(512) 463-5800

Texas Ethics Commission

POLITICAL	CONTRIBUTIONS
OTHER THA	AN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch		
			49 of 52		
2 FILER NAME	CATHY HIRT		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
	Jay Lesok		contribution (\$)	description (if applicable)	
3/18/2011	6 Contributor address: City: State; Zip Code 226 Bailey Ave Suit	e104	100.00		
	Et Worth , TX 76107		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
, (Alvaro and Angela Rice Contributor address; City; State; Zip Code	5 .5	contribution (\$)	description (if applicable)	
4/4/2011	Contributor address; City; State; Zip Code		300,00		
////- "	3604 Arborlaun DR		_		
	Et Worth ITX 7610	9	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution	
, i	Janet Williams		contribution (\$)	description (if applicable)	
4/1/2011	Contributor address; City; State; Zip Code		20,00		
////	2700 W Berry				
	F+ Worth 1TX 76109		(If travel outside	f Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		or lexas, complete ocheduc 17	
	,				
Date	Full name of contributor out-of-state PAC (iD#)	Amount of	In-kind contribution	
	Bob and Barbara Me	0.0	contribution (\$)	description (if applicable)	
, ,	Contributor address: City; State; Zip Code	ece			
2/25/20V			20.00		
,	7583 Suffside Dr		20.00		
	Frworth TX 761	35	(If travel outside of	f of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	. ,	Amount of	In-kind contribution	
	Mr+ Mrs Peter Hoff	ma a	contribution (\$)	description (if applicable)	
1/2///	Contributor address: City State Zip Code				
1/26/11	4320 Bellaire Dr 5 3	#203W	40.00		
				•	
	Ft Worth TX 7610) 7	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch 500f 5	
2 FILER NAME	4			thics Commission Filers)
	CATHY HIRT			
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
461	WILLARD L, STANSERY KAY M. STANSBURY			i accompliant (in applicable)
1/42011	KAY M. 3 TANS BERY 6 Contributor address City. State. Zip Code	<u> </u>	100.00	; :
	4804 WESTLAKE			: -
ALIANITA AN ANNA WATER STREET, AT A SECOND STREET, AND SECOND STREET,	FORT WORTH, TX 76132		(If travel outside	of Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	tnstructions)	
Date	Full name of contributor out-of-state PAC/ID#		Amount of	In-kind contribution
, ,	RENTAMINI I SGUR		contribution (\$)	description (if applicable)
4/2/2011	BENTAMIN I SGUR Contributor address. City State: Zip Code	 3	100.00	
• •	3000 WESTRIDGE AV			
	FT WORTH, TX 76116		(If travel outede s	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See		FEXAS, COMPUTER SIGNATURE FY
Date	Full name of contributor Countributor		Amount of	In-kind contribution
	ERNEST TOHNSON		contribution (\$)	description (if applicable)
1/23/2011	ERNEST JOHNSON Contributor address. City State. Zip Code 6117 LENWAY OVE			
1/0/01	6117 LENWAY OVE		100.00	
	FT WORTH, TX 76116		lif travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See		in revas. complete de redate ()
Date	Full name of contributor		Amount of	In-kind contribution
. /	TARA WHITE HOAD		contribution (\$)	description (if applicable)
2/01/201	Contributor address: City: State, Zip Code	;	150.00	
1 /200	TARA WHITEHEAD Contributor address: City. State: Zip Code 3628 NORMANDY AVE		730.00	
	DALLASITX 75205		Of travel or talds, a	f Texas complete Schedule T)
Principal eccu	upation / Job title (See Instructions)	Employer (See		revas (uniquete develope 1)
Date	Full name of contributor Sund state PAC Su	Lan	Amount of	In-king contribution
- 121	STEVEN KATTEN	· · · · · · · · · · · · · · · · · · ·	contribution \$,	description of applicable;
2/19/2011	Contributor address - City State Zip Code		250.00	
•	6012 WELCH AVE		- 20.00	
	FT WORTH, 1x 76133		d mace outside o	f Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		in it has our plant of leading ()

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out of state PAC please see instruction guide foradditional reporting requirements

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	
2 FILER NAME	CATHY HIRT		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/31/2011	CECIL J. HASH + LINDA - 6 Contributor address; City; State; Zip Code	S. ORR	200	
	232 CASA BLANCA CIR	•	250.00	
• 5:	FORT WORTH, TX 76107	r		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ THOMAS ERWIN MC CRAU)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/1/2011	THOMAS ERWIN MC CRAU Contributor address; City; State; Zip Code P.O. BOX 11280		250.00	
	FT WORTH, TX76110		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		rexas, complete scriedure 1)
1/2/2011	Full name of contributor out-of-state PAC(ID#_ SHRLEY W.O.R. SOHNNY L., Contributor address; City; State; Zip Code 953 E, TERRELL AVE	LEWIS	Amount of contribution (\$)	In-kind contribution description (if applicable)
	FT VORTH, TX 76104		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Portage Complete Contention 1)
Date	Full name of contributor out-of-state PAC(ID#_ SOHN.A. MENCHACA M.D. HARLET W. MENCHAC Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/42011	Contributor address; City; State; Zip Code 2400 WINTON TER W. FT WORTH, TX 76109		100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#	PLLETI	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 6916 RIDGEWOOD DRIVE FORT WORTH, TX 76132		100.00	
	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		1 Total pages Schedule A:			
The	Instruction Guide explains how to complete this	torm.	52 of 52		
<u> </u>			~ ~ ~	thics Commission Filers)	
2 FILER NAME	CATHYHIRT		,		
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
	THOMAS G. MYRNANE		contribution (\$)	description (if applicable)	
L	Consonal Paragraphy	TEES			
4-4-2011	6 Contributor address; City; State; Zip Code		150.00	<u>.</u> I	
	6804 BENITO CT			! 	
	FTWORTH, TX 76126			of Texas, complete Schedule T)	
9 Principal occuj	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Data	Full name of contributor	Y	Amount of	In-kind contribution	
Date		···	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		_	I	
4/1/2011	Contributor address; City; State; Zip Code		100.00		
	2700 W BERRY			 	
	FT WORTH, TX 76109	!	(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		Annual Control of the	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution	
Dale	ROSA DURAN		contribution (\$)	description (if applicable)	
41.1	Contributor address; City; State; Zip Code		125,00		
4/4/2011	1012 GARVEX ST	İ	,~,00		
' '	•				
	FTWORTH, TX 76102		(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#	}	Amount of	In-kind contribution	
Julio	<u> </u>	V.	contribution (\$)	description (if applicable)	
	RUBINA A. KHAN + ASLAM H.	MAN			
11.1/2011	Contributor address; City; State; Zip Code		200.00	[1	
14/4/2011	Contributor address; City; State; Zip Code				
1	FORT WORTH, TX 76132				
		Employer (See	L	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	⊏mpioyer (See	suuciioiis)		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution	
		MCELATIL	contribution (\$)	description (if applicable)	
a 2.	DENNIS OR OR ASTA E.	in consty	4		
3-31-2011	Contributor address; City; State; Zip Code		\$20.00	1	
'/	5900 WIMBLETON WA	Υ	70.00	I	
	FORT WORTH, TX 76133	•			
		T		of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	แเรนเนตขอกร)		
		1			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

P.O. Box 12070

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)

Fees	The Instruction Guide explains how to complete this form.
	3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	Z FILER NAME
1835	CATHY HIRT
4 Date //6/2011	5 Payee name Pebby Stein City: State: Zin Code
6 Amount (\$)	/ Payee address, City, State, 2p 3000
500.00	2417 Stadium Dr., Ft Worth, TA 76/09
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Salaries/ContactLabor Community Coordinator Office sought Office held
	Candidate / Office holder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/C	
Date / 1/6/2011	Payee name La therine Kelly Payee address; City; State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code
105,00	1910 Clover Lane, Ft Worth, TX 76/09
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF	Salaries/Pontract Labor Deputy Campaign Director
EXPENDITURE	Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name
Date 1/4/2011	latherine Toledo
Amount (\$)	- National City: State: Zin Code
1000.00	2608 Muslum Way # 3407 Ft. Worth, TX 16/07
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Salaries/Contract Labor Campaign Consultant
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
Date / 1/4/201/	Payee name Kett lampaign Strategies
Amount (\$)	Payee address; City; State; Zip Code
2,50000	Payee address: City: State: Zip Code 6836 Brants Ln, Ft Worth, TX 16116
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) On sulfing Expense That Hegist
Complete ONLY if direct expenditure to benefit (
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By 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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
20055	CATHYIIZKI			
1/07/2011	5 Payee name Button works			
6' Amount (\$) 407, 34	7 Payee address; City: State; Zip Code 78/ M. Street Rio Lind	la, CA 956	73	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra-	vel outside of Texas, complete Schedule T);	
OF EXPENDITURE	Advertising Expense	Button	s for Campaign	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date //1/201/	Run and Win			
876.00	Run and Win Payee address; City; State; Zip Code P.O. BOX 2096 AIKE	n, SC 298	702	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	Bumper	Lapel Stickers	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date // // // // // // // // // // // // //	Payee name Payee address; City; State; Zip Code			
157.28	2901 Altu Mere Dre Ft U	Vorth, TX	76116	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing Expense	Thank 4	ou cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date / / / 2011	Payee name A 1 51905			
Ambunt'(\$)	Payee address; City; State; Zip Code 5 8 8 Camp Bowle Blud	Fi Worth	TX 76107	
PURPOSE OF	Category (See categories listed at the top of this schedule) Pinting Expense	Description (If Irav	el outside of Texas, complete Schedule T)	
EXPENDITURE	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		CCo obugin	333	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T	alaries/Wages/Co colicitation/Fundrai ravel In District ravel Out Of Distr Office Overhead/R	ontract Labor Lo ising Expense Tri Co rict	an Repayment/Reimburs ansportation Equipment & ontributions/Donations Ma Candidate/Officeholder/I ITHER (enter a category r	Related Expense ade By Political Committee
	The Instruction Guide ex		· · · · · · · · · · · · · · · · · · ·		,
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethic	s Commission Filers)
3835	CATHY HI	KT			
4 Date 1/18/2011	5 Payee name All Star Parte 7 Payee address; City; State 117 5 Sylvania A	y Service	e		
6 Amount (\$)	7 Payee address; City; State	Zip Code	11/00//	7/ 7/ ///	
86.60	117 5. Sylvania A	ve It	WOTTH /	X 76111	
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule)	(b) Description (If tr	avel outside of Texas, complet	e Schedule T)
OF EXPENDITURE	Food and Beverage	Exp	Popcorn 1	Machine	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Of	fice held
Date ///9/20//	Payee name Balloons Funtas Payee address; City; State; 1607 W. Berry S	stique	•		
Amount (\$)	Payee address; City; State;	Zip Code	11.01/ -	-1 111	
77.00	1601 W. Berrys	t Ff U	vorth 1X	76110	,
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (If tra	avel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Event Expense		Decorati	ions/Campai	gn Kick off
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Off	īce held
Date 19/2-01/	Payee name Northwist Eng Payee address; City; State,	gravers	5		
Amount (\$)	Payee address; City; State,	Zip Code			
79.00	3300 Cherryhui	re FIU	Jorth TX	76116	
PURPOSE	Category (See categories listed at the top of the	, ,		vel outside of Texas, complete	
OF EXPENDITURE	Printing Expense		Staff 1	Vame tags	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Offi	ce held
Date //2 0/2-0// Amount (\$)	Payee name SPITTS WEAT Gr Payee address; City; State;	a phics			
Amount (\$) 10 91.16	Payee address; City; State;	Zip Code Worth,	TX 7610	4	
PURPOSE	Category (See calegories listed at the top of thi	s schedule)	Description (If trav	vel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Printing Expens	e	T-5/11	rts	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Offic	ce held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By 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 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
40035	CATHY HIRT	
4 Date //20/20//	5 Payee name Thy by Rental 5 7 Payee address; City; State; Zip Code	
6 Amount (\$) 4.95	7 Payee address; City; State; Zip Code . 220 University Drive	e Ft Worth TX 76167
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	EventExpense	Drupes and Piping
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officefolder name DH	Office sought Office held
Date 1/20/2011	Payee name Tom Thumb	
Amount (\$)	Pavee address: City: State: Zip Code	/ —/
48.99	3000 South Hulen, Fa	+ Worth, 1 X 76109
PURPOSE	Category (See categories listed at the lop of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food and Beverage	lake for Kickoff
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date //2 //2-6 //	Payee name Dhn Reynold 5 Payee address; City; State; Zip Code	
3973.38	6321 Darwood Ave. Fr	+ Worth, TX 76116
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Videographer
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held
Date // 2/20//	Payee name Lune Star Banners and Payee address: City: State: Zip Code	! Flags
150.82	212 5 Main St, Ft. Wo	rth TX 76104
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule) EVEN FLYPINSE	Description (If travel outside of Texas, complete Schedule T) If Worth Flag and Stand
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking **Consulting Expense Event Expense**

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

Fees	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 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
50005	CATHY HIRT				
4 Date	5 Payee name				
1/21/2011	A+ Signs 7 Payee address; City; State; Zip Code				
6 Amount (\$)	1				
137.12	5818 Camp Bowie Blus	. Ft Worth,	TX 76107		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1 1	el outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Banners			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date,	Payee name				
1/23/2011	CUS				
Amount (\$)	Payee address; City; State; Zip Code	, , , —n			
36.39	2608 W Berry St. Ft W	Vorth, M	76109		
PURPOSE	Category (See categories listed at the top of this schedule)		l outside of Texas, complete Schedule T)		
OF EXPENDITURE	Gift/Aevards Expense	Bagsfor	+ shirt gifts		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date,	Payee name .				
1/25/2011	Woodhaven Country Payee address; City; State; Zip Code	Club			
Amount (\$)	Payee address; City; State; Zip Code		1 7		
200.00	913 Country Club Lane	Ff Wort	4,11 76112		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)		
OF EXPENDITURE	Event Expense	Room Re	intal		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date,	Payee name				
1/25/2011	Fast Signs				
Amount (\$)	Payee address; City; State; Zip Code	,			
164,25	5601 Locke Ave Ft U	yorth, Th	(76 107		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Lubels			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

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

e OTHER (enter a category not listed above)

(512) 463-5800

rees	The Instruction Guide explains how to		ich (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME CATHY HIRT		3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/26/2011	5 Payee name City of Fort Wort 7 Payee address; City; State; Zip Code	h	
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 1000 throckmorton	St. Ft W	Jorth, TX 76102
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T) He of Occupuncy
EXPENDITURE	Rental Expense Candidate / Officeholder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	
Date / 28/201/	Payee name Deby Stein Payee address/ City; State; Zip Code		
Amount (\$)			<i>.</i>
500.00	2417 Stadium Pr. Ft	Worthill	76109
PURPOSE OF	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
EXPENDITURE	Contract Labor	Commun	ity Coordinator
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	/ Office held
Date 1/28/2011	Payee name Catherine Toledo		
1500.00	Catherine Tolledo Payee address; City; State; Zip Code 2608 Muslum Way II 3	407 FT W	Jorth, TX76107
PURPOSE OF EXPENDITURE	Salaries / Contracthabor	1 1	Mana Je
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 1/28/2011	Payee name Fus Clumpit t		
Amount (\$) 6 21 15	Payee address; City: State: Zip Code 7443 AIRPORT Free Way	t to wor	th 76118
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		pel outside of Texas. complete Schedule T) April 25 FUT INVITATIONS
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committed Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
rees	The Instruction Guid		•		ategory not listed above)
1 Total pages Schedule F:	2 FILER NAME	IRT		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 1/3//2/1/	5 Payee name				
6 Amount (\$)	7 Payee address; City; S	State; Zip Code			
88.00	Arlington Heigh	ts Post	t Office	- Ft. Wi	orth TX 76107
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description (If travel outside of Texa	is, complete Schedule T)
OF EXPENDITURE	Other		Stan	1/5	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	е	Office sought		Office held
Date 2/2/2011	Payee name Print Point Payee address; City; S	4			
Amount (\$)	Payee address; City; S	itate; Zip Code		70 -	,
61.37	2901 Alta Me	ire, Ft l	Worth, li	x 7611	6
PURPOSE	Category (See categories listed at the to	op of this schedule)	1		s, complete Schedule T)
OF EXPENDITURE	Printing Exper	nse	Invit	ations	õ
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
2/2/2011	Pritchett las	mpaign.	Strateg.	125	
Amount (\$)	Pritchett Par Payee address; City; St 6836 Brants	tate; Zip Code	16-16	TYN	.//
2500.00	6836 Blants	skny FF	WORTHI	IN 161	1/6
PURPOSE	Category (See categories listed at the to		1 1		s, complete Schedule T)
OF EXPENDITURE	Consulting Ex	epense	Strateg	715+	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	,	Office sought		Office held
Date	Payee name	1			
2/5/2011	Office Depo	+			
Amount (\$)	Payee address; City; St	•		<i></i>	
15.71	40/ Carroll 51	TIU	Jorth TX	7610	7
PURPOSE OF	Category (See categories listed at the top	p of this schedule)			complete Schedule T)
EXPENDITURE	Uther		Office C	leaning	Supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	4	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

P.O. Box 12070

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)

Fees	Printing Expense Office Overhead/	•	HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	Tiles
1 Total pages Schedule F:	2 FILER NAME CATHY HIRT		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
2/08/2011	7 Payee address; City; State; /Zip Code		
6 Amount (\$)	PO BOX 650205, Pa	1/45, 77 -	75-268
250.00	po Box 650203,100		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
EXPENDITURE	Office Overhead	Gas Co. 1.	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office neid
Date	Payee name		
2/5/2011	Floor Care Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code 2976 Salado Trail Fr	- 1.1. c+6 "	TN 71.118
190.00	2916 Julado Trail FT		
PURPOSE	Category (See categories listed at the top of this schedule)		ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	bther	HQ Floor	Cleaning
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/10/2011	PHPR		
Amount (\$)	Payee address; City; State; Zip Code 1253 W Magnolia Ave.	Ex Worth	TX 76/04
262,50	1253 W Magnoria nve.		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Public K.	elations Fees
Complete <u>QNLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date , , /	Payee name		
2/14/2011	Costco		
Amount (\$)	Payee address; City; State; Zip Code	Rid	
79.52	5300 Overton Rida Ft Worth TX 7613	3 ユ	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas. complete Schedule T)
OF EXPENDITURE	Fundand Beverage	HQ OP	Office held
Complete ONLY if direct expenditure to benefit C	С/ОН	Office sought	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NI	EEDED

Salaries/Wages/Contract Labor

Advertising Expense

Loan Repayment/Reimbursement

(512) 463-5800

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guid	e explains how to complete this	form.
1 Total pages Schedule F:	2 FILER NAME	ERT	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Pavee name	, , ,	
2/14/2011	City of Ft W		
6 Amount (\$)		State; Zip Code	—
33.00	1000 Throck	mortun St. Ft	Worth 17X 76102
8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Temp	Porary 5.94 Ight Office held
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam PH	e Office sou	ight Office held
Date /	Payee name	1	
2/22/2011	Office Dep Payee address; City; S	pot	
Amount (\$)	Payee address; City; S	State; Zip Code	N 1117
8.64	40/Carroll5	t. It Worth,	1 7610 1
PURPOSE	Category (See categories listed at the to		on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Nan	ne tags
	L	Off	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e Office sou	ght Office held
		e Onice sou	gnt Onice ned
expenditure to benefit C/C	Payee name 5 fu ple 5		
expenditure to benefit C/C	Payee name 5 fu ple 5		
Date 2/14/2 01/ Amount (\$)	Payee name 5 fu ple 5		
Date 2/14/2 01/	Payee name 5 fu ple 5		The TX 16107
Date 2/14/2 01/ Amount (\$) PURPOSE	Payee name 5 fu ple 5	tate; Zip Code	
Date 2/14/2 01/ Amount (\$)	Payee name 5 Lu D L S Payee address; City; S 1600 S. Univ	tate; Zip Code (8/5) + 4 W V V op of this schedule) Description	th TX 16107
Date 2/14/2 01/ Amount (\$) PURPOSE OF	Payee name 5 /	tate; Zip Code 18 15 1 4 4 10 0 19 of this schedule) Description En vie	on (If travel outside of Texas, complete Schedule T)
Date 2/14/2 U// Arhount (\$) PURPOSE OF EXPENDITURE: Complete ONLY if direct expenditure to benefit C/O	Payee name 5 /	tate; Zip Code 18 15 1 4 4 10 0 19 of this schedule) Description En vie	on (If travel outside of Texas, complete Schedule T)
Date 2/14/2 0// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name 5 /	tate; Zip Code 18 15 1 4 4 10 0 19 of this schedule) Description En vie	on (If travel outside of Texas, complete Schedule T)
Date 2/14/2 U// Arhount (\$) PURPOSE OF EXPENDITURE: Complete ONLY if direct expenditure to benefit C/O	Payee name 5 Lull S Payee address; City; S Lull C Category (See categories listed at the to Candidate / Officeholder name) Payee name 5 Lull S Payee address: City; S	tate; Zip Code 2 15 14	The TX 16/07 On (If travel outside of Texas, complete Schedule T) Ope 5 ght Office held
Date 2/14/2 0// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 2/24/20//	Payee name 5 Lull S Payee address; City; S Lull C Category (See categories listed at the to Candidate / Officeholder name) Payee name 5 Lull S Payee address: City; S	tate; Zip Code 2 15 14	on (If travel outside of Texas, complete Schedule T)
Date 2/14/2 0// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 2/24/20// Amount (\$)	Payee name 5 Lull S Payee address; City; S Lull C Category (See categories listed at the to Candidate / Officeholder name) Payee name 5 Lull S Payee address: City; S	tate; Zip Code (1875) Fy Ft Will pp of this schedule) Description Envil Office sour tate; Zip Code (1875) Fy Ft Will	The TX 16/07 On (If travel outside of Texas, complete Schedule T) Ope 5 ght Office held
Date 2/14/2 0// Arnount (\$) PURPOSE OF EXPENDITURE: Complete ONLY if direct expenditure to benefit C/O Date 2/24/20// Arnount (\$)	Payee name 5 / 10 / 2 S Payee address; City; S / 0 0 0 S . Univ Category (See categories listed at the to O + 10 C Candidate / Officeholder name H Payee name 5 + 10 / 2 S Payee address; City; S / 1 0 0 0 S . Univ	tate; Zip Code (1875) Fy Ft Will po of this schedule) Description Envil Office sour tate; Zip Code (1875) Fy Ft Will op of this schedule) Description	The TX 76/07 on (If travel outside of Texas, complete Schedule T) lopes oght Office held
Date 2/14/2 0// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 2/24/20// Amount (\$) PURPOSE OF EXPENDITURE	Payee name 5/40/45 Payee address; City; S /// O O S . Univ Category (See categories listed at the to Candidate / Officeholder name) H Payee name 5/40/45 Payee address; City; S // O O S . Univ Category (See categories listed at the to City Category (See categories listed at the to City Candidate / Officeholder name)	tate; Zip Code (1875) Fy Ft Will pop of this schedule) Description tate; Zip Code (1875) Fy Ft Will pop of this schedule) Description Description Description Description	The TX 16/07 On (If travel outside of Texas, complete Schedule T) Ope S Ight Office held Office held Office held On (If travel outside of Texas, complete Schedule T) Office Supplies
Date 2/14/2 U// Arnount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 2/24/20// Arnount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name 5 Luniv Payee address; City; S Luniv Category (See categories listed at the to Candidate / Officeholder name) Payee name 5 Luniv Payee address; City; S Luniv Category (See categories listed at the to tate; Zip Code (1875) Fy Ft Will pop of this schedule) Description tate; Zip Code (1875) Fy Ft Will pop of this schedule) Description Description Description Description	on (If travel outside of Texas, complete Schedule T) I ope S Ight Office held	

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E explains how to comple	pense Transpoi Contribu Cand expense OTHER	payment/Reimbursement rtation Equipment & Related Expense tions/Donations Made By idate/Officeholder/Political Committee (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	<i></i>	3	ACCOUNT # (Ethics Commission Filers)
4 Date 2/14/2011	5 Payee name	Worth		
6 Amount (\$)	7 Pavee address; City; Sta	ate; Zip Code	(11	
100.00	1000 Throck Mo			
8 PURPOSE OF	(a) Category (See categories listed at the top			utside of Texas, complete Schedule T)
EXPENDITURE	Uther		-iling F	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	0	ffice sought	Office held
Date 2/17/2011	Payee address; City; St	ountry Clu	b	
Amount (\$)	Payee address; City: St. 9/3 Country CI	ate; Zip Code	Worth	TX 76112
1266.15	9/3 (00/11.7 C)	www.marjej*		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Food and Belvera		.	nd Room Rental
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	0	ffice sought	Office held
Date 2/17/201/	Payee name Mark Stelmas	ĵ		
Amount (\$)	Payee address; City; St. 3 2 3 7 Wa ba.	ate; Zip Code	Marth 7	X 76109
38.91	3231 VVa 64.			
PURPOSE OF	Category (See categories listed at the to	, ,		utside of Texas, complete Schedule T) /
EXPENDITURE	Other	1/	re Exting	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	. C	ffice sought	Office held
Date 2/18/2011	Payee name BandB 51915	apte; Zip Code		
Amount (\$) 1444.06	Payee address; City; St 5209 Winif(10	DR. A WOI		
PURPOSE	Category (See categories listed at the to	p of this schedule)	, .l .	outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising E.	xpense H	W Sign	
Complete <u>ONLY</u> if direct expenditure to benefit C		• .	office sought	Office held
experience to benefit Of	ATTACH ADDITIONAL (OPIES OF THIS SCHE	DULE AS NEEDI	ED
1	A INVITABLITATE			

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Commit				
Fees	Printing Expense	Office Overhead/			tegory not listed above)
	The Instruction Guide			m.	cogory not astau above)
1 Total gages Schedule F:	2 FILER NAME		· · · · · · · · · · · · · · · · · · ·		(Ethics Commission Filers)
11 8 35	CATHY HI	RT		J ADOCOM,	P (Cures Commission Finals)
4 Date	5 Payee name			l	
3/4/2011	Fast Sighs 7 Payee address; City; Sta				
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		11 -01	
7577,50	5601 Locke Av.	este 13	1 Ft Wo	rth TX -	76107
B PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (f travel outside of Texas	. complete Schedule T)
OF EXPENDITURE	Printing Expense	e	1 . / 1	51915	, ,
Complete ONLY if direct	Candidate / Officeholder name				
expenditure to benefit C/(Office sought	•	Office held
2/28/20//	Payee name	2			
Amount (\$)	Pelb by 5ft/N Payee address; City; Stat	te: Zip Code			
500.00	2417 Stadium		Worth.	TX 76	6109
PURPOSE	Category (See categories listed at the top of		Description (If	travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Salaries/Contra	act Labor	Commu	1. Les Coors	dinator
Complete ONLY if direct	Candidate / Officeholder name	1011	Office sought	12 /	Office held
expenditure to benefit C/O	PH .				Office Head
Date . /	Payee name				
2/28/2011	Payee address; City; State	5/1/2			
Amount (\$)	Payee address; City; State	B; Zip Code		**	
1500.00	2608 Museum W	ky # 34	107 Ft W	forth, TX	76107
PURPOSE	Category (See categories listed at the top of			travel outside of Texas,	
OF EXPENDITURE	Salaries/Contrac	+ Labor	lampan	in Cons	sultant
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	<u></u>	Office held
Date / /	Payee name				
3/1/20//	Pritchett / m	041610 S	trategie	S	ĺ
Amount (\$)	Payee address; City: State	: Zie Code	trategie	/	
6528.37	6836 Brants L	n. Ft	Worth	,TX 7	6116
PURPOSE	Category (See categories listed at the top of	(this schedule)	Description (If)	ravel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Consulting Fee	· s	Strutegist	PhoneLi	, , ,
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	<u></u>	Office sought	, ,	Office held
	a.				·
	ATTACH ADDITIONAL CO	PIES OF THIS S	ICHEDULE AS NE	EEDED	

	EXPENDITURE CAT	EGORIES FOR BOX 8(a	
Advertising Expense	0.014	ies/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking		tation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense		el In District	Contributions/Donations Made By
Event Expense	Poliing Expense Trave	Candidate/Officeholder/Political Committee	
Fees		Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
12 4 35	CATHYHERT		
4 Date / /	5 Payee name		
3/7/2011	Fort Worth War	ter	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
143.69	POBOX 870 Ft	Worth, TX	76101
B PURPOSE	(a) Category (See categories listed at the top of this s	chedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF	ACC - Out 1	, , ,	
EXPENDITURE	Office Overhead	d Wate	crat HO
Complete ONLY if direct	Candidate / Officeholder name	Office soug	
expenditure to benefit C/C)H		
Date /	Payee name		
2/1//21/1			
2/9/00// Amount (\$)	Payee address; City; State; Z	in Code	
ranount (4)	die address, City, State, 2	up Code	
88.00	Trinity River Station	n Ft Worth	
PURPOSE	Category (See categories listed at the top of this se	chedule) Description	(If travel outside of Texas, complete Schedule T)
OF	Other	5400	. 15
EXPENDITURE	UTINE	Stan	1FS
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held
expenditure to benefit C/O	PH		
Date ,	Payee name		
3/9/2011		at for Robins	EMARSIA
Amount (\$)	Leann Gome 2 Ager Payee address; City; State; Z	- Code	ZMETSOV!
Amount (*)	Payee address; City; State; 2	ip Code	1 2/20-
3000.00	2201 Towbridge	circle Hus	tin,/X78723
PURPOSE	Category (See categories listed at the top of this se	chedule) Description	(If travel outside of Texas, complete Schedule T)
OF			· / /
EXPENDITURE	Consulting Fee	0010	Strategies_
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ht Office held
Date	Payee name		
2/10/2011	Strong Fron	211	
3 11010-011	Stream Energy Payee address; City: State: 2 POBOX 650026	7.7	
Amount (\$)	rayee accress; City; State; Z	ip Code	· — — · · ·
153-80	POBOX 650026	Dallasil 1	75265
122.80		•	
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)
OF		1 -/	/
EXPENDITURE	M+tice Durhan	1 Elect	tric
Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C	ЭН	-	
	ATTACLIA CONTICUIAL CONTIC	OF THE COLUMN F 40	NEEDED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES

	counting/Banking	Legal Services	Solicitation/Fundraisin	g Expense Transport	ation Equipment & Related Expense
	onsulting Expense	Food/Beverage Expense	Travel In District Travel Out Of District		ions/Donations Made By date/Officeholder/Political Committee
	vent Expense ees	Polling Expense Printing Expense	Office Overhead/Ren		enter a category not listed above)
		- ·	le explains how to co		•
1 Tota	I pages Schedule F:	2 FILER NAME			ACCOUNT # (Ethics Commission Filers)
1	30735	CATHY HI	RT		
4 Dat		5 Payee name	N		
ó	2/1/2011	7 Payee address; City; S	ommunic	ations	
6 Am	ount (\$)	7 Payele address; City; S	State; Zip Code	202 11	TY 75711
7	1637.04	1609 Shoul C			
8 1	PURPOSE	(a) Category (See categories listed at the	top of this schedule) (I		iside of Texas, complete Schedule T)
EX	OF (PENDITURE	Contract Lak	bor	Website	Design
	nplete ONLY if direct	Candidate / Officeholder nam	ie	Office sought	Office held
ехр	enditure to benefit C/C	/n			
Dat	te ///2 4 //	Payee name			
3	3/4/2011 nount (\$)	Staple5 Payee address; City;	State; Zip Code		
AIT	IVOIR (4)	Payee address; City; 5	ersiter. Et	Worth, 7.	X 76107
/	30.06			· · · · · · · · · · · · · · · · · · ·	, _ ,
	PURPOSE	Category (See categories listed at the	i		tside of Texas, complete Schedule T)
EX	OF CPENDITURE	Printing Ex	pense	Ballot requ	iests
		1			
	mplete <u>ONLY</u> if direct penditure to benefit C/C	Candidate / Officeholder nam OH	ne	Office sought	Office held
	penditure to benefit C/C	Payee game	ne	Office sought	Office held
ехр	penditure to benefit C/C	Payee game	·.		
exp Da	penditure to benefit C/C	Payee game	·.		
Dar Dar Am	nount (\$)	Payee game	·.		
Da Arr	te.	Payee game	·.	d F+ Wort	4, TX 76(32
Dar 3	nount (\$)	Payee game	State; Zip Code N Ridgl Blu	Description (If travel or	4, TX 76 (32 utside of Texas, complete Schedule T)
Daa 3	nount (\$)	Payee game / 05 CO Payee address; City; 5300 0 Ver + 6	State; Zip Code N Ridgl Blu	Description (If travel or	4, TX 76 (32 utside of Texas, complete Schedule T)
Dar 3	penditure to benefit C/C ite 2/4/20// nount (\$) 134,06 PURPOSE OF CPENDITURE	Payee game OSTCO Payee address; City; 5300 OVERTO Category (See categories listed at the	State; Zip Code N Ridge Blu top of this schedule)	Description (If travel or	4, TX 76(32
Dar 3 Ann	nount (\$) PURPOSE OF	Payee game OSTCO Payee address; City; 5 5300 OVERTO Category (See categories listed at the Food and Bluer) Candidate / Officeholder name	State; Zip Code N Ridge Blu top of this schedule)	Description (If travel or Staff Mile	4, TX 76 (32 utside of Texas, complete Schedule T)
Dar 3 Ann	te penditure to benefit C/C tte penditure to benefit C/C pount (\$) 7 4 06 PURPOSE OF CPENDITURE Implete ONLY if direct penditure to benefit C/C	Payee game OSTCO Payee address; City; 5300 OVERTO Category (See categories listed at the Food and Bluer Candidate / Officeholder name) Payee name	State; Zip Code N Ridge Blu top of this schedule)	Description (If travel or Staff Mile	4, TX 76 (32 isside of Texas, complete Schedule T)
Da 3 Any EX Coolex exp	te penditure to benefit C/C tte penditure to benefit C/C pount (\$) 7 4 06 PURPOSE OF CPENDITURE Implete ONLY if direct penditure to benefit C/C	Payee game / 05 CO Payee address; City; 5300 0 Ver + 6 Category (See categories listed at the Food and Bluero Candidate / Officeholder named	State; Zip Code N Ridge Blu top of this schedule)	Description (If travel or Staff Mile	4, TX 76 (32 isside of Texas, complete Schedule T)
Dar 3 Arr	te penditure to benefit C/C tte penditure to benefit C/C pount (\$) 7 4 06 PURPOSE OF CPENDITURE Implete ONLY if direct penditure to benefit C/C	Payee game / DS + CO Payee address; City; 5 3 0 0 0 V l r + 6 Category (See categories listed at the Food and Bluer) Candidate / Officeholder name Tom Thumb Payee address; City;	State; Zip Code In Ridge Blue Itop of this schedule) a ge	Description (If travel or Stuff Mill Office sought	h, TX 76 (32 Aside of Texas, complete Schedule T) Hing / Coffice held
Dar 3 Arr	te denditure to benefit C/C tite 134,06 PURPOSE OF CPENDITURE Implete ONLY if direct penditure to benefit C/C ite 4/20//	Payee name OSTCO Payee address; City; 5300 OVET + 6 Category (See categories listed at the Food and Bluer) Candidate / Officeholder name Tom Thumb	State; Zip Code In Ridge Blue Itop of this schedule) a ge	Description (If travel or Stuff Mill Office sought	h, TX 76 (32 Aside of Texas, complete Schedule T) Hing / Coffice held
Dar 3 Arr	penditure to benefit C/C tite 2/4/20// nount (\$) 73 4, 06 PURPOSE OF (PENDITURE Implete ONLY if direct penditure to benefit C/C rite //20// nount (\$)	Payee game Lostco Payee address; City; 5300 Over to Category (See categories listed at the Food and Bluer Candidate / Officeholder name) Payee name Tom Thumb Payee address; City; 3000 South H	State; Zip Code N Ridge Blu top of this schedule) a gel ne State; Zip Code	Description (If travel or Staff Mile Office sought	h, TX 76 (32 Aside of Texas, complete Schedule T) Hing / Coffice held
Dar 3 Ann Ann EX Con ext Dar Ann	nount (\$) PURPOSE OF (PENDITURE) Indicate to benefit C/C	Payee game / DS + CO Payee address; City; 5 3 0 0 0 V l r + 6 Category (See categories listed at the Food and Bluer) Candidate / Officeholder name Tom Thumb Payee address; City;	State; Zip Code In Ringel Blu Itop of this schedule) State; Zip Code ULIN, Ft L Itop of this schedule)	Description (If travel or Staff Mile Office sought	h, TX 76132 uside of Texas, complete Schedule T) Hing floff Lg Office held
Dar 3 Ant Con ext	penditure to benefit C/C tite 134,06 PURPOSE OF CPENDITURE Indicate In	Payee game Lostco Payee address; City; 5300 Over to Category (See categories listed at the Food and Bluer) Candidate / Officeholder name Tom Thumb Payee address; City; 3000 South H Category (See categories listed at the Solicita from Exp	State; Zip Code In Ringel Blu Itop of this schedule) A G C State; Zip Code Ulen, F+1 I top of this schedule) Pense	Description (If travel or Staff Mile Office sought	h, TX 76132 uside of Texas, complete Schedule T) Hing floff Lg Office held
Dar 3 Arr	penditure to benefit C/C ite 2/4/20// nount (\$) 134,06 PURPOSE OF	Payee game / DS CO Payee address; City; 5300 OVER to Category (See categories listed at the Food and Bluer) Candidate / Officeholder name Tom Thumb Payee address; City; 3000 South H Category (See categories listed at the Solicital food Exp	State; Zip Code In Ringel Blu Itop of this schedule) A G C State; Zip Code Ulen, F+1 I top of this schedule) Pense	Description (If travel or Staff Mile) Office sought Description (If travel or Stamp S	h, TX 76 (32) utside of Texas, complete Schedule T) HING Coffice held 76 / 09 utside of Texas, complete Schedule T)
Dar 3 Arr	penditure to benefit C/C ite 2/4/20// nount (\$) 734,06 PURPOSE OF CPENDITURE Indicate to benefit C/C ate /// 20// pount (\$) /// 32.60 PURPOSE OF XPENDITURE Complete ONLY if direct	Payee game / DS CO Payee address; City; 5300 OVER to Category (See categories listed at the Food and Bluer) Candidate / Officeholder name Tom Thumb Payee address; City; 3000 South H Category (See categories listed at the Solicital food Exp	State; Zip Code In Ridge Blu Itop of this schedule) A Ge State; Zip Code ULIN, Ft L Itop of this schedule) Pense	Description (If travel of Staff Mile) Office sought Description (If travel of Stamp Sought	h, TX 76132 Itside of Texas, complete Schedule T) FING Coffice held 76109 Utside of Texas, complete Schedule T) Office held

