


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FORM COR-C/OH**  
**FT. WORTH, TX**

<b>1 Filer ID (Ethics Commission Filers)</b>		<b>2 Total pages filed:</b> 60		<b>OFFICE USE ONLY</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
<b>4 ORIGINAL REPORT TYPE</b>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #	
<b>5 ORIGINAL PERIOD COVERED</b>	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed	
Month Day Year			Month Day Year		
01 / 01 / 2017			THROUGH 03 / 27 / 2017		
Date Imaged					

**6 EXPLANATION OF CORRECTION**  
Remove final report designation

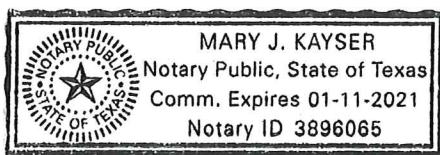
## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian Byrd, this the 10<sup>th</sup> day of April,

2017, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

MARY J. KAYSER  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 59
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI B.
	NICKNAME "Brian"	LAST Byrd	SUFFIX
4 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		
	AREA CODE PHONE NUMBER EXTENSION ( 682 ) 667 - 8081		
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR Mr.	FIRST Robert	MI E.
	NICKNAME "Rob"	LAST Opitz	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3200 Riverfront Drive, Suite 200 Fort Worth, TX 76107		
	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 332 - 2301		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year    Month Day Year 01 / 01 / 2017    THROUGH    03 / 27 / 2017		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 06 / 2017 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known) Fort Worth City Council, District 3		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME William B. Byrd

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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)

\$ 50,000.00

EXPENDITURE  
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 24,434.78

CONTRIBUTION  
BALANCE

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

\$ 29,813.66

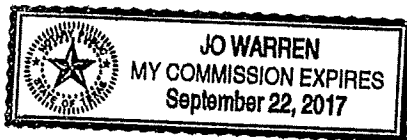
OUTSTANDING  
LOAN TOTALS

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 6  
day of April, 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

Jo Warren  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

William B. Byrd

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

- |     |                                     |  |              |
|-----|-------------------------------------|--|--------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 50,000.00 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$           |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$           |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$           |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 24,326.78 |
| 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                                      | \$ 108.00    |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 108.00    |
| 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: 1/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/03/2017

5 Full name of contributor

Susan Thomas

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

6955 Battle Creek Rd

Fort Worth, TX 76116

7 Amount of contribution (\$)

\$25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/05/2017

Full name of contributor

Hanmanth Bejjanki

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

6809 Saucon Valley Dr

Fort Worth, TX 76132

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/05/2017

Full name of contributor

Katherine Harvey

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

4009 Hildring Drive W Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/08/2017

Full name of contributor

Chris Pratt

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

4600 Porto Villa Ct

Fort Worth, TX 76126

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: 2/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/09/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Will Martin

6 Contributor address;

City; State; Zip Code

1612 Summit Ave, Ste 400 Fort Worth, TX 76102

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Peter Ochs

Contributor address;

City; State; Zip Code

P. O. Box 10156

Newport Beach, CA 92658

Amount of contribution (\$)

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Watts

Contributor address;

City; State; Zip Code

6004 Laurel Valley Ct

Fort Worth, TX 76132

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/10/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Clifton DuBose

Contributor address;

City; State; Zip Code

1904 College Avenue

Midland, TX 79701

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: 3/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/12/2017

5 Full name of contributor

Lamar Smith

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City; State; Zip Code

1814 Westover Square

Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/18/2017

Full name of contributor

Andrew Soule

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

5125 River Bluff Drive

Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/19/2017

Full name of contributor

Josh Burgess

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

4816 Willow Run Ct.

Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/19/2017

Full name of contributor

David Nethery

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

6551 Harris Pkwy, Ste 200 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: 4/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/23/2017

