

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS/MRS/MR FIRST MI
SHARON L.
NICKNAME LAST SUFFIX
MASON-FORD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE
8316 Tallahassee Ln
Ft. Worth, TX 76123

☐ change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 294-2443

6 CAMPAIGN
TREASURER
NAME

MS/MRS/MR FIRST MI
Thelma J.
NICKNAME LAST SUFFIX
Watson

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE
301 Paloverde Ln
Ft. Worth, TX 76112

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 492-8133

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500
limit ☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3/31/2015 THROUGH 4/29/2015

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☒ General ☐ Special
5/09/2015

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Ft. W.
District 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

SHARON L. MASON-FORD

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
17 CONTRIBUTION
TOTALS

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

\$

0

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

\$

2,225.00

EXPENDITURE
TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

2,225.00

CONTRIBUTION
BALANCE

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

\$

0

OUTSTANDING
LOAN TOTALS

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

\$

0

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.

Sharon Mason Ford
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Sharon Mason Ford*, this the *15* day of *May*, 20 *15*, to certify which, witness my hand and seal of office.

M. Kayser
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

C. J. Severe
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON Nason Ford

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/3/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Candance Williams

6 Contributor address; City; State; Zip Code

2509 New York
St. Worth, TX 76104

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/3/15

Full name of contributor

☐ out-of-state PAC (ID#)

LAVERNE Williams

Contributor address; City; State; Zip Code

2509 New York
St. Worth, TX 76104

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/15

Full name of contributor

☐ out-of-state PAC (ID#)

Elizabeth Griffith

Contributor address; City; State; Zip Code

3728 Griggs Ave.
St. Worth, TX 76119

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/15

Full name of contributor

☐ out-of-state PAC (ID#)

N. Lucille Gilkey

Contributor address; City; State; Zip Code

4023 E Berry St
St. Worth, TX 76105

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Owner

HOBERT Soul Food Center

Date

4/12/15

Full name of contributor

☐ out-of-state PAC (ID#)

Kimie Shaw

Contributor address; City; State; Zip Code

P.O. Box 1535
St. Worth, TX 76109

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

stamps

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/9/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

THURMAN WATSON JR

6 Contributor address; City; State; Zip Code

301 PALOVERDE LN.
FORT WORTH, TX, 76112

7 Amount of
contribution (\$)

21.76

8 In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

THELMA J. WATSON

Contributor address; City; State; Zip Code

301 PALOVERDE LN
FORT WORTH, TX, 76112

Amount of
contribution (\$)

17.00

In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

SARAH JOHNSON

Contributor address; City; State; Zip Code

7583 CRESTWICK CT
FORT WORTH, TX, 76112

Amount of
contribution (\$)

10.00

In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/15

Full name of contributor

☐ out-of-state PAC (ID#)

REGINALD COX POWELL

Contributor address; City; State; Zip Code

4728 Ocean Drive
Ft. Worth, TX 76123

Amount of
contribution (\$)

7.00

In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/15

Full name of contributor

☐ out-of-state PAC (ID#)

PRESHAWN L. Ford

Contributor address; City; State; Zip Code

8316 Tallahassee Ln
Ft. Worth, TX 76123

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Campaign
STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/16/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

ELRITA ROGERS

7 Amount of contribution (\$)

34.09

8 In-kind contribution description (if applicable)

STAMPS

6 Contributor address; City; State; Zip Code

2308 JENSON CIR
FORT WORTH, TX. 76112

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/23/15

Full name of contributor

☐ out-of-state PAC (ID#)

FELICIA C. HOPKINS

Contributor address; City; State; Zip Code

843 PACTARD DR.
ARLINGTON, TX. 76001

Amount of contribution (\$)

13.69

In-kind contribution description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/15

Full name of contributor

☐ out-of-state PAC (ID#)

LATRESE W. SANDLIN

Contributor address; City; State; Zip Code

736 ORIOLE DR
SAGINAW TX. 76131

Amount of contribution (\$)

37.40

In-kind contribution description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/15

Full name of contributor

☐ out-of-state PAC (ID#)

SHARON MASON FORD

Contributor address; City; State; Zip Code

8366 TALLAHASSEE LN
FORT WORTH, TX 76133

Amount of contribution (\$)

454.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

SHARON MASON-FORD

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/12/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

CLAYDE JORDAN

Contributor address; City; State; Zip Code

5520 OAKMONT LN
FORT WORTH, TX 76112

7 Amount of
contribution (\$)

20.00

8 In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/12/15

Full name of contributor

☐ out-of-state PAC (ID#)

