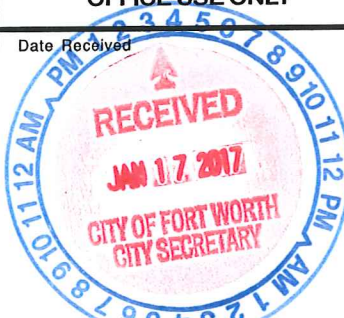


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 60								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR Mr.</td> <td style="width:33%;">FIRST William</td> <td style="width:33%;">MI B.</td> </tr> <tr> <td>NICKNAME "Brian"</td> <td>LAST Byrd</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST William	MI B.	NICKNAME "Brian"	LAST Byrd	SUFFIX	<b>OFFICE USE ONLY</b> 		
MS / MRS / MR Mr.	FIRST William	MI B.									
NICKNAME "Brian"	LAST Byrd	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 33767 Fort Worth, TX 76162										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 682 ) 667 - 8081										
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR Mr.</td> <td style="width:33%;">FIRST Robert</td> <td style="width:33%;">MI E.</td> </tr> <tr> <td>NICKNAME "Rob"</td> <td>LAST Opitz</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Robert	MI E.	NICKNAME "Rob"	LAST Opitz	SUFFIX			
MS / MRS / MR Mr.	FIRST Robert	MI E.									
NICKNAME "Rob"	LAST Opitz	SUFFIX									
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Riverfront Drive, Suite 200 Fort Worth, TX 76107										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 332 - 2301										
<b>9</b> REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
<b>10</b> PERIOD COVERED	<table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year 08 / 24 / 2016</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year 12 / 31 / 2016</td> </tr> </table>			Month Day Year 08 / 24 / 2016	THROUGH	Month Day Year 12 / 31 / 2016					
Month Day Year 08 / 24 / 2016	THROUGH	Month Day Year 12 / 31 / 2016									
<b>11</b> ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;">                     ELECTION DATE                      Month Day Year                      05 / 06 / 2017                 </td> <td style="width:60%;">                     ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month Day Year 05 / 06 / 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 05 / 06 / 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)  Fort Worth City Council, District 3									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

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

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

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

\$ 0.00

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

\$ 44,856.01

**EXPENDITURE  
TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 36,042.35

**CONTRIBUTION  
BALANCE**

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

\$ 6,575.81

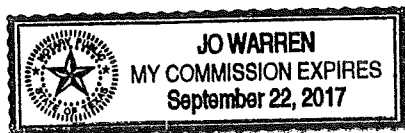
**OUTSTANDING  
LOAN TOTALS**

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

\$ 150.00

**18 AFFIDAVIT**

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



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William B. Byrd, this the 17  
day of January 20 17, to certify which, witness my hand and seal of office.

Jo Warren  
Signature of officer administering oath

Jo Warren  
Printed name of officer administering oath

Off. Mgr.  
Title of officer administering oath

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 1/21**2** FILER NAME

William B. Byrd

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

09/24/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sharon McWilliams

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

City; State; Zip Code

6659 Gascony Place

Fort Worth, TX 76132

\$2,500

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

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lianxi Liao

## Amount of contribution (\$)

## Contributor address;

City; State; Zip Code

6612 Sahalee Drive

Fort Worth, TX 76132

\$500

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Chiang

## Amount of contribution (\$)

## Contributor address;

City; State; Zip Code

6440 Monarch Hills Drive Fort Worth, TX 76132

\$250

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Glenn G. Born

## Amount of contribution (\$)

## Contributor address;

City; State; Zip Code

6813 River Bend Road

Fort Worth, TX 76132

\$50

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 2/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kimberly R. Norton

**6** Contributor address; City; State; Zip Code

4709 Edenwood Drive Fort Worth, TX 76123

**7** Amount of contribution (\$)

\$250

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

## Date

10/12/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Higgins

Contributor address; City; State; Zip Code

6345 Meadows West Drive Fort Worth, TX 76132

## Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

11/21/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Shelley Hamilton

Contributor address; City; State; Zip Code

3704 Stoney Creek Road Fort Worth, TX 76116

## Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/12/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eduardo Castillo