5 Full name of contributor

Corbin Wilson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

4225 Rainer Ct

City; State; Zip Code

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/23/2017

Full name of contributor

Walton Lawrence

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

313 Ridgewood Road

City; State; Zip Code

Fort Worth, TX 76107

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/23/2017

Full name of contributor

Helen Boydstun

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

1406 Clubview Ct

City; State; Zip Code

Arlington, TX 76013

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/23/2017

Full name of contributor

Vince Miller

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

455 Oak Creek Drive S

City; State; Zip Code

Vadnais Heights, MN 55127

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: 5/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/23/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Pool

6 Contributor address;

City;

State;

Zip Code

8516 Virginia Meadows Drive Manassas, VA 20109

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/23/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Dixon

Contributor address;

City;

State;

Zip Code

6821 River Bend Road Fort Worth, TX 76132

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/24/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Rapp

Contributor address;

City;

State;

Zip Code

116 Mesquite Meadow Ln Fort Worth, TX 76126

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/25/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Marten Hoekstra

Contributor address;

City;

State;

Zip Code

111 Central Park N, 8A New York, NY 10026

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/25/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Don Addington

6 Contributor address;

City; State; Zip Code

3257 Odessa Avenue

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/26/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sharon White

Contributor address;

City; State; Zip Code

4325 Clayton Drive W

Fort Worth, TX 76116

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gene Gray

Contributor address;

City; State; Zip Code

3508 Elm Creek Ct

Fort Worth, TX 76109

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cooper Collins

Contributor address;

City; State; Zip Code

6462 Sumac Road

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: 7/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/26/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Coulter

6 Contributor address;

City; State; Zip Code

8321 Estandarte Ct

Benbrook, TX 76126

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/27/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William 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

01/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Batton

Contributor address;

City; State; Zip Code

4101 Glenwood Drive

Fort Worth, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sean Valderas

Contributor address;

City; State; Zip Code

4204 Hartwood Drive

Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:

8/37

**2** FILER NAME

William B. Byrd

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

02/07/2017

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

Terry Van der Aa

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

City; State; Zip Code

506 West Maple Street

Hinsdale, IL 60521

\$1,000

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

Date

02/07/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Verna Sholdra

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

3755 Tamarack Ct

Fort Worth, TX 76116

\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Neill

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

4908 Bradford Ct

Fort Worth, TX 76132

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kendall Draper

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2617 Mockingbird Ct

Fort Worth, TX 76109

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

01/14/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lavanya Nagineni

6 Contributor address;

City; State; Zip Code

6617 Oak Hill Ct

Fort Worth, TX 76132

7 Amount of contribution (\$)

\$1,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeff Prostok

Contributor address;

City; State; Zip Code

4925 Riverbend Drive

Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Long Hoang

Contributor address;

City; State; Zip Code

3509 Hilltop Road

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lauren Williams

Contributor address;

City; State; Zip Code

1217 Blue Lake Blvd

Arlington, TX 76005

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: 10/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

02/09/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Byron Benard

6 Contributor address;

City; State; Zip Code

1363 Roaring Springs Rd Fort Worth, TX 76114

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William Robertson

Contributor address;

City; State; Zip Code

4136 Coral Circle Fort Worth, TX 76126

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Crain

Contributor address;

City; State; Zip Code

4320 Bellaire Drive Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Ewin

Contributor address;

City; State; Zip Code

1816 Westover Square Fort Worth, TX 76107

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: 11/37

2 FILER NAME  
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date  
02/09/2017

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
6800 Vallecito Drive Austin, TX 78759

\$25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
02/09/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
111 Chris Ct Hudson Oaks, TX 76087

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/09/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
501 Wood Lake Drive Aledo, TX 76008

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/09/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
5202 Bryant Irvin, Apt 2205 Fort Worth, TX 76132

\$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: 12/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

02/09/2017

5 Full name of contributor

Russell Matthews

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

7424 Sweet Meadows Drive Fort Worth, TX 76123

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/09/2017

Full name of contributor

Micah Sarchburg

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3425 Kelvin Avenue Fort Worth, TX 76133

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2017

Full name of contributor

Sonya Morrison

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

911 Roaring Springs Road Fort Worth, TX 76114

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2017

Full name of contributor

Melinda Vance

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3901 Mockingbird Lane 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: 13/37

