CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER



1	Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST WW. Willia NICKNAME LAST Brian Byrd	SUFFIX	Date Received RECEIVED APR 1 0 2017
4	ORIGINAL REPORT TYPE	July 15 Exc	onoff Other (specify) ceeded \$500 limit h day after treasurer pointment (officeholder only) al report	Date Hand-delivered or Date Postmarked Receipt # Amount \$
5	ORIGINAL PERIOD COVERED	Month Day Year 0 / 0 / 2017 TH	Month Day Year HROUGH 03 /27 / 2017	Date Processed Date Imaged
6	EXPLANATION OF CO	RRECTION of report designation		
7	AFFIDAVIT		or affirm, under penalty of perjury, true and correct.	that this corrected
		Check C	DNLY if applicable:	
		└── made in	nual reports: I swear, or affirm, the good faith and without an intent the information contained in the repo	to mislead or to misrepre-
	Notary P	report no that the report no that the report no or affirm was made Expires 01-11-2021	eports: I swear, or affirm, that I of later than the 14th business day report as originally filed is inaccurate, that any error or omission in the de in good faith.	y after the date I learned te or incomplete. I swear,
	AFFIX NOTARY STAM	ary ID 3896065	Signature of Candidate or O	fficeholder
	Sworn to and subscribed	d before me, by the said <u>Buran</u>	ByRD, this the 101	2_day of Office,
7	20, to certify v	vhich, witness my hand and seal of office finishering oath Printed	name of officer administering oath	Title of officer administering oath

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

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				·		ware the same of t
The C/OH Instruction	n Gulde explains how to com	nplete this form.	1 Filer ID (Ethics Co	nmmission Filers)	2 Total pages	filed: 59
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr.	FIRST		MI	OFFIC	E USE ONLY
NAME	NICKNAME	William	· · · · · · · · · · · · · · · · · · ·	B.	Date Received	27%
-	"Brian"	Byrd	,	SUFFIX		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	P. O. Box 33767	/ SUITE #;	CITY; STATE; Fort Worth, TX	ZIP CODE /	RECEI APR - CITY OF FO CITY SEC	5 2017 - IZI -
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHO (682) 667 - 8	NE NUMBER	EXTENSIO	Ŋ	15.05	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Robert		MI	Receipt #	Amount \$
NAME	Mr. Nickname "Rob"	Copitz		E. SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO		•	state; rth, TX	ZIP CODE 76107	
8 CAMPAIGN TREASURER PHONE	1	E NUMBER · 2301	EXTENSION			
9 REPORT TYPE	January 15 X	30th day before el		d \$500 limit	(Officeholder	er campalgn pointment Only) (Attach C/OH - FR)
O PERIOD COVERED	Month Day 01	Year / 2017	THROUGH	Month 03	Day Year 27 201	7
1 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2017	Primary X General	Runoff	CTION TYPE Other Description		
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGH		ncil, District 3	3
		GO TO P	AGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME TA	7:11: D D 1		
Y	Villiam B. Byrd		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE TURES.	ITHOUT THE CANDIDATE'S OR OFFICEUOI DED'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
	LJareonio	<i>'</i>	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0.00
	2. TOTAL P	OLITICAL CONTRIBUTIONS	(
EVDENDE	(OTHER	HAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,000.00
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$100 OR LESS, TEMIZED	\$ 0.00
			, 0,00
	4. TOTAL P	OLITICAL EXPENDITURES	\$ 24,434.78
CONTRIBUTION BALANCE	5. TOTAL PO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	V
	OF REPO	RTING PERIOD	\$ 29,813.66
OUTSTANDING LOAN TOTALS	6. TOTAL PR	NCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	¢ 170.00
		OF THE REPORTING PERIOD	\$ 150.00
8 AFFIDAVIT			
OTTO DE LA COLONIA DE LA C		I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.	rry, that the accompanying report is ation required to be reported by me
J	O WARREN		
MY COM	MISSION EXPIRES ember 22, 2017		
		Signature of Candida	te or Officeholder
AFFIX NOTARY STAMP/S	SEALABOVE		
Sworn to and subscribe	ed before me, by t	ne said William B. Burd	this the
day of HOTIL	, 20_17_, to c	ertify which, witness my hand and seal of office.	, and the
DOILNA	1 0	(10)	
Signature of officer admi	nistering cath	British	Oxc /has.
V	g vani	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME William B. Byrd 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,326.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 108.00
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 108.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

2 FILER NAME William B. Byrd 4 Date 5 Full name of contributor Susan Thomas 6 Contributor address; City; State; Zip Code 6955 Battle Creek Rd Fort Worth, TX 76116 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Hanmanth Bejjanki Contributor address; City; State; Zip Code 6809 Saucon Valley Dr Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contributor Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Amount of contributor Full name of contributor Contributor address; City; State; Zip Code Full name of contributor Katherine Harvey Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	ution (\$)
5 Full name of contributor Susan Thomas 01/03/2017 6 Contributor address; City; State; Zip Code 6955 Battle Creek Rd Fort Worth, TX 76116 9 Employer (See Instructions) 9 Employer (See Instructions) 1/05/2017 Amount of contributor 0 out-of-state PAC (ID#:	\$25
O1/03/2017 Susan Thomas Out-of-state PAC (ID#:	\$25
6 Contributor address; City; State: Zip Code 6955 Battle Creek Rd Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Date Full name of contributor Hanmanth Bejjanki Contributor address; City; State; Zip Code 6809 Saucon Valley Dr Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contributor City; State; Zip Code 6809 Saucon Valley Dr Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contributor City Out-of-state PAC (ID#: Amount of contributor Katherine Harvey	
Principal occupation / Job title (See Instructions) Date Full name of contributor Hanmanth Bejjanki Contributor address; City; State; Zip Code 6809 Saucon Valley Dr Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contributor Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Amount of contributor Contributor Out-of-state PAC (ID#: Katherine Harvey	
Date Full name of contributor Out-of-state PAC (ID#:	tion (\$)
Hanmanth Bejjanki Contributor address; City: State; Zip Code 6809 Saucon Valley Dr Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribute Katherine Harvey	tion (\$)
/05/2017 Contributor address; City; State; Zip Code 6809 Saucon Valley Dr Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribute Katherine Harvey	(φ)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Katherine Harvey PAC (ID#:	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Katherine Harvey /05/2017	
Date Full name of contributor out-of-state PAC (ID#: Amount of contribute Katherine Harvey	\$250
/05/2017 Katherine Harvey	
/05/2017 • • • • • • • • • • • • • • • • • •	lon (\$)
Contributor address; City; State; Zip Code	
4009 Hildring Drive W Fort Worth, TX 76109	\$50
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution Chris Pratt	on (\$)
08/2017 Contributor address; City; State; Zip Code	
4600 Porto Villa Ct Fort Worth, TX 76126	\$250
rincipal occupation / Job title (See Instructions) Employer (See Instructions)	

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2/3
2 FILER NAM	1E	3 Filer ID (Ethics Commission Filers)
William B	. Byrd	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
01/09/2017	Will Martin	
,,,	6 Contributor address; City; State; Zip Code	
	1612 Summit Ave, Ste 400 Fort Worth, TX 7610	\$1,00
3 Principal occ	cupation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
11101001	Peter Ochs	
1/10/2017	Contributor address; City; State; Zip Code	
	P. O. Box 10156 Newport Beach, CA 926	\$300
Principal occu	pation / Job title (See Instructions) Employer (S	iee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
01/10/2017	Contributor address; City; State; Zip Code	
	6004 Laurel Valley Ct Fort Worth, TX 76132	\$1,000
Principal occup	ortion / Int. Mar. (O)	ee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
/10/2017	Contributor address; City; State; Zip Code	
	1904 College Avenue Midland, TX 79701	\$250
Principal occup	ation / Job title (See Instructions) Employer (See	e Instructions)
	1	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Lamar Smith 01/12/2017 6 Contributor address; City; State; Zip Code 1814 Westover Square Fort Worth, TX 76107 \$1,000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) Andrew Soule 01/18/2017 Contributor address; City; State; Zip Code 5125 River Bluff Drive Fort Worth, TX 76132 \$25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Josh Burgess 01/19/2017 Contributor address; City; State; Zip Code 4816 Willow Run Ct. Fort Worth, TX 76132 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) David Nethery 01/19/2017 Contributor address: City; State; Zip Code 6551 Harris Pkwy, Ste 200 Fort Worth, TX 76132 \$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.

01/23/2017		out-of-state PAC	C (ID#:)	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
4 Date [5]	5 Full name of contributor [Corbin Wilson 6 Contributor address;	,	C (ID#:)	7 Amount of contribution (\$)
01/23/2017	Corbin Wilson	,	C (ID#:)	7 Amount of contribution (\$)
	·	City State		
3 Principal occupa	4225 Rainer Ct	Oity, Glate	; Zip Code	
3 Principal occupa		Fort Wort	h, TX 76109	\$250
	tion / Job title (See Instructions)		9 Employer (See Instruct	lions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Walton Lawrence			
1/23/2017	Contributor address;	City; State	; Zip Code	
	313 Ridgewood Road I	Fort Worth,	TX 76107	\$50
Principal occupation	on / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Helen Boydstun				
1/23/2017	Contributor address;	City; State;	Zip Gode	
1	406 Clubview Ct	Arlington, T	'X 76013	\$100
Principal occupation	on / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor Tince Miller	out-of-state PAC (ID#:	Amount of contribution (\$)
/23/2017	Contributor address;	City; State;	Zip Code	
4	55 Oak Creek Drive S V	adnais Heig	ghts, MN 55127	\$25
Principal occupation	n / Job title (See Instructions)		Employer (See Instruction	

Т	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 5/
FILER NAM	1E		3 Filer ID (Ethics Commission Filers
William E	. Byrd		
Date	5 Full name of contributor ut-of-state	PAC (ID#:)	7 Amount of contribution (\$)
/23/2017	Chris Pool		
.123/2017		tate; Zip Code	
		nassas, VA 20109	\$200
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
/22/2017	Susan Dixon		
/23/2017	Contributor address; City; St	ate; Zip Code	
	6821 River Bend Road Fort Wo	orth, TX 76132	\$50
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
	David Rapp		
24/2017	Contributor address; City; Sta	te; Zip Code	
	116 Mesquite Meadow Ln Fort Wo	orth, TX 76126	\$100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	AC (ID#:	Amount of contribution (\$)
25/2017	Marten Hoekstra		(4)
	Contributor address; City; Stat	te; Zip Code	
	111 Central Park N, 8A New York,	NY 10026	\$100
rincipal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)