Contributor address; City; State; Zip Code

5701 Turtle Creek Fort Worth, TX 76116

## Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 3/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Marian DeMott

**7** Amount of contribution (\$)

\$75

**6** Contributor address;

City; State; Zip Code

6709 Watermill Dive

Fort Worth, TX 76132

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

## Date

9/22/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Alex Geesbrecht

## Amount of contribution (\$)

\$500

## Contributor address;

City; State; Zip Code

6665 Trinity Heights Blvd.

Fort Worth, TX 76132

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nicholas T. Pritchard

## Amount of contribution (\$)

\$75

## Contributor address;

City; State; Zip Code

10081 Chapel Oak Trail

Fort Worth, TX 76116

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Vijay G. Kalaria

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

6016 Annandale Drive

Fort Worth, TX 76132

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 4/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Virginia Smith

**6** Contributor address; City; State; Zip Code

5500 Timber Green Dr Arlington, TX 76016

**7** Amount of contribution (\$)

\$25

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

## Date

10/13/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J. Michael Fite

Contributor address; City; State; Zip Code

1125 S. Henderson Street Fort Worth, TX 76104

## Amount of contribution (\$)

\$2,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barbara L. Barnett

Contributor address; City; State; Zip Code

2501 Museum Way, Apt. 712 Fort Worth, TX 76107

## Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Clyde E. Womack

Contributor address; City; State; Zip Code

2917 Harlanwood Drive Fort Worth, TX 76109

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 5/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Raylene Latta

Contributor address; City; State; Zip Code

5017 River Bluff Drive

Fort Worth, TX 76132

**7** Amount of contribution (\$)

\$300

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

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Judith A. Herman

Contributor address; City; State; Zip Code

2432 Nogales Drive

Fort Worth, TX 76108

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Black

Contributor address; City; State; Zip Code

8116 Modena Drive

Fort Worth, TX 76126

## Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carol Stripling

Contributor address; City; State; Zip Code

1701 Rogers Rd, Atp. 316

Fort Worth, TX 76107

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 6/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Edwin E. Adams

Contributor address; City; State; Zip Code

3221 Preston Hollow

Fort Worth, TX 76109

**7** Amount of contribution (\$)

\$100

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

## Date

10/13/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bruce Benes

Contributor address; City; State; Zip Code

4205 Tamworth Road

Fort Worth, TX 76116

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Debra Beard

Contributor address; City; State; Zip Code

2420 Nogales Drive

Fort Worth, TX 76108

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Fred Rohm

Contributor address; City; State; Zip Code

5013 Daylily Ct

Fort Worth, TX 76123

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 7/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Cauble

**6** Contributor address;

City; State; Zip Code

3955 Sarita Park

Fort Worth, TX 76109

**7** Amount of contribution (\$)

\$250

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

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brian Childers

## Contributor address;

City; State; Zip Code

3609 Ridglea Country Club Dr Fort Worth, TX 76116

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Byron Benard

## Contributor address;

City; State; Zip Code

1363 Roaring Springs Rd Fort Worth, TX 76114

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

George W. Faris III

## Contributor address;

City; State; Zip Code

6650 Trinity Heights Blvd Fort Worth, TX 76132

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 8/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dennis R. Opitz

Contributor address;

City; State; Zip Code

3949 Stonehenge Road

Fort Worth, TX 76109

**7** Amount of contribution (\$)

\$1,000

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

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Fewins

Contributor address;

City; State; Zip Code

6654 Laurel Valley Drive

Fort Worth, TX 76132

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael L. Dietrich

Contributor address;

City; State; Zip Code

6928 Vista Ridge Drive W. Fort Worth, TX 76132

## Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rosemarie Morris

Contributor address;