2 FILER NAME  
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date  
02/11/2017

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

Ed Palm

6 Contributor address; City; State; Zip Code

3025 Bellaire Ranch, Apt 1613 Fort Worth, TX 76109

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/12/2017

Kathy Sibello

Contributor address; City; State; Zip Code

6300 Walburn Ct Fort Worth, TX 76133

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/12/2017

Pat Hawkins

Contributor address; City; State; Zip Code

719 Rivercrest Drive Fort Worth, TX 76107

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/13/2017

Kevin Ullmann

Contributor address; City; State; Zip Code

6513 Saucon Valley Drive Fort Worth, TX 76132

\$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: 14/37**2** FILER NAME

William B. Byrd

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

02/13/2017

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

Debby Brown

**6** Contributor address;

City; State; Zip Code

4501 Crestline Drive

Fort Worth, TX 76107

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

\$250

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

## Date

02/13/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Guild

## Contributor address;

City; State; Zip Code

6000 Wisen Avenue

Fort Worth, TX 76133

## Amount of contribution (\$)

\$25

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/13/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J. Michael Fite

## Contributor address;

City; State; Zip Code

4701 Ranch View Road

Fort Worth, TX 76109

## Amount of contribution (\$)

\$500

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/16/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Beverly Branham

## Contributor address;

City; State; Zip Code

6487 Woodstock Road

Fort Worth, TX 76116

## 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: 15/37**2** FILER NAME

William B. Byrd

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

02/16/2017

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

Radhakrishna Kurup

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

City; State; Zip Code

8108 Rain Dance Trail

Fort Worth, TX 76123

\$500

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

## Date

02/16/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Margaret Thomas

## Amount of contribution (\$)

## Contributor address;

City; State; Zip Code

5005 Cockrell Avenue

Fort Worth, TX 76133

\$50

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/16/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Ann Giordano

## Amount of contribution (\$)

## Contributor address;

City; State; Zip Code

712 Roaring Springs Road

Fort Worth, TX 76114

\$100

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/16/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gramon Gunn

## Amount of contribution (\$)

## Contributor address;

City; State; Zip Code

7013 Treehaven Road

Fort Worth, TX 76116

\$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:

16/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

02/17/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Klein

6 Contributor address;

City;

State;

Zip Code

6913 Sanctuary Heights Rd Fort Worth, TX 76132

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/19/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Rearden

Contributor address;

City;

State;

Zip Code

3455 Lantern Hollow Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/19/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J. David Tracy

Contributor address;

City;

State;

Zip Code

2734 Colonial Pkwy Fort Worth, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan McDonald

Contributor address;

City;

State;

Zip Code

3108 Edgehill Road Fort Worth, TX 76116

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:

17/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

02/20/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Cooper

7 Amount of contribution (\$)

\$25

6 Contributor address;

City; State; Zip Code

5229 Trail Lake Drive

Fort Worth, TX 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Peter Rutledge

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

2125 Bradford Park Ct

Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Duban

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

4433 Tamworth Road

Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Clyde Womack

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

2917 Harlanwood Drive

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: 18/37**2** FILER NAME

William B. Byrd

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

02/23/2017

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

Mitch Reitman

**6** Contributor address;

City; State; Zip Code

3805 Trails Edge

Fort Worth, TX 76109

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

\$50

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

## Date

02/23/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joseph Cappel

## Contributor address;

City; State; Zip Code

3801 Bellaire Circle

Fort Worth, TX 76109

## Amount of contribution (\$)

\$100

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/24/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Jordan

## Contributor address;

City; State; Zip Code

9128 Benview Ct

Fort Worth, TX 76126

## Amount of contribution (\$)

\$300

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/23/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

William 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: 19/37

2 FILER NAME  
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date  
02/27/2017

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
3224 Collinsworth Street Fort Worth, TX 76107