Hughbert CARTER

Contributor address; City; State; Zip Code

101 HILLBROOK CT.
BENBROOK, TX 76126-4101

Amount of
contribution (\$)

10.00

In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14/15

Full name of contributor

☐ out-of-state PAC (ID#)

EDNA WILKINS

Contributor address; City; State; Zip Code

938 LEMON TREE DR
FT. WORTH, TX 76017

Amount of
contribution (\$)

102.00

In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/15

Full name of contributor

☐ out-of-state PAC (ID#)

MARYELLEN WHITLOCKE HICKS

Contributor address; City; State; Zip Code

P.O. Box 19165
FORT WORTH, TX 76119

Amount of
contribution (\$)

34.00

In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

EDNA WILKINS

Contributor address; City; State; Zip Code

938 LEMON TREE DR
ARLINGTON, TX 76017

Amount of
contribution (\$)

74.80

In-kind contribution
description (if applicable)

STAMPS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Sharon Mason-Ford</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/23/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Thelma J. Watson</i>	7 Amount of contribution (\$) <i>\$34.00</i>	8 In-kind contribution description (if applicable) <i>Stamps</i>
6 Contributor address; City; State; Zip Code <i>301 Paloverde LN Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/14/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Edna Wilkins</i>	Amount of contribution (\$) <i>\$68.00</i>	In-kind contribution description (if applicable) <i>Stamps</i>
Contributor address; City; State; Zip Code <i>938 Lemontree DR Arlington, TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Brian Watson</i>	Amount of contribution (\$) <i>\$12.25</i>	In-kind contribution description (if applicable) <i>Stamps</i>
Contributor address; City; State; Zip Code <i>301 Paloverde LN Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/28/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Seeking God Holiness Church</i>	Amount of contribution (\$) <i>\$1,000.00</i>	In-kind contribution description (if applicable) <i>Headquarters space</i>
Contributor address; City; State; Zip Code <i>1131 Calveston AVE Ft. Worth, TX 76104</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Doris Cook</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4805 Alandale Ft. Worth, TX 76119</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME SHARON MASON-FORD	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/14/15	5 Payee name My Campaign Store, LLC	
6 Amount (\$) \$518.00	Payee address; City; State; Zip Code 304 W. Huntington PKWY #201 Louisville, KY 40202	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Large Signs <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 4/14/15	Payee name Kenneth N MACK station	
Amount (\$) 180.00	Payee address; City; State; Zip Code H. Worth, TX 761335649	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Mail out Postage stamps <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 4/24/15	Payee name 619 Production	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1110 Fabens St H. Worth 76104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions	Description (If travel outside of Texas, complete Schedule T) Contributions <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 4/28/15	Payee name KHVN Mortenson Broadcasting	
Amount (\$) 270.00	Payee address; City; State; Zip Code 5787 S. Hampton Rd Suite 285 Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Radio Advertising <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: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME SHARON MASON FORD		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/19/15		5 Payee name Office Depot/Office Max			
6 Amount (\$) 64.00		7 Payee address; City; State; Zip Code 4613 Hulen SUITES FT. WORTH, TX 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) PRINT INK/FLYER Printing <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 4/28/15		Payee name Home Depot			
Amount (\$) 78.00		Payee address; City; State; Zip Code 7900 F-35 South Freeway FT. WTX 76134			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Signs <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 4/25/15		Payee name Wash Repairs			
Amount (\$) 90.00		Payee address; City; State; Zip Code 4132 Hawlet FT. WORTH TX 76103			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Placement of Signs <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 4/28/15		Payee name Seeking God First Holiness Church			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 1131 Galveston Ave FT. WORTH TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Rental Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 2 FILER NAME: SHARON MASON FORD 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 5/1/11 5 Payee name: SHARON MASON FORD Campaign Fund

6 Amount (\$): 45403 Payee address: 8316 Tallahassee Ln City: State: Zip Code: 76123
☒ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Advertising Expense (b) Description (If travel outside of Texas, complete Schedule T): Signs/Radio advertising
☐ Check if Austin, TX, officeholder living expense

Date: Payee name:

Amount (\$): Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended

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

Date: Payee name:

Amount (\$): Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended

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

Date: Payee name:

Amount (\$): Payee address; City; State; Zip Code
☐ Reimbursement from political contributions intended

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED