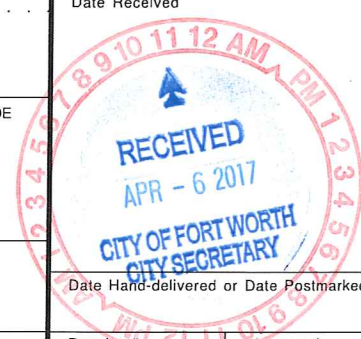


**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST John	MI T
	NICKNAME	LAST Fitzgerald	SUFFIX III
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 11310 Fort Worth, TX 76110		
<input checked="" type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 476-0542	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR	FIRST John	MI T
	NICKNAME	LAST Fitzgerald	SUFFIX III
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2624 Ryan Place Dr. Fort Worth TX 76110		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 476-0542	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 2 / 16 / 17 THROUGH Month Day Year 4 / 6 / 17		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 5 / 6 / 17	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) City Council District 9 Fort Worth



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

John T Fitzgerald III

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 14.08

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

\$ 8692.28

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5715.22

CONTRIBUTION
BALANCE

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

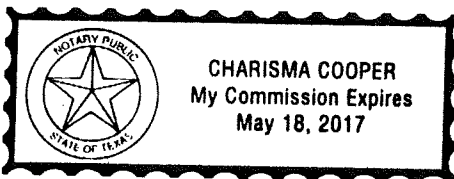
\$ 8493.45

OUTSTANDING
LOAN TOTALS

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

\$ 5000.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John T Fitzgerald III, this the 6th day of April, 20 17, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Charisma Cooper

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>John T Fitzgerald III</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8505.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>187.28</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>5000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5011.55</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>703.67</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME **John T Fitzgerald III**

3 Filer ID (Ethics Commission Filers)

4 Date **2/22/17**
 5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ann Hays
 6 Contributor address; City; State; Zip Code
1944 6th Ave. Fort Worth, TX 76110

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **2/22/17**
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Michael and Maureen Harris
 Contributor address; City; State; Zip Code
1328 S Adams St, Fort Worth, TX 76104

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/22/17**
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Leah and Desiderio Sosa Snavar
 Contributor address; City; State; Zip Code
1422 6th Ave, Fort Worth, TX 76104

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/23/17**
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Sean and Alison Fitzgerald
 Contributor address; City; State; Zip Code
1114 Wolfs Knl, Houston, TX 77094

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME John T Fitzgerald III

3 Filer ID (Ethics Commission Filers)

4 Date 2/25/17
5 Full name of contributor Frances Look
☐ out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
1024 Lilac St, Fort Worth, TX 76110

7 Amount of contribution (\$) 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 2/27/17
Full name of contributor Michael and Maurcen Harris
☐ out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
1328 S Adams St, Fort Worth, TX 76104

Amount of contribution (\$) 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/28/17
Full name of contributor Angelica Alaniz
☐ out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
1515 6th Ave, Fort Worth, TX 76104

Amount of contribution (\$) 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/1/17
Full name of contributor Michael and Barbara Fitzgerald
☐ out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
7 Mount Pleasant Rd, Newtown, CT 06470

Amount of contribution (\$) 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME John T Fitzgerald III

3 Filer ID (Ethics Commission Filers)

4 Date 3/2/17

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

Mark Stelmas

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3237 Wabash Ave, Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/2/17

Maureen Harris

300.00

Contributor address; City; State; Zip Code

1328 S Adams St, Fort Worth, TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/4/17

Robert Worley

100.00

Contributor address; City; State; Zip Code

2008 Fairmount Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/8/17

Barrett Brannon

50.00

Contributor address; City; State; Zip Code

4224 Calmont Ave, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME **John T Fitzgerald III**

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/17

5 Full name of contributor

Kevin Smith

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

2004 Hillcrest St, Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/12/17

Full name of contributor

Ardimus Litzenberg

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1051 W 7th St, #312, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/17

Full name of contributor

Lisa Ball and Dale Ball

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

1210 S Adams St, Fort Worth, TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/17

Full name of contributor

Ellen Warthoe

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2701 Willing Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME **John T Fitzgerald III**

3 Filer ID (Ethics Commission Filers)

4 Date **3/15/17**
 5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
John Fitzgerald II and Donna Fitzgerald
 6 Contributor address; City; State; Zip Code
3114 Bentgrass Dr, Katy, TX 77450