Don A 6 Con 3257 8 Principal occupation / J Date Full Sharor 01/26/2017 Cont	name of contributor ddington tributor address; Odessa Avenue bb title (See Instructions) name of contributor White	City; Stat	AC (ID#:) le; Zip Code th, TX 76109 9 Employer (See Instruc	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$50
4 Date 5 Full Don A 6 Con 3257 8 Principal occupation / J Date Full Sharor 01/26/2017 Cont	ddington iributor address; Odessa Avenue ob title (See Instructions)	City; Stat	te; Zip Code	\$50
Don A 6 Con 3257 8 Principal occupation / J Date Full Sharor 01/26/2017 Cont	ddington iributor address; Odessa Avenue ob title (See Instructions)	City; Stat	te; Zip Code	\$50
01/25/2017 6 Con 3257 8 Principal occupation / J Date Full Sharor 01/26/2017 Cont	Ddessa Avenue bb title (See Instructions)	Fort Wort	th, TX 76109	<u> </u>
8 Principal occupation / J Date Full Sharor 01/26/2017 Cont	Odessa Avenue ob title (See Instructions) name of contributor	Fort Wort	th, TX 76109	<u> </u>
8 Principal occupation / J Date Full Sharor 01/26/2017 Cont	ob title (See Instructions)			<u> </u>
Date Full Sharor	name of contributor		9 Employer (See Instruc	
01/26/2017 Sharor				:tions)
01/26/2017 Cont	White	U out-of-state PA	G (ID#:)	Amount of contribution (\$)
00///				
4325	ributor address;	City; State	e; Zip Code	
+323	Clayton Drive W	Fort Wort	th, TX 76116	\$200
Principal occupation / Jo	o title (See Instructions)		Employer (See Instruct	ions)
Date Full n	ame of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Gene C	Fray			
01/26/2017 Contr	butor address;	City; State	; Zip Code	
3508 E	lm Creek Ct	Fort Worth	n, TX 76109	\$500
Principal occupation / Job	title (See Instructions)		Employer (See Instructi	ons)
Date Full n	ame of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
į ±	Collins			
1/30/2017 Contri	butor address;	City; State;	; Zip Code	
6462 St	mac Road	Fort Worth	n, TX 76116	\$500
Principal occupation / Job	title (See Instructions)		Employer (See Instruction	ons)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 7/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Paul Coulter 01/26/2017 6 Contributor address; City; State; Zip Code \$500 8321 Estandarte Ct Benbrook, TX 76126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) William Byrd 01/27/2017 Contributor address; City; State; Zip Code 3701 Ridglea Country Club Dr Fort Worth, TX 76116 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Robert Batton 01/30/2017 Contributor address; City; State; Zip Code 4101 Glenwood Drive Fort Worth, TX 76109 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Sean Valderas 01/30/2017 Contributor address; City; State; Zip Code 4204 Hartwood Drive 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Terry Van der Aa 02/07/2017 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) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Verna Sholdra 02/07/2017 Contributor address; City; State; Zip Code \$200 3755 Tamarack Ct Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Richard Neill 02/08/2017 Contributor address; City; State; Zip Code 4908 Bradford Ct Fort Worth, TX 76132 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Kendall Draper 02/08/2017 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 9/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-slate PAC (ID#:__ Lavanya Nagineni 6 Contributor address; 01/14/2017 City; State; Zip Code 6617 Oak Hill Ct Fort Worth, TX 76132 \$1,000 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) **Jeff Prostok** 02/09/2017 Contributor address; City; State; Zip Code \$50 4925 Riverbend Drive Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Long Hoang 02/09/2017 Contributor address; City; State; Zip Code 3509 Hilltop Road 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 (\$) Lauren Williams 02/09/2017 Contributor address; City; State; Zip Code 1217 Blue Lake Blvd Arlington, TX 76005 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Byron Benard 02/09/2017 6 Contributor address; City; State; Zip Code 1363 Roaring Springs Rd Fort Worth, TX 76114 \$250 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) William Robertson 02/09/2017 Contributor address; City; State; Zip Code 4136 Coral Circle Fort Worth, TX 76126 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Michael Crain 02/09/2017 Contributor address; City; State; Zip Code 4320 Bellaire Drive Fort Worth, TX 76109 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Chris Ewin 02/09/2017 Contributor address; State; Zip Code City: 1816 Westover Square Fort Worth, TX 76107 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11/37 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Chris Segrest 02/09/2017 6 Contributor address; City; State; Zip Code \$25 6800 Vallecito Drive Austin, TX 78759 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Teresa Shrutz 02/09/2017 Contributor address; City; State; Zip Code 111 Chris Ct Hudson Oaks, TX 76087 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) **Brett Austin** 02/09/2017 Contributor address; City; State; Zip Code 501 Wood Lake Drive Aledo, TX 76008 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:__ Amount of contribution (\$) Benjamin Salihu 02/09/2017 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 1 Total pages Schedule A1: 12/37 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Russell Matthews 02/09/2017 6 Contributor address; City; State; Zip Code 7424 Sweet Meadows Drive Fort Worth, TX 76123 \$100 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:___ Date Amount of contribution (\$) Micah Scharchburg 02/09/2017 Contributor address; City; State; Zip Code 3425 Kelvin Avenue 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 (\$) Sonya Morrison Contributor address: City; State; Zip Code 02/10/2017 911 Roaring Springs Road Fort Worth, TX 76114 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Melinda Vance 02/10/2017 Contributor address; City; State; Zip Code 3901 Mockingbird Lane 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.

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM William B.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
02/11/2017	6 Contributor address; City; State; Zip Code	
	3025 Bellaire Ranch, Apt 1613 Fort Worth, TX 76109	\$250
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor	Amount of contribution (\$)
02/12/2017	Contributor address; City; State; Zip Code	• •
	6300 Walburn Ct Fort Worth, TX 76133	\$50
Principal occu	upation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor	Amount of contribution (\$)
02/12/2017	Pat Hawkins Contributor address; City; State; Zip Code	
	719 Rivercrest Drive Fort Worth, TX 76107	\$500
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor	_) Amount of contribution (\$)
2/13/2017	Contributor address; City; State; Zip Code	
	6513 Saucon Valley Drive Fort Worth, TX 76132	\$500
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 14/37 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ 7 Amount of contribution (\$) Debby Brown 02/13/2017 6 Contributor address; City; State; Zip Code \$250 4501 Crestline Drive Fort Worth, TX 76107 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Chris Guild 02/13/2017 Contributor address; City; State; Zip Code 6000 Wisen Avenue Fort Worth, TX 76133 \$25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) J. Michael Fite 02/13/2017 Contributor address; City; State; Zip Code 4701 Ranch View Road Fort Worth, TX 76109 \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Beverly Branham 02/16/2017 Contributor address; City; State; Zip Code 6487 Woodstock 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 1 Total pages Schedule A1: 15/37 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Radhakrishna Kurup 02/16/2017 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) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Margaret Thomas 02/16/2017 Contributor address: City; State; Zip Code \$50 5005 Cockrell Avenue Fort Worth, TX 76133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Mary Ann Giordano 02/16/2017 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 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Gramon Gunn 02/16/2017 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 16/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Chris Klein 02/17/2017 6 Contributor address; City; State; Zip Code \$250 6913 Sanctuary Heights Rd Fort Worth, TX 76132 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Date Amount of contribution (\$) Robert Rearden 02/19/2017 Contributor address; City; State; Zip Code \$100 3455 Lantern Hollow Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) J. David Tracy 02/19/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76109 2734 Colonial Pkwy \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Susan McDonald 02/20/2017 Contributor address; City; State; Zip Code 3108 Edgehill 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.