	EXPENDITURE CATE	GORIES FOR BOX 8(a))		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salarie Legal Services Solicitz Food/Beverage Expense Travel	es/Wages/Contract Labor ation/Fundraising Expense In District Out Of District	Loan Repayment/Reimbursement Transportation Equipment & Related Experi Contributions/Donations Made By		
Fees	· ·	Overhead/Rental Expense	Candidate/Officeholder/Political Commi OTHER (enter a category not listed above		
	- ·	•	- · · · · · · · · · · · · · · · · · · ·	,	
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission F	ilers)	
190000	CHIHY HIKI				
3//8/201/	5 Payee name 5 tap 125				
80.84	7 Payee address; City; State; Zij 1600 S University Di	code n. Ft Worth	TX 76107		
8 PURPOSE	(a) Category (See categories listed at the top of this sci	nedule) (b) Description	(If travel outside of Texas, complete Schedule T)		
OF	A Lh. c	10000	e supplies		
EXPENDITURE	Other	DTTIC	e suppores		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held		
Date /	Pavee name				
3/18/2011	TomThumb				
Amount (\$)		p Code			
59.17	3100 S. Hulen, A	Et Worth ,	TX 76109		
PURPOSE	Category (See categories listed at the top of this sci	nedule) Description	(If travel outside of Texas, complete Schedule T)		
OF	7 1 1 Ban 20	4010	ffee Event		
EXPENDITURE	Food and Peverage	11400	TEE LUENT		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name V	Office sough	ht Office held		
Date,	Payee name				
3/9/2011	Styles Payee address; City; State; Zij				
Amount (\$)	Payee address; City; State; Zij	o Code	`*		
48.12	16005 University	DR. Ft Wort	2h, TX 76/07		
PURPOSE	Category (See categories listed at the top of this sci	nedule) Description	(If travel outside of Texas, complete Schedule T)		
OF EVENINTI IDE	Other	SF FIC	e / Paper / Telephone	2	
EXPENDITURE	<u> </u>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ht Office held		
Date /	Payee name				
3/7/2011	Fast Signs				
Amount (\$)	Payee address; City; State; Zij		. /^		
1544.00	5601 Locke Ave St	e 13/ Ft Wor	th TX 76107		
PURPOSE	Category (See categories listed at the top of this sci	nedule) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Printing Expense	Carl	Nagnets		
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht Office held		
expenditure to benefit C/					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
Fees	Printing Expense The Instruction Guide	e explains how to complete this f	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
15 435	CATHY HI	<u>ET</u>	
4 Date / /	5 Payee name	α / '	
3/1/12011	5 ports Wear 7 Payee address; City; St	6 raphics	
6 Amount (\$)	7 Payée address; City; St	ate; Zip/Code	۱ ا
127.74	110 ST LOUIS	, Ft Worth, 7	
8 PURPOSE	(a) Category (See categories listed at the to		r1 (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	PrintingEx	penses 2 x T	Shirts
9 Complete ONLY if direct	Candidate / Officeholder name	Office sout	ght Office held
expenditure to benefit C/C)H		
Date 3/1/201/	Payee name		
Amount (\$)		tate; Zip Code	
119.08	63000akmon	ntBlud F+ U	Justh TX 76/32
PURPOSE	Category (See categories listed at the to	1	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Phone	² 5
	<u> </u>		aht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	e Office sou	gnt Ollice held
	Payee name	A	gnt Oille hed
expenditure to benefit C/C	Payee name	A	gnt Oilice heid
expenditure to benefit C/C	Payee name Fast Signs		3
Date 3/1/20//	Payee name Fast Signs	tate; Zip Code AVL Ft Worth	TX 76107.
Date 3///20// Amount (\$)	Payee name Fast Signs	tate; Zip Code GVC F+ Worth	3
Date 3///20// Amount (\$) 2527.64	Payee name Fust signs Payee address; City; S 5601 Locke M Category (See categories listed at the to	tate; Zip Code AVC F+ Worth op of this schedule) Description	TX 76/07. On (If travel outside of Texas, complete Schedule T)
Date 3///20// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Fust signs Payee address; City; S 5601 Locke F Category (See categories listed at the to	tate; Zip Code AVC F+ Worth op of this schedule) Description 4 X 8	TX 76/07. On (If travel outside of Texas, complete Schedule T) S19/15.
Date 3 // 20// Amount (\$) 25 27.64 PURPOSE OF EXPENDITURE	Payee name Fust signs Payee address; City; S 5601 Locke F Category (See categories listed at the to	tate; Zip Code AVC F+ Worth op of this schedule) Description 4 X 8	TX 76/07. On (If travel outside of Texas, complete Schedule T) S19/15.
Date 3///20// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Fust signs Payee address; City; S 5601 Locke F Category (See categories listed at the to	tate; Zip Code AVC F+ Worth op of this schedule) Description 4 X 8	TX 76/07. On (If travel outside of Texas, complete Schedule T) S19/15.
Date 3 // 20// Amount (\$) 25 27.64 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Payee name Fust signs Payee address; City; S 5601 Locke h Category (See categories listed at the to Printing Candidate / Offideholder name OH Payee name Vickery Blvd	tate; Zip Code PVL F+ Worth op of this schedule) Description VX8 e Office sou	TX 76/07. On (If travel outside of Texas, complete Schedule T) S/9/15 Office held
Date 3/1/20// Amount (\$) 25 27.64 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 3/1/20//	Payee name Fust signs Payee address; City; S 5601 Locke h Category (See categories listed at the to Printing Candidate / Offideholder name OH Payee name Vickery Blvd Payee address; City; S 4/120 W. Vicker	tate; Zip Code AVC F + Worth Op of this schedule) Description 4 1 8 Office sou La fe State; Zip Code Le ry Blud F + W	TX 76/07. On (If travel outside of Texas, complete Schedule T) Y 3/9/15 Ight Office held Worth TX 76/07
Date 3/1/20// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit CA Date 3/14/20// Amount (\$) 55, 23 PURPOSE	Payee name Fust signs Payee address; City; S 5601 Locke h Category (See categories listed at the to Printing Candidate / Offideholder name OH Payee name Vickery Blvd	tate; Zip Code AVC F + Worth Op of this schedule) Description 4 1 8 Office sou La fe State; Zip Code Le ry Blud F + W	on (If travel outside of Texas, complete Schedule T) SIGNS Office held Unrth TX 76.07 On (If travel outside of Texas, complete Schedule T)
Date 3/1/20// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit CA Amount (\$) Date 3/14/20// Amount (\$)	Payee name Fust signs Payee address; City; S 5601 Locke h Category (See categories listed at the to Printing Candidate / Offideholder name OH Payee name Vickery Blvd Payee address; City; S 4/120 W. Vicker	tate; Zip Code AVC F + Worth Op of this schedule) Description 4 1 8 Office sou La fe State; Zip Code Le ry Blud F + W	TX 76/07. On (If travel outside of Texas, complete Schedule T) S19N5. Office held Unrth TX 76/07 On (If travel outside of Texas, complete Schedule T) \$\text{P}\$ \$\int \text{for } d.
PURPOSE OF EXPENDITURE Date 3/1/20// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/A PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/A	Payee name Fust signs Payee address; City; S 5601 Locke for Category (See categories listed at the to Printing Candidate / Offideholder name OH Payee name Vickery Blvd Payee address; City; S 4/20 W Vicker Category (See categories listed at the to Fund and Br Candidate / Officeholder name	tate; Zip Code AVL F+ Worth op of this schedule) Description UA FE State; Zip Code CLYY BLUD F+ Worth op of this schedule) Description Opport this schedule) Description Opport this schedule) Description Opport this schedule) Description	TX 76/07. On (If travel outside of Texas, complete Schedule T) S19/15 Office held On (If travel outside of Texas, complete Schedule T) On (If travel outside of Texas, complete Schedule T) Food.
Date 3///20// Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Amount (\$) Date 3///20// Amount (\$) 55, 23 PURPOSE OF EXPENDITURE	Payee name Fust signs Payee address; City; S 5601 Locke M Category (See categories listed at the to Payee name Vickery Blvd Payee address; City; S 4/20 W Vicker Category (See categories listed at the to Fund and B Candidate / Officeholder name ADH	tate; Zip Code AVL F+ Worth op of this schedule) Description UA FE State; Zip Code CLYY BLUD F+ Worth op of this schedule) Description Opport this schedule) Description Opport this schedule) Description Opport this schedule) Description	TX 76/07. On (If travel outside of Texas, complete Schedule T) S19/15 Office held Unrth TX 76/07 On (If travel outside of Texas, complete Schedule T) A food. Light Office held