City; State; Zip Code

9841 Brazoria Trail

Fort Worth, TX 76126

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 9/21**2** FILER NAME

William B. Byrd

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

10/10/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Melissa J. Rogers

Contributor address;

City; State; Zip Code

4008 Edgehill Road

Fort Worth, TX 76116

**7** Amount of contribution (\$)

\$100

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

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James David

Contributor address;

City; State; Zip Code

6609 Cherry Hills Drive

Fort Worth, TX 76132

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jack W. Morrow

Contributor address;

City; State; Zip Code

7112 Saucon Valley Drive

Fort Worth, TX 76132

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

09/22/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Del Real Karol

Contributor address;

City; State; Zip Code

3036 Tanglewood Park West Fort Worth, TX 76109

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 10/21**2** FILER NAME

William B. Byrd

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

10/06/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jonathan Kim

**6** Contributor address; City; State; Zip Code

619 Frank Keasler Blvd Duncanville, TX 75116

**7** Amount of contribution (\$)

\$100

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

## Date

10/12/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joan Moore

Contributor address; City; State; Zip Code

1373 Roaring Springs Road Fort Worth, TX 76114

## Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/12/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Shelby Whiteley

Contributor address; City; State; Zip Code

1359 Roaring Springs Road Fort Worth, TX 76114

## Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/31/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rob Opitz

Contributor address; City; State; Zip Code

4705 Fieldcrest Fort Worth, TX 76109

## Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 11/21**2** FILER NAME

William B. Bryd

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

10/13/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jarrold Cabluck

**7** Amount of contribution (\$)

\$1,000

**6** Contributor address;

City; State; Zip Code

1308 Virginia Pl.

Fort Worth, TX 76107

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

Date

10/13/2016

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eric Wear

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

4400 Stonedale Road

Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/2016

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Byrd

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

3701 Ridglea Country Club Dr. Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2016

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Preston Garrison

Amount of contribution (\$)

\$150

Contributor address;

City; State; Zip Code

6516 St. Johns Drive, #3048 Benbrook, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 12/21**2** FILER NAME

William B. Byrd

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

10/14/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Elizabeth C. McCurdy

Contributor address; City; State; Zip Code

6813 Lahontan Drive Fort Worth, TX 76132

**7** Amount of contribution (\$)

\$200

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

## Date

10/22/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tom Deas

Contributor address; City; State; Zip Code

6912 Desert Highlands Dr. Fort Worth, TX, 76132

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/18/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Capper

Contributor address; City; State; Zip Code

3 Bounty Road E. Benbrook, TX 76132

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

10/19/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steve Greig

Contributor address; City; State; Zip Code

2902 Rivergrove Ct. Fort Worth, TX 76116

## Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 13/21**2** FILER NAME

William B. Byrd

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

10/30/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Byrd

Contributor address; City; State; Zip Code

3701 Ridglea Country Club Dr. Fort Worth, TX 76116

**7** Amount of contribution (\$)

\$250

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

## Date

11/03/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Darena Carney

Contributor address; City; State; Zip Code

5215 Locke Avenue Fort Worth, TX 76107

## Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

11/10/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Byrd

Contributor address; City; State; Zip Code

3701 Ridglea Country Club Dr. Fort Worth, TX 76116

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

11/11/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Whitney Reid Boydston

Contributor address; City; State; Zip Code

6319 Rosemont Avenue Fort Worth, TX 76116

## Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 14/21**2** FILER NAME

William B. Byrd

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

11/11/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeanie Ott

Contributor address;

City; State; Zip Code

3205 Lamesa Pl.

Fort Worth, TX 76109

**7** Amount of contribution (\$)

\$500

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

## Date

11/12/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Olivia Eudaly

Contributor address;

City; State; Zip Code

4704 Mill Springs Ct.

Colleyville, TX 76034

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

11/15/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Calvin Crider

Contributor address;

City; State; Zip Code

5001 Highland Meadow Dr. Fort Worth, TX 76132

## Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

11/18/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Todd Knight

Contributor address;