7 Amount of contribution (\$)
2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **3/18/17**
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Diana Koch
 Contributor address; City; State; Zip Code
2600 6th Ave, Fort Worth, TX 76110

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/18/17**
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Robert X. Martinez and Karen L. Keller
 Contributor address; City; State; Zip Code
2215 6th Ave, Fort Worth, TX 76110

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/19/17**
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mark Stelmas
 Contributor address; City; State; Zip Code
3237 Wabash Ave, Fort Worth, TX 76109

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME John T Fitzgerald III

3 Filer ID (Ethics Commission Filers)

4 Date
3/23/17

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

Brenda Moore

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code
P.O. Box 341, La Vernia, TX 78121

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/27/17

Fabian Gabrysch

10.00

Contributor address; City; State; Zip Code

4460 Pebble Beach, Beaumont, TX 77707

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/27/17

Stephen Watson

25.00

Contributor address; City; State; Zip Code

3005 Aster Ave, Fort Worth, TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

3/27/17

Matthew Coffey

100.00

Contributor address; City; State; Zip Code

3720 Arroyo Rd, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME **John T Fitzgerald III**

3 Filer ID (Ethics Commission Filers)

4 Date
3/31/17

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

Michael Rozenfeld

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

12707 Boheme Dr, Houston, TX 77004

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/17

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

Janet Gabrysch

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code

8701 Bluffstone Ct, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/17

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

Mihir Sheth

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

520 Samuels Ave # 7105, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/17

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

Dale Yates

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code

8701 Bluffstone Cove, Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME John T Fitzgerald III

3 Filer ID (Ethics Commission Filers)

4 Date 3/31/17

5 Full name of contributor Donna Fitzgerald ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3114 Bentgrass Dr., Katy, TX 77450

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 4/1/17

Full name of contributor Bob and Melinda Allen ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1605 6th Ave, Fort Worth, TX 76104

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4/1/17

Full name of contributor Frances Look ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1024 Lilac St, Fort Worth, TX 76110

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 4/2/17

Full name of contributor Rebecca Morris ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code
8108 Sunscope Ln S, Fort Worth, TX 76123

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME

John T Fitzgerald III

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/17

5 Full name of contributor

Rachel Golley

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

25.00

6 Contributor address;

1408 S Henderson, Fort Worth, TX 76104

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/17

Full name of contributor

Robert Springer

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

3235 Rosemeade Dr, #1910, Fort Worth, TX 76116

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/17

Full name of contributor

Tae Kim

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

14122 Langbourne Dr, Houston, TX 77077

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/17

Full name of contributor

John Fitzgerald II

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address;

3114 Bentgrass Dr, Katy, TX 77450

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME John T Fitzgerald III		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 14.08	
5 Date 3/27/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Stelmas	8 Amount of Contribution \$ 86.60	9 In-kind contribution description Flyers/Envelopes
7 Contributor address; City; State; Zip Code 3237 Wabash Ave, Fort Worth, TX 76109		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 4/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Stelmas	Amount of Contribution \$ 86.60	In-kind contribution description Flyers/Envelopes
Contributor address; City; State; Zip Code 3237 Wabash Ave, Fort Worth, TX 76109		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		Employer (FOR NON-JUDICIAL) (See Instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME John T Fitzgerald III		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/1/17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John T Fitzgerald III	9 Loan Amount (\$) 1,500.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2624 Ryan Place Dr. Fort Worth, TX 76110	10 Interest rate NA
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor NA	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 3/23/17	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John T Fitzgerald III	Loan Amount (\$) 1,500.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 2624 Ryan Place Dr. Fort Worth, TX 76110	Interest rate NA
		Maturity date NA
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor NA	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 2

2 FILER NAME John T Fitzgerald III

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan 4/4/17

7 Name of lender ☐ out-of-state PAC (ID#:) John T Fitzgerald III

9 Loan Amount (\$) 2,000.00

6 Is lender a financial institution? Y ☒ N

8 Lender address; City; State; Zip Code 2624 Ryan Place Dr, Fort Worth, TX 76110

10 Interest rate NA

11 Maturity date NA

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☒ none

15 Check if personal funds were deposited into political account (See Instructions) ☒

16 GUARANTOR INFORMATION ☒ not applicable

17 Name of guarantor NA
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan Name of lender ☐ out-of-state PAC (ID#:)

Loan Amount (\$)

Is lender a financial institution? Y N Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