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement 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 OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense explains how to complete this	
1 Total pages Schedule F:	2 FILER NAME	explains now to complete and	3 ACCOUNT # (Ethics Commission Filers)
16 7726	PATHY HTP	' 	
4 Date	5 Payee name		
3/15/2011	Target Sto.	res	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
21.43	301 Carrolls	st. Ft. Worth	,TX 76107
8 PURPOSE	(a) Category (See categories listed at the to	of this schedule) (b) Description	On (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food and Bever	rage, HQ	Coffee
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office held
experiorative to benefit oro	**		
Date //4/2/1/	Payee name W/K K D x Payee address; City; St	o U	
Amount (\$)	Payee address; City; St	ate; Zip Code	
385,37	1850 Hana	lley Dr. Ft Wi	orth, TX 76112
PURPOSE	Category (See categories listed at the to		on (If travel outside of Texas, complete Schedule T)
OF	D. L.	Ah B	allot Applications
EXPENDITURE	Printing		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	e Office sou	ight Olike field
Date ,	Payee name		
3/17/21/1	Robyn Eme	V SON	
Amount (\$)	Payee address; City; S	ate; Zip Code	~
185,36	2201 Towbrie	dge Circle Fu	stin, TX 787-23
PURPOSE	Category (See categories listed at the to		On (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting	Mis	expense ceimbursement
	Candidate / Officeholder name		Office held
Complete ONLY if direct expenditure to benefit C/C			
Date ,	Payee name		
3/17/2011	115/5		A Big
Amount (\$)	Payee address; City; S	tate; Zip Code	
370.00	Austin Texa		
PURPOSE	Category (See categories listed at the t	op of this schedule) Descript	iOFI (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Dthor	Bu	IK Mail Permit
	Candidate / Officeholder nam	e Office so	ught Office held
Complete <u>ONLY</u> if direct expenditure to benefit C			
		COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