City; State; Zip Code

6616 Sahalee

Fort Worth, TX 76132

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 15/21**2** FILER NAME

William B. Byrd

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

11/17/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Debra Carney

Contributor address;

City; State; Zip Code

4317 Miraloma Drive

Fort Worth, TX 76126

**7** Amount of contribution (\$)

\$100

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

## Date

11/18/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Murrin Pritchett

Contributor address;

City; State; Zip Code

450 FM 2871

Fort Worth, TX 76126

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

11/18/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hugh Montgomery

Contributor address;

City; State; Zip Code

6828 Springhill Road

Fort Worth, TX 76116

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

11/23/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael R. Williams

Contributor address;

City; State; Zip Code

7105 Riverport Road

Fort Worth, TX 76116

## Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 16/21**2** FILER NAME

William B. Byrd

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

11/29/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Spencer M. Brown

**6** Contributor address;

City; State; Zip Code

6655 Gascony Pl.

Fort Worth, TX 76132

**7** Amount of contribution (\$)

\$250

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

## Date

11/29/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim H. Smith

## Contributor address;

City; State; Zip Code

6845 Laurel Valley Dr.

Fort Worth, TX 76132

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/08/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joseph Cameron Allen

## Contributor address;

City; State; Zip Code

4013 Ridglea Country Club Dr. Fort Worth, TX 76126

## Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/05/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Byrd

## Contributor address;

City; State; Zip Code

3701 Ridglea Country Club Dr. Fort Worth, TX 76116

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 17/21**2** FILER NAME

William B. Byrd

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

12/09/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Alan Norman

Contributor address; City; State; Zip Code

4204 Harlanwood Drive Fort Worth, TX 76109

**7** Amount of contribution (\$)

\$250

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

## Date

12/11/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nancy T. Fleming

Contributor address; City; State; Zip Code

3709 Streamwood Road Fort Worth, TX 76116

## Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/14/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Suzanne Wyatt

Contributor address; City; State; Zip Code

6716 River Bend Road Fort Worth, TX 76132

## Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/14/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sheila Reynolds

Contributor address; City; State; Zip Code

4017 Glenwood Drive Fort Worth, TX 76109

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 18/21**2** FILER NAME

William B. Byrd

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

12/15/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kathleen Callaghan-Hernandez

Contributor address; City; State; Zip Code

6801 Saint Andrews Ct. Fort Worth, TX 76132

**7** Amount of contribution (\$)

\$200

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

## Date

12/15/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barry K. Watts

Contributor address; City; State; Zip Code

6670 Saint Andrews Rd. Fort Worth, TX 76132

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/15/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Maria Regina Lee

Contributor address; City; State; Zip Code

3516 Ranch View Terrace Fort Worth, TX 76109

## Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/15/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Lutes

Contributor address; City; State; Zip Code

6505 Saucon Valley Dr. Fort Worth, TX 76132

## Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 19/21**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date

12/15/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rosemary Detweiler

**7** Amount of contribution (\$)

\$25

**6** Contributor address;

City; State; Zip Code

3818 Bellaire Circle

Fort Worth, TX 76109

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

Date

12/15/2016

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Caron Moore

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

4821 Overton Woods Dr.

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2016

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeff Farmer

Amount of contribution (\$)

\$150

Contributor address;

City; State; Zip Code

5100 Clifffrose Lane

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/2016

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Clare Pritchett

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

3824 Lands Edge Road

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 20/21**2** FILER NAME

William B. Byrd

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

12/16/2016

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Terry Mackenzie

**6** Contributor address; City; State; Zip Code

3900 Summercrest Drive Fort Worth, TX 76109

**7** Amount of contribution (\$)

\$50

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

## Date

12/15/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Benda

Contributor address; City; State; Zip Code

608 Paint Pony Trail Fort Worth, TX 76108

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/17/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Patrick Powers