Ti	Instruction Outdo contains how to complete this form	1 Total pages Schedule A1:
	ne Instruction Guide explains how to complete this form.	17/3
2 FILER NAM William B. I		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
02/20/2017	Charles Cooper	
Va, av, 20, 20	6 Contributor address; City; State; Zip Code	
	5229 Trail Lake Drive Fort Worth, TX 76133	\$25
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
00/01/0015	Peter Rutledge	
02/21/2017	Contributor address; City; State; Zip Code	
	2125 Bradford Park Ct Fort Worth, TX 76107	\$50
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
02/21/2017	John Duban	
02,21,202.	Contributor address; City; State; Zip Code	
	4433 Tamworth Road Fort Worth, TX 76116	\$50
Principal occu	pation / Job title (See Instructions) Employer (See Instructi	ons)
Date	Full name of contributor	Amount of contribution (\$)
	Clyde Womack	
02/22/2017	Contributor address; City; State; Zip Code	
	2917 Harlanwood Drive Fort Worth, TX 76109	\$500
Principal occup	pation / Job title (See Instructions) Employer (See Instruction	

TH	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM		3 Filer ID (Ethics Commission Filers)
William B.	Byrd	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
02/23/2017	6 Contributor address; City; State; Zip Code	
	3805 Trails Edge Fort Worth, TX 76109	\$50
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
00/00/0017	Joseph Cappel	
02/23/2017	Contributor address; City; State; Zip Code	
	3801 Bellaire Circle Fort Worth, TX 76109	\$100
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	lions)
Date	Full name of contributor	Amount of contribution (\$)
12/2 <i>4</i> /201 <i>7</i>	Chris Jordan	
)2/24/2017	Contributor address; City; State; Zip Code	
	9128 Benview Ct Fort Worth, TX 76126	\$300
Principal occu	pation / Job title (See Instructions) Employer (See Instructi	ions)
D-4	Full name of contributor	Amount of contribution (\$)
Date	William Byrd	
	William Dyru	
	Contributor address; City; State; Zip Code	
Date 02/23/2017		\$250

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19/37
2 FILER NAM William B. I		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Jerry Berkowitz	7 Amount of contribution (\$)
02/27/2017	6 Contributor address; City; State; Zip Code	
	3224 Collinsworth Street Fort Worth, TX 76107	\$50
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor	Amount of contribution (\$)
02/28/2017	Becky Young Contributor address; City; State; Zip Code	
	12033 Yarmouth Lane Fort Worth, TX 76108	\$50
Principal occu	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor	Amount of contribution (\$)
03/02/2017	Contributor address; City; State; Zip Code	
	3117 Overton Park Drive E Fort Worth, TX 76109	\$500
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor	Amount of contribution (\$)
03/03/2017 Rudolf Brun Contributor address; City; State; Zlp Code		, .
	3006 Tanglewood Park W Fort Worth, TX 76109	\$1,000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see instruction guide for addition	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 20/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ William Bettis 03/03/2017 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132 11 Bounty Road E \$100 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Karen Bonham 03/04/2017 Contributor address; City; State; Zip Code Dallas, TX 75215 1210 S Lamar St, Apt 1426 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Walter Floyd 03/04/2017 City; State; Zip Code Contributor address; Fort Worth, TX 76107 2205 Hidden Creek Road \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ **Teb Bradshaw** 03/05/2017 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.

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21/3
2 FILER NAM		3 Filer ID (Ethics Commission Filers)
William B. I	Byrd	
4 Date 03/06/2017	5 Full name of contributor	7 Amount of contribution (\$)
U3/UU/4017	6 Contributor address; City; State; Zip Code 4005 Snow Creek Drive Fort Worth, TX 76008	\$50
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instruc	<u> </u>
Date	Full name of contributor	Amount of contribution (\$)
22/07/2017	Shirley Hull	
03/06/2017	Contributor address; City; State; Zip Code 4944 Westbriar Drive Fort Worth, TX 76109	\$100
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
03/06/2017	Sharon Cooper Contributor address; City; State; Zip Code	
	3605 Country Club Circle Fort Worth, TX 76109	\$100
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of cantribution (\$)
03/08/2017	Contributor address; City; State; Zip Code	
	3701 Ridglea Country Club Dr Fort Worth, TX 76116	\$250
Principal occu	pation / Job title (See Instructions) Employer (See Instructi	ons)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 22/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ Mary Jane Martinez 6 Contributor address; 03/09/2017 City; State; Zip Code \$50 6713 Morning Dew Drive Fort Worth, TX 76132 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Tom Locke 03/11/2017 Contributor address; City; State; Zip Code Aledo, TX 76008 3800 Ben Creek Ct \$100 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Beverly Bielss 03/11/2017 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 Amount of contribution (\$) out-of-state PAC (ID#:_ Betty Chapman 03/13/2017 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 1 Total pages Schedule A1: 23/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ Leo Wegemer 03/15/2017 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 4824 Overton Hollow St \$1,000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Carolyn Moore 03/15/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76132 \$50 6720 Blue Meadow Drive Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Randy Hall 03/15/2017 City; State; Zip Code Contributor address; Fort Worth, TX 76132 6712 Morning Dew Drive \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Shirley Wells 03/16/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76109 4716 Oak Trail \$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.

Th	ne Instruction Guide explains how	1 Total pages Schedule A1: 24/3		
2 FILER NAME William B. F	E	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Eddie Hale	out-of-state PAC (ID#:)		7 Amount of contribution (\$)
03/17/2017	6 Contributor address;	City; State		
	3858 Pelham Road	Fort Wor	th, TX 76116	\$50
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
03/20/2017	Lou Ann Burke Contributor address; City; State; Zip Code		te; Zip Code	
03/20/202	4700 Shady Ridge Ct	Fort Worth, TX 76109		\$100
Principal occu	upation / Job title (See Instructions)		Employer (See Instructi	
Date	Full name of contributor Michael Reilly	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/20/2017	Contributor address;			
	1024 S FM Road 5	Aledo, TX	76008	\$500
Principal occu	ipation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor Beverly Reilly	ut-of-state PAC (ID#:)		Amount of contribution (\$)
03/20/2017	Contributor address;	; City; State; Zip Code		
	1024 S FM Road 5	Aledo, TX 76008		\$500
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)
			F THIS SCHEDULE AS NEE	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 25/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Judy Strickland 03/20/2017 6 Contributor address; City; State; Zip Code \$100 3110 Camellia Rose Drive, Unit 211 Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-slate PAC (ID#:___ Date Amount of contribution (\$) Rebecca Lucas 03/20/2017 Contributor address; City; State; Zip Code 4836 Overton Woods Drive Fort Worth, TX 76109 \$200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Sharon Messer 03/20/2017 Contributor address; City; State; Zip Code \$250 5108 Patridge Road Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Ken Keenum 03/21/2017 Contributor address; City; State; Zip Code 3516 Bellaire Park Ct Fort Worth, TX 76109 \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 26/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ Scott Wade 03/21/2017 City; State; Zip Code 6 Contributor address; \$50 Fort Worth, TX 76116 6428 Garland Avenue 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Garland Dummit 03/21/2017 Contributor address; City; State; Zip Code Weatherford, TX 76087 \$100 1217 Forest Park Drive Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) John Batton 03/21/2017 Contributor address; City; State; Zip Code 4101 Glenwood Drive Fort Worth, TX 76109 \$100 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_____ Matthew Madison 03/21/2017 Contributor address; City; State; Zip Code \$100 6436 Monarch Hills Drive Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 27/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Elizabeth Ingram 03/21/2017 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116 \$50 3750 Tamarack Ct 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Teresa Shurtz 03/21/2017 Contributor address; City; State; Zip Code Hudson Oaks, TX 76087 111 Chris Ct \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Melissa Rogers Contributor address; 03/21/2017 City; State; Zip Code 4008 Edgehill Road Fort Worth, TX 76116 \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:____ Ryan Pugliano 03/21/2017 Contributor address; City; State; Zip Code 7109 Riverport 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 28/37 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Todd Spake 03/21/2017 6 Contributor address; City; State; Zip Code \$100 6516 Trinity Heights Blvd Fort Worth, TX 76132 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) Robert May 03/21/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76109 4225 Brooktree Drive \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Kim Norton 03/21/2017 Contributor address: City; State; Zip Code 4709 Edenwood Drive Fort Worth, TX 76123 \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Janet Capua Contributor address; 03/21/2017 City; State; Zip Code \$50 4313 Capra Way Fort Worth, TX 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 29/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ Eric Wear 03/21/2017 6 Contributor address; City; State; Zip Code \$100 Fort Worth, TX 76116 4400 Stonedale Road 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Kim Miller 03/21/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76132 6420 High Brook Drive \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Wilson Peppard 03/21/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76109 3940 Bent Elm Lane \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Deborah Troxell 03/21/2017 City; State; Zip Code Contributor address; 4121 Coral Circle Fort Worth, TX 76126 \$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 1 Total pages Schedule A1: 30/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B, Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Joseph Milling 03/21/2017 6 Contributor address: City; State; Zip Code Fort Worth, TX 76133 \$50 6455 El Toro Ct 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) J. Michael Fite 03/21/2017 Contributor address; City; State; Zip Code \$250 4701 Ranch View Road Fort Worth, TX 76109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Eric Wear 03/21/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76116 4400 Stonedale Road \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#:____ Amanda Wear 03/21/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76116 4400 Stonedale Road \$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.

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1	
Th	e Instruction Guide explains how to complete this	1 Total pages Schedule A1: 31/3		
2 FILER NAME William B. I		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Traci Jenkins	(ID#:)	7 Amount of contribution (\$)	
03/21/2017	6 Contributor address; City; State	; Zip Code		
	3836 Mattison Avenue Fort Worth,	TX 76107	\$25	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	lions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
03/21/2017	Contributor address; City; State; Zip Code			
	10513 Bing Drive Fort Worth	h, TX 76108	\$100	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
03/22/2017	Contributor address; City; State;			
	3817 Wilkie Way Fort Worth,	TX 76133	\$100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
3/22/2017	Contributor address; City; State;	Zip Code		
	4955 Overton Woods Ct Fort Worth	5 Overton Woods Ct Fort Worth, TX 76109		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 32/37 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ Ben Moss 03/22/2017 City; State; Zip Code 6 Contributor address; \$25 2951 Sandage Avenue, Apt 701 Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Robert Hunter 03/24/2017 Contributor address; City; State; Zip Code \$25 Fort Worth, TX 76109 4233 Whitfield Avenue Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Nancy Davis 03/24/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76109 4216 Hildring Drive E \$250 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Frederick Cordray 03/25/2017 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 1 Total pages Schedule A1: 33/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ Chris Gotcher 03/25/2017 City; State; Zip Code 6 Contributor address; \$100 Fort Worth, TX 76116 3121 Tex Blvd 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Betty Gotcher 03/25/2017 Contributor address; City; State; Zip Code \$50 Fort Worth, TX 76114 1193 Roaring Springs Road Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Robert Galvan 03/25/2017 Contributor address; City; State; Zip Code \$100 Aledo, TX 76008 11601 Wind Creek Ct Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ William Byrd Contributor address; 03/27/2017 City; State; Zip Code 3701 Ridglea Country Club Dr Fort Worth, TX 76116 \$250 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 34/37 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethlos Commission Filers) 2 FILER NAME William B. Byrd 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ FW Retired Firefighters & Widows Committee for Responsible Government . . . 03/03/2017 City; State; Zip Code 6 Contributor address; \$2,000 Fort Worth, TX 76112 1617 Tierney Road 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date FW Firefighters Committee for Responsible Government Contributor address; 03/06/2017 City; State; Zip Code Fort Worth, TX 76107 3855 Tulsa Way \$5,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Conservative Voters Forum 03/08/2017 City; State; Zip Code Contributor address; 1144 Terrace Trail Hurst, TX 76053 \$5,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) 03/20/2017 Fort Worth, TX 76112 1617 Tierney Road \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 35/37 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Alta Thompson 01/31/2017 6 Contributor address; City; State; Zip Code \$50 Fort Worth, TX 76116 6755 Ridgmar Blvd, Apt 210 8 Principal occupation / Job title (See Instructions) g Employer (See Instructions) out-of-state PAC (ID#: Full name of contributor Amount of contribution (\$) Date Joyce Moore 02/01/2017 Contributor address; City; State; Zip Code \$1,000 Fort Worth, TX 76132 6804 Riverdale Drive Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Date John Freeman 02/01/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76132 6804 Riverdale Drive \$1,000 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Monty Trimble 02/02/2017 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 36/37 3 Filer ID (Ethics Commission Filers) 2 FILER NAME William B. Byrd 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Melissa McFadden 02/02/2017 6 Contributor address; City: State; Zip Code \$250 Benbrook, TX 76126 425 Meadowhill Drive Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date Wishard Lorimer III 02/03/2017 Contributor address; City; State; Zip Code \$250 Fort Worth, TX 76132 7032 Shadow Creek Ct Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Out-of-state PAC (ID#:_ Date Earlene Conrad 02/04/2017 Contributor address; City; State; Zip Code Fort Worth, TX 76114 \$25 1051 Roaring Springs Road Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ Michael Stanley 02/06/2017 Contributor address; City; State; Zip Code 6916 Vista Ridge Drive W Fort Worth, TX 76132 \$1,000 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1: 37/37
2 FILER NAME William B. By			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAI David McLendon	AC (ID#:)	7 Amount of contribution (\$)
03/25/2017	6 Contributor address; City; State P.O. Box 126572 Fort Worth, T.		\$150
8 Principal occu	supation / Job title (See Instructions)	9 Employer (See Instruc	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	GC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	†
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	lions)
Date	Full name of contributor	> (ID#:)	Amount of contribution (\$)
1	Contributor address; City; State	e; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: William B. Byrd 5 Payee name 4 Date 01/04/2017 Nation Builder City; State; Zip Code 7 Payee address; 6 Amount (\$) 520 S Grande Avenue Los Angeles, CA 90071 \$319.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Fees EXPENDITURE Database Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zoe's Kitchen 01/09/2017 City; State; Zip Code Payee address; Amount (\$) 5917 Convair Drive, Ste 309 Fort Worth, TX 76109 \$215.33 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **Event Expense** EXPENDITURE Food and Drinks Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name US Postal Service 01/10/2017 City; State; Zip Code Amount (\$) Payee address; \$470.00 7101 Bryant Irvin Road Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T, **PURPOSE**

Office Overhead

Candidate / Officeholder name

OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Postage

Office sought

Office held

Check if Austin, TX, officeholder living expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Consulting Expense Travel Out Of District Contributions/Donations Made By **Printing Expense** Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 2/16 4 Date 5 Pavee name WishList Direct/Voter Direct Texas 01/12/2017 City; State; Zip Code 7 Payee address; 6 Amount (\$) P.O. Box 312100 New Braunfels, TX 78131 \$156.98 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Auslin, TX, officeholder living expense OF Advertising Expense EXPENDITURE Postage and Card Printing Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date WishList Direct/Voter Direct Texas 01/12/2017 City; State; Zip Code Payee address; Amount (\$) P.O. Box 312100 New Braunfels, TX 78131 \$247.90 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Advertising Expense EXPENDITURE Postage and Card Printing Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date WishList Direct/Voter Direct Texas 01/12/2017 Payee address; City; State; Zip Code Amount (\$) P.O. Box 312100 New Braunfels, TX 78131 \$74.56 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising Expense Postage and Card Printing Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 (apter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries vo	complete this form.	Other (enter a category not issee above)
1 Total pages Schedule F1: 3/16	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 01/19/2017	5 Payee name City of Fort Worth		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	1000 Throckmorton Fort Worth, TX 7		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	2 - Late Oakodulo T
PURPOSE			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
OF EXPENDITURE	Fees	Union a , see	, 1A, Uniteriorder manify substitute
		Filing fee to be	on ballot
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
01/21/2017	WishList Direct/Voter Direct Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$308.08	P.O. Box 312100 New Braunfels, TX 7	^{'8131}	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	1		tside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Ausin,	, TX, officeholder living expense
	ſ	Postage and Car	rd Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	AND THE PROPERTY OF THE PROPER	
01/21/2017	WishList Direct/Voter Direct Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$213.71	P.O. Box 312100 New Braunfels, TX 78	3131	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			side of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	L Check if Austin,	TX, officeholder living expense
		Postage and Card	·d Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE!	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariesA	Wages/Contract Labor Other (enter a category not listed above)
Orban Garar aymo	The Instruction Guide explains how to	
1 Total pages Schedule F1: 4/16	: 2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2017	5 Payee name Macias Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	31540 Smithson Valley Road Bulverde	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Services
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
01/23/2017	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$3.50	7101 Bryant Irvin Road Fort Worth, T	X 76132
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
		Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/24/2017	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.59	7101 Bryant Irvin Road Fort Worth, T	X 76132
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
	· ·	Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Scholer (Varies) Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: 5/16	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2017	5 Payee name US Postal Service	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.62	7101 Bryant Irvin Road Fort Worth, T.	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Office Overhead	
		Postage
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/02/2017	Office Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$30.27	4613 Hulen, Ste B Fort Worth, TX 7613	32
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Office Overhead	Check if travel outside of Texas. Camplete Schedule T. Chack if Austin, TX, officeholder living expense
EXPENDITURE	Office Overficad	
		Envelopes
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/03/2017	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$94.00	7101 Bryant Irvin Road Fort Worth, TX	X 76132
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Office Overhead	Check if Iravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Office Officea	Carlotte in Austini, 171 omeenelde nand avhouse
		Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 6/16 4 Date 5 Payee name **US Postal Service** 01/25/2017 City; State; Zip Code 7 Payee address; 6 Amount (\$) 7101 Bryant Irvin Road Fort Worth, TX 76132 \$98.00 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Office Overhead OF EXPENDITURE Postage Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name WishList Direct/Voter Direct Texas 01/25/2017 City; State; Zip Code Payee address; Amount (\$) P.O. Box 312100 New Braunfels, TX 78131 \$186.51 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Postage and Card Printing Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 01/31/2017 Campaign Sidekick Amount (\$) Payee address; City; State; Zip Code 1550 Old Annetta Road Aledo, TX 76008 \$99.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Fees Database Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made to Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how to 2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
7/16 4 Date 02/01/2017	5 Payee name Northwest Engravers	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	3300 Cherry Lane Fort Worth, TX 761	16
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Nametag
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 02/04/2017	Payee name Nation Builder	
Amount (\$)	Payee address; City; State; Zip Code	
\$319.00	520 S Grande Avenue Los Angeles, CA	90071
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check II travel outside of Texas. Complete Schedule T. Check II Austin, TX, officeholder living expense
		Database
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/03/2017	Payee name Campaign Sidekick	
Amount (\$)	Payee address; City; State; Zip Code	
\$99.00	1550 Old Annetta Road Aledo, TX 7600)8
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Database
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule Ft. 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

8/16	William B. Byrd		C THO TE (Ellinos commission Thoras
4 Date 02/04/2017	5 Payee name Office Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Code 4613 Hulen, Ste B Fort Worth, TX 7613	12	
\$192.40	4013 Hulen, Ste B. Folt Worth, TX 7013	, 2	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead		Iside of Texas. Complete Schedule T. TX, officeholder living expense
		Envelopes, Pos	tage
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/14/2017	WishList Direct/Voter Direct Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$172.93	P.O. Box 312100 New Braunfels, TX 783	131	

\$1/2.93			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder	
		Postage & Card Printing	,
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

02/15/2017	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$108.00	7101 Bryant Irvin Road Fort Worth, TX	76132
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Office Overhead	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

Date

Candidate / Officeholder name

Payee name

Office sought

Postage

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** 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) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 9/16 4 Date 5 Payee name 02/16/2017 Mail Chimp 6 Amount (\$) 7 Payee address; City; State; Zip Code Atlanta, GA 30308 675 Ponce de Leon Avenue NE, Ste 5000 \$50,00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Office Overhead EXPENDITURE **Emailing Service** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/20/2017 Macia Strategies Amount (\$) Payee address; City; State; Zip Code 31540 Smithson Valley Road Bulverde, TX 78163 \$1,500,00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Consulting Expense Check If Austin, TX, officeholder living expense EXPENDITURE Campaign Services Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date WishList Direct/Voter Direct Texas 02/23/2017 Amount (\$) City; State; Zip Code Payee address; P.O. Box 312100 New Braunfels, TX 78131 \$383.12 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising Expense Postage & Card Printing Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2017	5 Payee name WishList Direct/Voter Direct	ect Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$200.75	P.O. Box 312100 New Braunfels, TX 7	78131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	[side of Texas. Complete Schedule T. TX, officeholder living expense I Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/23/2017	WishList Direct/Voter Direct Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$369.13	P.O. Box 312100 New Braunfels, TX 7	78131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		de of Texas. Complete Schedule T. 'X', officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/26/2017	Party City		
Amount (\$)	Payee address; City; State; Zip Code	-	
\$32.44	4826 SW Loop 820 Fort Worth, TX 76	109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

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

Polling Expense Travel In District
Printing Expense Travel Out Of Di
Sajarles/Wages/Contract Labor Other (enter a ca

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

3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME William B. Byrd 11/16 4 Date 5 Payee name Campaign Sidekick 03/01/2017 City; State; Zip Code 6 Amount (\$) 7 Payee address; 1550 Old Annetta Road Aledo, TX 76008 \$99.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Fees Database Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Costco 03/05/2017 Payee address; City; State; Zip Code Amount (\$) \$48.75 5300 Overton Ridge Blvd Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Description Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office Overhead Postage Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Nation Builder 03/04/2017 Amount (\$) Payee address; City; State; Zip Code 520 S Grand Avenue Los Angles, CA 90071 \$319.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE

Fees

Candidate / Officeholder name

OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Database

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Sali The Instruction Guide explains ho	larles/Wages/Contract Labor ow to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2017	5 Payee name WishList Direct/Voter	Direct Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$4,028.92	P.O. Box 312100 New Braunfels, T.	X 78131	
8	(a) Category (See Categories listed at the top of this schedul		C. Lin Oshadila T
PURPOSE OF			oulside of Texas. Complete Schedule T. tin, TX, officeholder living expense
EXPENDITURE	Advertising Expense	5,100,111,111	III, TA, Uniconded trang capears
		Postage and C	Card Printing
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/06/2017	WishList Direct/Voter Direct Tex	cas	
Amount (\$)	Payee address; City; State; Zip Coo	de	
\$1,136.93	P.O. Box 312100 New Braunfels, TX	ζ 78131 ———————————————————————————————————	
	Category (See Categories listed at the top of this schedule		
PURPOSE OF	1		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	Advertising Expense	L Under it russiii.	i IX, onicention name exheuse
		Postage and C	Card Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/07/2017	WishList Direct/Voter Direct Texa	ıs	
Amount (\$)	Payee address; City; State; Zip Cod	le	
\$3,878.92	P.O. Box 312100 New Braunfels, TX	ζ 78131	
	Category (See Categories listed at the top of this schedule)		
PURPOSE OF			atside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	L Check it Austin,	, TX, officeholder living expense
		Postage and Ca	ard Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	:DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: 13/16	2 FILER NAME William B, Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2017	5 Payee name WishList Direct/Voter Dir	rect Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,136.93	P.O. Box 312100 New Braunfels, TX 78	3131
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage and Card Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
03/16/2017	Mail Chimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$50,00	675 Ponce de Leon Avenue NE, Ste 5000	O Atlanta, GA 30308
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Office Overhead	Check If Austin, TX, officeholder living expense Emailing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
03/21/2017	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$98.00	7101 Bryant Irvin Road Fort Worth, TX	ζ 76132
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made E Candidate/Officeholder/Politice Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1: 14/16	2 FILER NAME William B. Byrd	3 Filer ID (Ethics Commission Filers)
^{4 Date} 03/24/2017	5 Payee name Ott Advertising and Marke	eting
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$623.58	3205 Lamesa Pl Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Notecards, envelopes, rack cards
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
02/20/2017	Marcia Strategies	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	31540 Smithson Valley Road Bulverde,	TX 78163
PURPOSE OF	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
EXPENDITURE	Consulting Expense	Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/18/2017	Mail Chimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	675 Ponce de Leon Avenue NE, Ste 5000	Atlanta, GA 30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Emailing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME William B. Byrd 3 Filer ID (Ethics Commission File					
4 Date 03/24/2017	5 Payee name Office Depot					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$22.70	4613 Hulen, Ste B Fort Worth, TX 76132					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Camalata Sahadula T			
PURPOSE OF			utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
EXPENDITURE	Office Overhead	Envelopes				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
03/27/2017	Democracy Engine					
Amount (\$)	Payee address; City; State; Zip Code					
\$882.34	2125 14th Street NW Wasington, DC 20009					
	Category (See Categories listed at the top of this schedule)	Description Check if travel outs	side of Texas. Complete Schedule T.			
PURPOSE OF	í		Charge for processing online donations			
EXPENDITURE	Fees					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
02/02/2017	WishList Direct/Voter Direct Texas					
Amount (\$)	Payee address; City; State; Zip Code					
\$279.77	P.O. Box 312100 New Braunfels, TX 78131					
	Category (See Categories listed at the top of this schedule)	Description	-			
PURPOSE OF			lde of Texas, Complete Schedule T. TX, officeholder living expense			
EXPENDITURE	Advertising Expense	L Unbuk a Austin, .	X, Othcenolaer living expense			
		Postage and Car	rd Printing			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Vages/Contract Labor Other (enter a categor	y not listed above)		
1 Total pages Schedule F1:	2 FILER NAME William B. Byrd	3 Filer ID (Ethics	Commission Filers)		
4 Date 03/01/2017	5 Payee name Danwal, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,577.12	12404 Hwy 155 S Tyler, TX 75703				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising Expense	Yard Signs			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought C	Office held		
Date	Payee name				
03/14/2017	Fort Worth Republican Women				
Amount (\$)	Payee address; City; State; Zip Code				
\$28.00	306 W. 7th Street Fort Worth, TX 76102				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Chack if Austin, TX, officeholder living expense			
EXPENDITURE	Event Expense	Event			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Of	fice held		
Date	Payee name				
03/27/2017	Macia Strategies				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,500.00	31540 Smithson Valley Road Bulverde, TX 78163				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Consulting Expense	Check if Applie TV efficiently living avenue			
EXPENDITURE		Check if Austin, TX, officeholder living expe	:nse		
		Campaing Service			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Of	fice held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATEGORIES I	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Ov. Food/Beverage Expense Polling Expense Office Ov. Gitt/Awards/Memorials Expense Printing Expense Al Committee Legal Services Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	1
1 Total pages Schedule F4:	2 FILER NAME William B. Byrd		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$ \$0.00
5 Date 02/01/2017	6 Payee name US Postal Service		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$108.00	7101 Bryant Irvin Rd Fort Worth, TX	76132	
9 TYPE OF EXPENDITURE	X Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Fees	Check i	f Austin, TX, officeholder living expense
		Post Offic	e Box Rental
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		490(44444444444444444444444444444444444
TYPE OF EXPENDITURE	Political Non-Po	litical	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)		n avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Legal Serv	s/Memorials Expense ices truction Guide explair	Salaries	Expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not lis	ited above)
1 Total pages Schedule G:	2 FILER NA	ME Wi	lliam B. Byrd			3 Filer ID (Ethics Comm	ission Filers)
4 Date 02/13/2017	5 Payee na		Cards				
6 Amount (\$) \$108.00 Reimbursement from political contributions intended	7 Payee ad		City: State: Zip				
8 PURPOSE OF EXPENDITURE	(a) Category Credit C		es listed at the top of this sch	nedule)		tal of PO Box e of Texas. Complete ScheduleT. X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		ate / Office	eholder name		Office sought	Office	held
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;	City; State; Zip	Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Categorie	s listed at the top of this sch	edule)		of Texas. Complete Schedule T. , officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O		ate / Office	holder name		Office sought	Office	neld
Date	Payee nam	10					
Amount (\$)	Payee add	ress;	City; State; Zip	Code			
political contributions intended	Catagony (S	Con Catagorion	listed at the top of this sche	rdulo) (b) Description		
PURPOSE OF EXPENDITURE	Catogory (c	oe oatagones	noted at the top of this solid	iddie)	Check If travel outside	of Texas, Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Of		te / Officer	nolder name		Office sought	Office h	eld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							