Check if personal funds were deposited into political account (See Instructions) ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME John T Fitzgerald III	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/17	5 Payee name Randal Sanders	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 1784 FM 1943 East Warren TX, 77664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Design

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 2/27/17	Payee name Chase	
Amount (\$) 18.95	Payee address; City; State; Zip Code 708 W. Rosedale St, Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3/3/17	Payee name Staples	
Amount (\$) 159.55	Payee address; City; State; Zip Code 1600 South University Dr, Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper & Printerink for flyers

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME John T Fitzgerald III		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/17		5 Payee name Custom Ink LLC			
6 Amount (\$) 280.78		7 Payee address; City; State; Zip Code 2910 District Ave, Fairfax, VA 22031			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer T-shirts	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/6/17		Payee name Vista print			
Amount (\$) 103.47		Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA 02421			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/6/17		Payee name Super Cheap Signs			
Amount (\$) 433.58		Payee address; City; State; Zip Code 9200 Waterford Centre Blvd, Suite #1100 Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME John T Fitzgerald III	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/17	5 Payee name Super Cheap Signs	
6 Amount (\$) 349.65	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd, suite #1100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3/6/17	Payee name Amazon	
Amount (\$) 11.99	Payee address; City; State; Zip Code 410 Terry Ave North, Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Card Bags

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3/8/17	Payee name Staples	
Amount (\$) 13.79	Payee address; City; State; Zip Code 1600 South University Dr, Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Campaign Cards

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME John T Fitzgerald III	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/17	5 Payee name Facebook	
6 Amount (\$) 25.01	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Promotion
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 3/19/17	Payee name Amazon	
Amount (\$) 23.98	Payee address; City; State; Zip Code 410 Terry Ave North, Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Card Bags
Complete ONLY if direct expenditure to benefit C/OH		
Date 3/20/17	Payee name Vista print	
Amount (\$) 128.47	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA 02421	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pushcards
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **6** 2 FILER NAME **John T Fitzgerald III** 3 Filer ID (Ethics Commission Filers)

4 Date **3/23/17** 5 Payee name **Facebook**

6 Amount (\$) **50.00** 7 Payee address; City; State; Zip Code
1 Hacker Way, Menlo Park, CA 94025

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
Facebook Promotion

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

Date **3/22/17** Payee name **Wishlist Direct**

Amount (\$) **1470.48** Payee address; City; State; Zip Code
P.O. Box 312100, New Braunfels, TX 78131

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

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

Date **3/24/17** Payee name **Metro Mailer**

Amount (\$) **1591.37** Payee address; City; State; Zip Code
5719 Rosedale #809, Fort Worth, TX 76112

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

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **6** 2 FILER NAME **John T Fitzgerald III** 3 Filer ID (Ethics Commission Filers)

4 Date **4/3/17** 5 Payee name **Facebook**

6 Amount (\$) **62.22** 7 Payee address; City; State; Zip Code
1 Hacker Way, Menlo Park, CA 94025

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

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

Date **2/25/17** Payee name **Stripe**

Amount (\$) **88.26** Payee address; City; State; Zip Code
185 Berry Street, Suite 550, San Francisco, CA 94107

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Fees ☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Processing Fees (2/25/17-4/6/17)

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME John T Fitzgerald III		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/17	5 Payee name City Secretary Office		
6 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 200 Texas St, Fort Worth, TX 76102		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/17/17	Payee name Go Daddy		
Amount (\$) 37.63 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 N Hayden Rd, Ste. 226 Scottsdale, AZ 85260		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 2/19/17	Payee name Weebly		
Amount (\$) 35.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 460 Bryant St, #100 San Francisco, CA 94107		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME John T Fitzgerald III		3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/17		5 Payee name Vistaprint			
6 Amount (\$) 94.48 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 95 Hayden Avenue, Lexington, MA 02421			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense (Pushcards)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/27/17		Payee name Super Cheap Signs			
Amount (\$) 259.56 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 9200 Waterford Centre Blvd, Suite #100 Austin, TX 78758			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/19/17		Payee name Weebly			
Amount (\$) 35.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 460 Bryant St, #100 San Francisco, CA 94107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME John T Fitzgerald III		3 Filer ID (Ethics Commission Filers)	
4 Date 3/20/17		5 Payee name US Post Office			
6 Amount (\$) 142.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2600 8th Ave, Fort Worth, TX 76110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Other - P.O. Box Rental		(b) Description P.O. Box Rental <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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