Contributor address; City; State; Zip Code

6859 Shorecrest Court Fort Worth, TX 76132

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

12/26/2016

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Deidra Pozez

Contributor address; City; State; Zip Code

5901 Cypress Point Dr. Fort Worth, TX 76132

## Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 21/21

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

12/30/2016

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kirk Blackmon

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

3017 Alton Road

Fort Worth, TX 76109

\$2,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A2

Revised 9/8/2015

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <span style="float: right;">1</span>
<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 50.00
<b>5</b> Date of loan 08/31/2016	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) William B. Byrd	<b>9</b> Loan Amount (\$) <span style="float: right;">\$50.00</span>
<b>6</b> Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	<b>8</b> Lender address; City; State; Zip Code P.O. Box 33767 Fort Worth, TX 76162	<b>10</b> Interest rate <span style="float: right;">N/A</span>
		<b>11</b> Maturity date <span style="float: right;">N/A</span>
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan 09/02/2016	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) William B. Byrd	Loan Amount (\$) <span style="float: right;">\$100.00</span>
Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code P.O. Box 33767 Fort Worth, TX 76162	Interest rate <span style="float: right;">N/A</span>
		Maturity date <span style="float: right;">N/A</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1/14	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 10/03/2016	<b>5</b> Payee name WishList Direct/Voter Direct Texas				
<b>6</b> Amount (\$)  \$225.78	<b>7</b> Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Printing Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Remittance Envelopes				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/03/2016	Payee name Macias Strategies				
Amount (\$)  \$1,000.00	Payee address; City; State; Zip Code 31540 Smithson Valley Rd. Bulverde, TX 78163				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Campaign Services				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 10/03/2016	Payee name WishList Direct/Voter Direct Texas				
Amount (\$)  \$278.61	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Printing Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	Volunteer Cards				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2/14		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/07/2016		<b>5</b> Payee name Rent a Frog Valet, LLC			
<b>6</b> Amount (\$) \$692.80		<b>7</b> Payee address; City; State; Zip Code 4904 Camp Bowie Blvd. Fort Worth, TX 76107			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Valet Parking for Kick-off Event	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/11/2016		Payee name Ott Advertising and Marketing			
Amount (\$) \$6,460.01		Payee address; City; State; Zip Code 3205 Lamesa Pl. Fort Worth, TX 76109			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/24/2016		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$216.50		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Consulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Voter Data	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3/14	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/01/2016	<b>5</b> Payee name Frontline Political Strategy	
<b>6</b> Amount (\$) \$499.00	<b>7</b> Payee address; City; State; Zip Code 2830 S. Hulen St. #365 Fort Worth, TX 76109	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Tuition for Candidate Class
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/12/2016	Payee name Fort Worth Republican Women	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 306 W. 7th Street Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Membership Fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/25/2016	Payee name Fort Worth Republican Women	
Amount (\$) \$28.00	Payee address; City; State; Zip Code 306 W. 7th Street Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Event Fee
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4/14		2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 11/07/2016		5 Payee name Macias Strategies			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 31540 Smithson Valley Rd. Bulverde TX 78163			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/15/2016		Payee name Fort Worth Republican Women			
Amount (\$) \$35.00		Payee address; City; State; Zip Code 306 W. 7th Street Fort Worth, TX 76102			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/16/2016		Payee name US Postal Service			
Amount (\$) \$94.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5/14		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/31/2016		<b>5</b> Payee name Northwest Engravers			
<b>6</b> Amount (\$) \$9.20		<b>7</b> Payee address; City; State; Zip Code 3300 Cherry Lane Fort Worth, TX 76116			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Nametag	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/22/2016		Payee name US Postal Service			
Amount (\$) \$235.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Office Overhead		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/28/2016		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$594.02		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage & Card Design	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6/14	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/29/2016	<b>5</b> Payee name US Postal Service	
<b>6</b> Amount (\$) \$705.00	<b>7</b> Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 12/01/2016	Payee name Campaign Sidekick	
Amount (\$) \$198.00	Payee address; City; State; Zip Code 1550 Old Annetta Rd. Aledo, TX 76008	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 11/16/2016	Payee name US Postal Service	
Amount (\$) \$110.00	Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Office Overhead	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7/14 2 FILER NAME William B. Byrd 3 Filer ID (Ethics Commission Filers)