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

02/28/2017

Becky Young

Contributor address; City; State; Zip Code

12033 Yarmouth Lane Fort Worth, TX 76108

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/02/2017

Ryan Harrington

Contributor address; City; State; Zip Code

3117 Overton Park Drive E Fort Worth, TX 76109

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/03/2017

Rudolf Brun

Contributor address; City; State; Zip Code

3006 Tanglewood Park W Fort Worth, TX 76109

\$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: 20/37**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date  
03/03/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
William Bettis**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code  
11 Bounty Road E Fort Worth, TX 76132

\$100

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date  
03/04/2017Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Karen Bonham

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1210 S Lamar St, Apt 1426 Dallas, TX 75215

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/04/2017Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Walter Floyd

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
2205 Hidden Creek Road Fort Worth, TX 76107

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/05/2017Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Jeb Bradshaw

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
2919 Alton Road Fort Worth, TX 76109

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 21/37**2** FILER NAME

William B. Byrd

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

03/06/2017

**5** Full name of contributor

Sharaon Rappa

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

City; State; Zip Code

4005 Snow Creek Drive

Fort Worth, TX 76008

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

\$50

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

## Date

03/06/2017

## Full name of contributor

Shirley Hull

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

4944 Westbriar Drive

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/06/2017

## Full name of contributor

Sharon Cooper

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

3605 Country Club Circle

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/08/2017

## Full name of contributor

William Byrd

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## 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: 22/37**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date  
  
03/09/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mary Jane Martinez**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code

6713 Morning Dew Drive Fort Worth, TX 76132

\$50

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

Date

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

Amount of contribution (\$)

03/11/2017

Tom Locke

Contributor address; City; State; Zip Code

3800 Ben Creek Ct Aledo, TX 76008

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/11/2017

Beverly Bielss

Contributor address; City; State; Zip Code

3725 Shelby Drive Fort Worth, TX 76109

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/13/2017

Betty Chapman

Contributor address; City; State; Zip Code

2705 Hartwood Drive Fort Worth, TX 76109

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 23/37**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date  
  
03/15/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Leo Wegemer**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code  
4824 Overton Hollow St Fort Worth, TX 76109

\$1,000

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**  
  
03/15/2017**Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Carolyn Moore**Amount of contribution (\$)****Contributor address; City; State; Zip Code**

6720 Blue Meadow Drive Fort Worth, TX 76132

\$50

**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**  
  
03/15/2017**Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Randy Hall**Amount of contribution (\$)****Contributor address; City; State; Zip Code**

6712 Morning Dew Drive Fort Worth, TX 76132

\$250

**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**  
  
03/16/2017**Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Shirley Wells**Amount of contribution (\$)****Contributor address; City; State; Zip Code**

4716 Oak Trail Fort Worth, TX 76109

\$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: 24/37**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date  
03/17/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Eddie Hale**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code  
3858 Pelham Road Fort Worth, TX 76116

\$50

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

Date

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

Amount of contribution (\$)

03/20/2017

Lou Ann Burke

Contributor address; City; State; Zip Code

4700 Shady Ridge Ct Fort Worth, TX 76109

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/20/2017

Michael Reilly

Contributor address; City; State; Zip Code

1024 S FM Road 5 Aledo, TX 76008

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/20/2017

Beverly Reilly

Contributor address; City; State; Zip Code

1024 S FM Road 5 Aledo, TX 76008

\$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: 25/37**2** FILER NAME

William B. Byrd

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

03/20/2017

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

Judy Strickland

**6** Contributor address;

City; State; Zip Code

3110 Camellia Rose Drive, Unit 211 Fort Worth, TX 76109

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

\$100

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

## Date

03/20/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rebecca Lucas

## Contributor address;

City; State; Zip Code

4836 Overton Woods Drive Fort Worth, TX 76109

## Amount of contribution (\$)

\$200

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

03/20/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sharon Messer

## Contributor address;

City; State; Zip Code

5108 Patridge Road Fort Worth, TX 76132

## Amount of contribution (\$)

\$250

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

03/21/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ken Keenum

## Contributor address;

City; State; Zip Code

3516 Bellaire Park Ct 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: 26/37

2 FILER NAME  
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date  
03/21/2017

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
6428 Garland Avenue Fort Worth, TX 76116

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/21/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
1217 Forest Park Drive Weatherford, TX 76087

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/21/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4101 Glenwood Drive Fort Worth, TX 76109

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/21/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6436 Monarch Hills Drive Fort Worth, TX 76132

\$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: 27/37**2** FILER NAME

William B. Byrd

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

03/21/2017

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

Elizabeth Ingram

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

\$50

**6** Contributor address;

City; State; Zip Code

3750 Tamarack Ct

Fort Worth, TX 76116

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

## Date

03/21/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Teresa Shurtz

## Amount of contribution (\$)

\$250

## Contributor address;

City; State; Zip Code

111 Chris Ct

Hudson Oaks, TX 76087

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

03/21/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Melissa Rogers

## Amount of contribution (\$)

\$100

## Contributor address;

City; State; Zip Code

4008 Edgehill Road

Fort Worth, TX 76116

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

03/21/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Pugliano

## Amount of contribution (\$)

\$50

## Contributor address;

City; State; Zip Code

7109 Riverport Road

Fort Worth, TX 76116

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: 28/37**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date

03/21/2017

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

Todd Spake

Contributor address; City; State; Zip Code

6516 Trinity Heights Blvd Fort Worth, TX 76132

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

\$100

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

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert May

Contributor address; City; State; Zip Code

4225 Brooktree Drive Fort Worth, TX 76109

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kim Norton

Contributor address; City; State; Zip Code

4709 Edenwood Drive Fort Worth, TX 76123

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Janet Capua

Contributor address; City; State; Zip Code

4313 Capra Way Fort Worth, TX 76126

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: 29/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

03/21/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eric Wear

6 Contributor address;

City; State; Zip Code

4400 Stonedale Road

Fort Worth, TX 76116

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kim Miller

Contributor address;

City; State; Zip Code

6420 High Brook Drive

Fort Worth, TX 76132

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wilson Peppard

Contributor address;

City; State; Zip Code

3940 Bent Elm Lane

Fort Worth, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Deborah Troxell

Contributor address;

City; State; Zip Code

4121 Coral Circle

Fort Worth, TX 76126

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: 30/37**2** FILER NAME

William B. Byrd

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

03/21/2017

**5** Full name of contributor

Joseph Milling

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

City; State; Zip Code

6455 El Toro Ct

Fort Worth, TX 76133

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

\$50

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

## Date

03/21/2017

## Full name of contributor

J. Michael Fite

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

4701 Ranch View Road

Fort Worth, TX 76109

## Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/21/2017

## Full name of contributor

Eric Wear

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

4400 Stonedale Road

Fort Worth, TX 76116

## Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/21/2017

## Full name of contributor

Amanda Wear

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address;

City; State; Zip Code

4400 Stonedale Road

Fort Worth, TX 76116

## 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: 31/37**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date  
  
03/21/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Traci Jenkins**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code  
3836 Mattison Avenue Fort Worth, TX 76107

\$25

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**Date**  
  
03/21/2017**Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Andrea Loftin**Amount of contribution (\$)****Contributor address; City; State; Zip Code**  
10513 Bing Drive Fort Worth, TX 76108

\$100

**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**  
  
03/22/2017**Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Chad Reisner**Amount of contribution (\$)****Contributor address; City; State; Zip Code**  
3817 Wilkie Way Fort Worth, TX 76133

\$100

**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**  
  
03/22/2017**Full name of contributor** ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
James Sammons**Amount of contribution (\$)****Contributor address; City; State; Zip Code**  
4955 Overton Woods Ct Fort Worth, TX 76109

\$100

**Principal occupation / Job title (See Instructions)****Employer (See Instructions)****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 32/37

2 FILER NAME  
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date  
03/22/2017

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
2951 Sandage Avenue, Apt 701 Fort Worth, TX 76109

\$25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/24/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4233 Whitfield Avenue Fort Worth, TX 76109

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/24/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4216 Hildring Drive E Fort Worth, TX 76109