4 Date 12/07/2016 5 Payee name WishList Direct/Voter Direct Texas

6 Amount (\$) \$420.19 7 Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Postage & Card Design

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

Date 12/07/2016 Payee name Macias Strategies

Amount (\$) \$1,000.00 Payee address; City; State; Zip Code 31540 Smithson Valley Rd. Bulverde, TX 78163

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Consulting Expense Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign Services

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

Date 12/13/2016 Payee name US Postal Service

Amount (\$) \$235.00 Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office Overhead Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Postage

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8/14		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/26/2016		<b>5</b> Payee name Direct Action Texas			
<b>6</b> Amount (\$) \$16.75		<b>7</b> Payee address; City; State; Zip Code 7001 Boulevard 26 North Richland Hills, TX 76180			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Consulting Expense		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Candidate Training	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/27/2016		Payee name US Postal Service			
Amount (\$) \$94.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Office Overhead		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/29/2016		Payee name Ott Advertising and Marketing			
Amount (\$) \$738.47		Payee address; City; State; Zip Code 3205 Lamesa Pl. Fort Worth, TX 76109			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Door Hangers & Rack Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 9/14	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/30/2016	<b>5</b> Payee name Party City	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 4826 SW Loop 820 Fort Worth, TX 76109	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Napkins and Cups
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/30/2016	Payee name Costco	
Amount (\$) \$61.10	Payee address; City; State; Zip Code 5300 Overton Ridge Blvd. Fort Worth, TX 76132	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Plates, Plasticware, and Cups
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/22/2016	Payee name Danwal, Inc.	
Amount (\$) \$6,403.29	Payee address; City; State; Zip Code 12404 Hwy 155 S. Tyler, TX 75703	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Yard and Street Signs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 (\$) \$43.50		7 Payee address; City; State; Zip Code 4485 Bryant Irvin Rd. Fort Worth, TX 76132			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  Printing Expense		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Map of District 3	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/28/2016		Payee name Democracy Engine			
Amount (\$) \$3.95		Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/13/2016		Payee name Democracy Engine			
Amount (\$) \$22.90		Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11/14		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/20/2016		<b>5</b> Payee name Democracy Engine			
<b>6</b> Amount (\$) \$256.71		<b>7</b> Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 10/27/2016		Payee name Democracy Engine			
Amount (\$) \$47.27		Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 11/01/2016		Payee name Democracy Engine			
Amount (\$) \$9.57		Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 12/14		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/17/2016		<b>5</b> Payee name Democracy Engine			
<b>6</b> Amount (\$) \$2.07		<b>7</b> Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 11/17/2016		Payee name Democracy Engine			
Amount (\$) \$9.57		Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date 11/25/2016		Payee name Democracy Engine			
Amount (\$) \$19.14		Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fees		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13/14	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/15/2016	<b>5</b> Payee name Democracy Engine	
<b>6</b> Amount (\$) \$19.14	<b>7</b> Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 12/22/2016	Payee name Democracy Engine	
Amount (\$) \$19.92	Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 08/31/2016	Payee name Democracy Engine	
Amount (\$) \$2.07	Payee address; City; State; Zip Code 2125 14th St NW. Washington, DC 20009	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 14/14	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/28/2016	<b>5</b> Payee name WishList Direct/Voter Direct Texas	
<b>6</b> Amount (\$) \$657.74	<b>7</b> Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage & Card Design
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 08/23/2016	<b>6</b> Payee name US Postal Service	
<b>7</b> Amount (\$) \$110.00	<b>8</b> Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Rental
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/01/2016	Payee name Taylor's Rental Equipment Company	
Amount (\$) \$1,027.30	Payee address; City; State; Zip Code 220 University Drive Fort Worth, TX 76107	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rented Tables and Chairs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 2/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 09/08/2016	<b>6</b> Payee name Portrait Innovations	
<b>7</b> Amount (\$) \$173.19	<b>8</b> Payee address; City; State; Zip Code 4801 Overton Ridge Blvd. Fort Worth, TX 76132	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos for Campaign Materials
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/09/2016	Payee name Party Warehouse	
Amount (\$) \$16.17	Payee address; City; State; Zip Code 6550 Camp Bowie Blvd. Fort Worth, TX 76116	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Napkins
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3/11	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00	
5 Date 09/23/2016	6 Payee name US Postal Service	
7 Amount (\$) \$94.00	8 Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/30/2016	Payee name Taylor's Rental Equipment Company	
Amount (\$) \$270.62	Payee address; City; State; Zip Code 220 University Drive Fort Worth, TX 76107	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker System Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 4/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 10/06/2016	<b>6</b> Payee name Hurley House	
<b>7</b> Amount (\$) \$3,062.50	<b>8</b> Payee address; City; State; Zip Code 5512 Bellaire Drive S, Ste. A Fort Worth, TX 76109	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kick-off Event
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/2016	Payee name US Postal Service	
Amount (\$) \$188.00	Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		



# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 5/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 10/16/2016	<b>6</b> Payee name Office Depot	
<b>7</b> Amount (\$) \$70.52	<b>8</b> Payee address; City; State; Zip Code 4613 Hulen Ste. B Fort Worth, TX 76132	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Folders for Campaign Materials
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/22/2016	Payee name Office Depot	
Amount (\$) \$41.94	Payee address; City; State; Zip Code 4613 Hulen Ste. B Fort Worth, TX 76132	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes for Event Invitations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 6/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 10/26/2016	<b>6</b> Payee name Hobby Lobby	
<b>7</b> Amount (\$) \$28.62	<b>8</b> Payee address; City; State; Zip Code 5020 S. Hulen Street Fort Worth, TX 76132	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bags and Envelopes
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/04/2016	Payee name Nationbuilder	
Amount (\$) \$199.00	Payee address; City; State; Zip Code 520 S. Grand Avenue Los Angeles, CA 90071	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 7/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 10/04/2016	<b>6</b> Payee name Nationbuilder	
<b>7</b> Amount (\$)  \$219.00	<b>8</b> Payee address; City; State; Zip Code 520 S. Grand Avenue Los Angeles, CA 90071	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought  Office held
Date 09/11/2016	Payee name Shutterstock, Inc.	
Amount (\$)  \$49.00	Payee address; City; State; Zip Code 350 5th Avenue New York, NY 10118	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Pictures for Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought  Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 8/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 10/02/2016	<b>6</b> Payee name Google Service Apps	
<b>7</b> Amount (\$) \$2.33	<b>8</b> Payee address; City; State; Zip Code 75 9th Avenue New York, NY 10011	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gmail and Google Docs
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/2016	Payee name GoDaddy.com	
Amount (\$) \$22.71	Payee address; City; State; Zip Code 14455 N. Hayden Road Scottsdale, AZ 85260	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Domain
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 9/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 10/04/2016	<b>6</b> Payee name Fedex	
<b>7</b> Amount (\$) \$211.09	<b>8</b> Payee address; City; State; Zip Code 4485 Bryant Irvin Rd. Fort Worth, TX 76132	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poster of District 3
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/03/2016	Payee name Office Depot	
Amount (\$) \$30.27	Payee address; City; State; Zip Code 4613 Hulen Ste. B Fort Worth, TX 76132	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes for Mailing Invitations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 10/11	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 0.00
<b>5</b> Date 11/4/2016	<b>6</b> Payee name Nationbuilder	
<b>7</b> Amount (\$) \$219.00	<b>8</b> Payee address; City; State; Zip Code 520 S. Grand Avenue Los Angeles, CA 90071	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/16/2016	Payee name US Postal Service	
Amount (\$) \$517.00	Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 11/11		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 0.00	
<b>5</b> Date 11/17/2016		<b>6</b> Payee name Office Depot			
<b>7</b> Amount (\$)  \$44.78		<b>8</b> Payee address; City; State; Zip Code 4613 Hulen Ste. B Fort Worth, TX 76132			
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Folders	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/04/2016		Payee name Nationbuilder			
Amount (\$)  \$319.00		Payee address; City; State; Zip Code 520 S. Grand Avenue Los Angeles, CA 90071			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1/8		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/16/2016		<b>5</b> Payee name Citi Cards			
<b>6</b> Amount (\$) \$110.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Rental of P.O. Box <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/26/2016		Payee name U. Promise			
Amount (\$) \$1,027.30 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Campaign Event Supplies <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/16/2016		Payee name Citi Cards			
Amount (\$) \$173.19 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Photos for Campaign Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="text-align: center;">2/8</div>	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/26/2016	<b>5</b> Payee name U. Promise	
<b>6</b> Amount (\$) \$16.17  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  P.O. Box 60517 City of Industry, CA 91716-0517	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Credit Card Payment	<b>(b)</b> Description Napkins for Campaign Event  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date 10/26/2016	Payee name U. Promise	
Amount (\$) \$94.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  P.O. Box 60517 City of Industry, CA 91716-0517	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Credit Card Payment	<b>(b)</b> Description Postage  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date 10/26/2016	Payee name U. Promise	
Amount (\$) \$270.62  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  P.O. Box 60517 City of Industry, CA 91716-0517	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Credit Card Payment	<b>(b)</b> Description Speaker System for Campaign Event  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/16/2016	<b>5</b> Payee name Citi Cards	
<b>6</b> Amount (\$) \$3,062.50 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Food/Beverage for Campaign Event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/16/2016	Payee name U. Promise	
Amount (\$) \$188.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Postage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/16/2016	Payee name U. Promise	
Amount (\$) \$70.52 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 4/8		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/16/2016		<b>5</b> Payee name U. Promise			
<b>6</b> Amount (\$) \$41.94 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/16/2016		Payee name U. Promise			
Amount (\$) \$28.62 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/05/2016		Payee name Citi Cards			
Amount (\$) \$199.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Database <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 5/8		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/16/2016		<b>5</b> Payee name Citi Cards			
<b>6</b> Amount (\$) \$219.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Database <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/05/2016		Payee name Citi Cards			
Amount (\$) \$49.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Pictures for Campaign Website <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/16/2016		Payee name Citi Cards			
Amount (\$) \$2.33 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Gmail and Google Docs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 6/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/16/2016	<b>5</b> Payee name Citi Cards	
<b>6</b> Amount (\$) \$22.71 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Website Domain <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		

Date 11/16/2016	Payee name Citi Cards	
Amount (\$) \$211.09 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		

Date 12/16/2016	Payee name U. Promise	
Amount (\$) \$30.27 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 7/8	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/16/2016	<b>5</b> Payee name Citi Cards	
<b>6</b> Amount (\$) \$219.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Database <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 12/16/2016	Payee name U. Promise	
Amount (\$) \$517.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Postage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 12/16/2016	Payee name U. Promise	
Amount (\$) \$44.78 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60517 City of Industry, CA 91716-0517	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Campaign Materials <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 8/8	<b>2</b> FILER NAME <b>William B. Byrd</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/09/2016	<b>5</b> Payee name <b>Tarrant County Voter Registration</b>	
<b>6</b> Amount (\$) \$1.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  2700 Premier Street Fort Worth, TX 76111	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description <b>Voter Information</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
<input type="checkbox"/> Reimbursement from political contributions intended	Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
<input type="checkbox"/> Reimbursement from political contributions intended	Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
<input type="checkbox"/> Reimbursement from political contributions intended	Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME William B. Byrd

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

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

Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

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

### A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

### B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

Signature of Candidate

## 5 OFFICEHOLDER

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

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

Signature of Officeholder