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/25/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
4112 Pebblebrook Ct Fort Worth, TX 76109

\$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: 33/37

2 FILER NAME

William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date

03/25/2017

5 Full name of contributor

Chris Gotcher

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

3121 Tex Blvd

Fort Worth, TX 76116

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/25/2017

Full name of contributor

Betty Gotcher

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1193 Roaring Springs Road

Fort Worth, TX 76114

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2017

Full name of contributor

Robert Galvan

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

11601 Wind Creek Ct

Aledo, TX 76008

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2017

Full name of contributor

William Byrd

☐ out-of-state PAC (ID#: \_\_\_\_\_)

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: 34/37**2** FILER NAME  
William B. Byrd**3** Filer ID (Ethics Commission Filers)**4** Date  
  
03/03/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
FW Retired Firefighters & Widows Committee for  
Responsible Government**6** Contributor address; City; State; Zip Code  
1617 Tierney Road Fort Worth, TX 76112**7** Amount of contribution (\$)  
  
\$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 (\$)

03/06/2017

FW Firefighters Committee for Responsible Government

Contributor address; City; State; Zip Code

3855 Tulsa Way Fort Worth, TX 76107

\$5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/08/2017

Conservative Voters Forum

Contributor address; City; State; Zip Code

1144 Terrace Trail Hurst, TX 76053

\$5,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

03/20/2017

FW Retired Firefighters & Widows Committee for  
Responsible Government

Contributor address; City; State; Zip Code

1617 Tierney Road Fort Worth, TX 76112

\$6,000

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: 35/37

2 FILER NAME  
William B. Byrd

3 Filer ID (Ethics Commission Filers)

4 Date  
01/31/2017

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
6755 Ridgmar Blvd, Apt 210 Fort Worth, TX 76116

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
02/01/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6804 Riverdale Drive Fort Worth, TX 76132

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/01/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
6804 Riverdale Drive Fort Worth, TX 76132

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/02/2017

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
2857 Manorwood Trail Fort Worth, TX 76109

\$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: 36/37**2** FILER NAME

William B. Byrd

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

02/02/2017

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

Melissa McFadden

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

\$250

**6** Contributor address;

City; State; Zip Code

425 Meadowhill Drive

Benbrook, TX 76126

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

Date

02/03/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wishard Lorimer III

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

7032 Shadow Creek Ct

Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/04/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Earlene Conrad

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

1051 Roaring Springs Road

Fort Worth, TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Stanley

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

6916 Vista Ridge Drive W

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: 37/37**2** FILER NAME

William B. Byrd

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

03/25/2017

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

David McLendon

**6** Contributor address;

City; State; Zip Code

P.O. Box 126572

Fort Worth, TX 76126

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

\$150

**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.

# 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: 1/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/04/2017		<b>5</b> Payee name Nation Builder			
<b>6</b> Amount (\$) \$319.00		<b>7</b> Payee address; City; State; Zip Code 520 S Grande Avenue Los Angeles, CA 90071			
<b>8</b>  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)  Fees		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 01/09/2017		Payee name Zoe's Kitchen			
Amount (\$) \$215.33		Payee address; City; State; Zip Code 5917 Convair Drive, Ste 309 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Event Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Food and Drinks	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 01/10/2017		Payee name US Postal Service			
Amount (\$) \$470.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)  Office Overhead		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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: 2/16	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/12/2017	<b>5</b> Payee name WishList Direct/Voter Direct Texas	
<b>6</b> Amount (\$) \$156.98	<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 and Card Printing
	<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 01/12/2017	Payee name WishList Direct/Voter Direct Texas	
Amount (\$) \$247.90	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage and Card Printing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 01/12/2017	Payee name WishList Direct/Voter Direct Texas	
Amount (\$) \$74.56	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage and Card Printing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <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 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: <b>3/16</b>		2 FILER NAME <b>William B. Byrd</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/19/2017</b>		5 Payee name <b>City of Fort Worth</b>			
6 Amount (\$) <b>\$100.00</b>		7 Payee address; City; State; Zip Code <b>1000 Throckmorton Fort Worth, TX 76102</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Fees</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  <b>Filing fee to be on ballot</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>01/21/2017</b>		Payee name <b>WishList Direct/Voter Direct Texas</b>			
Amount (\$) <b>\$308.08</b>		Payee address; City; State; Zip Code <b>P.O. Box 312100 New Braunfels, TX 78131</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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  <b>Postage and Card Printing</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>01/21/2017</b>		Payee name <b>WishList Direct/Voter Direct Texas</b>			
Amount (\$) <b>\$213.71</b>		Payee address; City; State; Zip Code <b>P.O. Box 312100 New Braunfels, TX 78131</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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  <b>Postage and Card Printing</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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: 4/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/20/2017		<b>5</b> Payee name Macias Strategies			
<b>6</b> Amount (\$) \$1,000.00		<b>7</b> Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/23/2017		Payee name US Postal Service			
Amount (\$) \$3.50		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/24/2017		Payee name US Postal Service			
Amount (\$) \$10.59		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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: 5/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/02/2017		<b>5</b> Payee name US Postal Service			
<b>6</b> Amount (\$) \$2.62		<b>7</b> Payee address; City; State; Zip Code 7101 Bryant Irvin Road 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		Candidate / Officeholder name		Office sought      Office held	
Date 01/02/2017		Payee name Office Depot			
Amount (\$) \$30.27		Payee address; City; State; Zip Code 4613 Hulen, Ste B 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  Envelopes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 01/03/2017		Payee name US Postal Service			
Amount (\$) \$94.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Office Overhead		Description  <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: 6/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/25/2017		<b>5</b> Payee name US Postal Service			
<b>6</b> Amount (\$) \$98.00		<b>7</b> Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		(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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 01/25/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$186.51		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 and Card Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 01/31/2017		Payee name Campaign Sidekick			
Amount (\$) \$99.00		Payee address; City; State; Zip Code 1550 Old Annetta Road 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	
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: 7/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/01/2017		<b>5</b> Payee name Northwest Engravers			
<b>6</b> Amount (\$) \$10.00		<b>7</b> Payee address; City; State; Zip Code 3300 Cherry Lane Fort Worth, TX 76116			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		(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 Nametag	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/04/2017		Payee name Nation Builder			
Amount (\$) \$319.00		Payee address; City; State; Zip Code 520 S Grande Avenue Los Angeles, CA 90071			
<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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/03/2017		Payee name Campaign Sidekick			
Amount (\$) \$99.00		Payee address; City; State; Zip Code 1550 Old Annetta Road 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	
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: 8/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/04/2017		<b>5</b> Payee name Office Depot			
<b>6</b> Amount (\$) \$192.40		<b>7</b> Payee address; City; State; Zip Code 4613 Hulen, Ste B 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  Envelopes, Postage	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/14/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$172.93		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 Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/15/2017		Payee name US Postal Service			
Amount (\$) \$108.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead		Description <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: 9/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/16/2017		<b>5</b> Payee name Mail Chimp			
<b>6</b> Amount (\$) \$50.00		<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
<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  Emailing Service	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 02/20/2017		Payee name Macia Strategies			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 31540 Smithson Valley Road 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		Candidate / Officeholder name		Office sought      Office held	
Date 02/23/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$383.12		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 Printing	
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: 10/16	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/23/2017	<b>5</b> Payee name WishList Direct/Voter Direct Texas
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<b>6</b> Amount (\$) \$200.75	<b>7</b> Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131
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<b>8</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  Postage & Card Printing
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<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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Date 02/23/2017	Payee name WishList Direct/Voter Direct Texas
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Amount (\$) \$369.13	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131
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<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 Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/26/2017	Payee name Party City
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Amount (\$) \$32.44	Payee address; City; State; Zip Code 4826 SW Loop 820 Fort Worth, TX 76109
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<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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: 11/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/01/2017		<b>5</b> Payee name Campaign Sidekick			
<b>6</b> Amount (\$) \$99.00		<b>7</b> Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008			
<b>8</b> PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/05/2017		Payee name Costco			
Amount (\$) \$48.75		Payee address; City; State; Zip Code 5300 Overton Ridge Blvd Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/04/2017		Payee name Nation Builder			
Amount (\$) \$319.00		Payee address; City; State; Zip Code 520 S Grand Avenue Los Angeles, CA 90071			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Database	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought 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: 12/16	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/06/2017	<b>5</b> Payee name WishList Direct/Voter Direct Texas	
<b>6</b> Amount (\$) \$4,028.92	<b>7</b> Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
<b>8</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  Postage and Card Printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 03/06/2017	Payee name WishList Direct/Voter Direct Texas	
Amount (\$) \$1,136.93	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage and Card Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 03/07/2017	Payee name WishList Direct/Voter Direct Texas	
Amount (\$) \$3,878.92	Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage and Card Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 13/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/07/2017		<b>5</b> Payee name WishList Direct/Voter Direct Texas			
<b>6</b> Amount (\$) \$1,136.93		<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)  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 and Card Printing	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 03/16/2017		Payee name Mail Chimp			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
<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  Emailing Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 03/21/2017		Payee name US Postal Service			
Amount (\$) \$98.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Road Fort Worth, TX 76132			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Office Overhead		Description  <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: 14/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/24/2017		<b>5</b> Payee name Ott Advertising and Marketing			
<b>6</b> Amount (\$) \$623.58		<b>7</b> Payee address; City; State; Zip Code 3205 Lamesa Pl 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) 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 Notecards, envelopes, rack cards	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/20/2017		Payee name Marcia Strategies			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 31540 Smithson Valley Road 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		Candidate / Officeholder name		Office sought Office held	
Date 01/18/2017		Payee name Mail Chimp			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 675 Ponce de Leon Avenue NE, Ste 5000 Atlanta, GA 30308			
<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 Emailing Services	
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: 15/16		<b>2</b> FILER NAME William B. Byrd		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/24/2017		<b>5</b> Payee name Office Depot			
<b>6</b> Amount (\$) \$22.70		<b>7</b> Payee address; City; State; Zip Code 4613 Hulen, Ste B 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 Envelopes	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/27/2017		Payee name Democracy Engine			
Amount (\$) \$882.34		Payee address; City; State; Zip Code 2125 14th Street NW Wasington, 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 Charge for processing online donations	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/02/2017		Payee name WishList Direct/Voter Direct Texas			
Amount (\$) \$279.77		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 and Card Printing	
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: 16/16	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/01/2017	<b>5</b> Payee name Danwal, Inc.
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<b>6</b> Amount (\$) \$1,577.12	<b>7</b> Payee address; City; State; Zip Code 12404 Hwy 155 S Tyler, TX 75703
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<b>8</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  Yard Signs
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<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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Date 03/14/2017	Payee name Fort Worth Republican Women
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Amount (\$) \$28.00	Payee address; City; State; Zip Code 306 W. 7th Street Fort Worth, TX 76102
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<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  Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/27/2017	Payee name Macia Strategies
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163
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<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  Campaing Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:  
1/1

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  
02/01/2017

6 Payee name  
US Postal Service

7 Amount (\$)  
\$108.00

8 Payee address; City; State; Zip Code  
7101 Bryant Irvin Rd Fort Worth, TX 76132

9 TYPE OF  
EXPENDITURE

☒

Political

☐

Non-Political

10 PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Fees

(b) Description

☐

Check if travel outside of Texas. Complete Schedule T.

☐

Check if Austin, TX, officeholder living expense

Post Office Box Rental

11 Complete ONLY if direct  
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF  
EXPENDITURE

☐

Political

☐

Non-Political

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐

Check if travel outside of Texas. Complete Schedule T.

☐

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: 1/1	<b>2</b> FILER NAME William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/13/2017	<b>5</b> Payee name Citi Cards	
<b>6</b> Amount (\$) \$108.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P. O. Box 78045 Phoenix, AZ 85062	
<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 Rental of PO 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<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		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<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		
Candidate / Officeholder name		
Office sought		
Office held		

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