POLITICAL EXPENDITURES

Accounting/Banking	Legal Services	Solicitation/Fundraising Expense Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By
Consulting Expense	Food/Beverage Expense Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Event Expense Fees	Printing Expense	Office Overhead/Rental Expense	
, 444	The Instruction G	uide explains how to complete this	form.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
17 7 35	PATHY	+TRT	
4 Date	5 Payee name /		
3/18/2011	Dorothy Car	14	
5// 5/3-01/ 6 Amount (\$)	7 Payee address; City;	State; Zip Code	
P Millornin (4)	• • • • • • • • • • • • • • • • • • • •		1/
333.00		erd Ft Wort	h,1X 76119
8 PURPOSE	(a) Category (See categories listed at		tion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	P. du t	char Ph	one Bank
	Candidate / Officeholder n		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		arre	
experiorate to belief over			
Date	Payee name	1	
3/18/2011	Rathryn Cla Payee address; City	rK	
Amount (\$)	Payee address; City	; State; Zip Code	, ,
		カ・サフノッノモ	1 Worth TX 76119
405.00	1395/ Burni	CE DK # 2619 7;	, with
7000	Category (See categories listed at		otion (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories institution		.4
EXPENDITURE	Contract has	201 Pho	ne Bank
Complete ONLY if direct	Candidate / Officeholder r	name Office s	ought Office held
expenditure to benefit C/0	OH		
	Payee name		
Date	1.50 B. Lt	· · · · ·	
3/18/2011	Payee address; City	: State: Zip Code	*
Amount (\$)		•	0 11 70 70 10
1.1.6	13004 Upla	in I De Munst	ield TX 76063
405.00	3004 0010	(Maure, Mario)	(Town and the School de T)
PURPOSE	Category (See categories listed a	K DIE (OP O: DIE CONTOURS)	ption (If travel outside of Texas, complete Schedule T)
OF	Cartinot	PA	ione Bank -
EXPENDITURE	Contract	A DU T	sought Office held
Complete ONLY if direct	Candidate / Officeholder	nane Silve	-
expenditure to benefit C/	UN .		
Date	Payee name	2 2 1	
3/18/2011	Francis L	rawford	
Amount (\$)	Dame address. Cit	v: State: Zip Code	_
,	1	101 1111.	16 TX 71.119
405.00	14228 Kee	d St Fort Wo	Hh /TX 76/19
PURPOSE	Category (See categories listed	at the top of this schedule) Desc	ription (If travel outside or lexas, complete schedule 1)
OF	Contract &		one Bank
EXPENDITURE			sought Office held
Complete ONLY if direct	t Candidate / Officeholder	name Oliko	
expenditure to benefit	C/OH		FARNEEDED
	ATTACH ADDITIO	NAL COPIES OF THIS SCHEDU	T A9 MEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fundraising Expense Trar Food/Beverage Expense Travel In District Con Polling Expense Travel Out Of District			Transportation E. Contributions/Do Candidate/Of	t/Reimbursement quipment & Related Expense nations Made By ficeholder/Political Committee category not listed above)
Fees	The Instruction Guid				
Total pages Schedule F:	2 FILER NAME				NT # (Ethics Commission Filers)
18035	CATHY H	IRI_			
4 Date /	5 Payee name	1/			
3/18/2011	Carthrenta	HUICIS			
6 Ambunt (\$)	7 Payee address; City; S	state; Zip Code			
342.60	3950 Garris	ion Ave.			
8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule)		/	exas, complete Schedule T)
OF EXPENDITURE	ContractLab	01	Phone	Bunk	
9 Complete ONLY if direct	Candidate / Officeholder nam		Office soug	ıht .	Office held
expenditure to benefit C/C	н				
Date / /	Payee name				
3/18/2011	Carrie M	Green			
Amount (\$)	Payee address; City;	State; Zip Code			
216.00	4208 Wilhelm	n St Ft			
PURPOSE	Category (See categories listed at the	top of this schedule)	Descriptio	n (If travel outside of	Texas, complete Schedule T)
OF		4.0	Phon	e Bun	K
EXPENDITURE	Candidate / Officeholder name	<i>01</i>	Office sou		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/0					
	Payee name	1			
Date 2//8/2/1/	Fuelun Par	rish			
Amount (\$)	Payee address; City;	State; Zip Code		/ -	**
	5305 Curve	r Db. Er	1 Wort	h, TX	76107
369.00	DOUD CUIVE	1 /2/ / /			
	Category (See categories listed at the	top of this schedule)	Description	on (If travel outside o	Texas, complete Schedule T)
PURPOSE OF	Contract La	1	Pha	ne Bank	<u>(</u>
EXPENDITURE	Candidate / Officeholder nar		Office sou		Office held
Complete ONLY if direct expenditure to benefit C/					
Date / / / 20//	Payee name				
3/10/0011	Payee address; City;	State; Zip Code			
Amount (\$)	rayee audiess, Oity,	0 1 to	KI IIIA	46 . 77	76107
176.00	Arlington He				
PURPOSE	Category (See categories listed at th	e top of this schedule)	Descripti		of Texas, complete Schedule T)
OF EXPENDITURE	Other		PA 5+6	imps	
Complete ONLY if direct	Candidate / Officeholder na	me	Office so	ught	Office held
expenditure to benefit (C/OH				
	ATTACH ADDITIONA	L COPIES OF THI	S SCHEDULE	AS NEEDED	
					Revised 04/21/201

POLITICAL EXPENDITURES

Advertising Expense	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Con Solicitation/Fundraisi		Transportation Equ	ipment & Related Expense
Accounting/Banking Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Re			ategory not listed above)
Fees	Printing Expense The Instruction Guid				
		e explains now to co	onipiete and to		# (Ethics Commission Filers)
Total pages Schedule F:	2 FILER NAME	11-07		3 ACCOUNT	* (20,000 00,000,000,000,000,000,000,000,00
19 20 35	CATHY	71K1			
4 Date	5 Payee name				1
3/18/2011	Staples				
6 Amount (\$)	7 Payee address; City; S	State; Zip Code		\mathcal{M}	
-11 (21)	7 Payee address; City; S	Her It	Worth	11 76	107
80.84	1000 aniver	' // '			
	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
8 PURPOSE OF	,		neint	erink	
EXPENDITURE	Other				Office hold
9 Complete ONLY if direct	Candidate / Officeholder nam	ie	Office sough	nt ,	Office held
expenditure to benefit C/C	он				
	Payee name				
Date	11585				
3/28/2011	Payee address; City;	State: Zip Code			
Amount (\$)	1			11 -	
104.70	Eight Ave Si	tation t	+ W01	th //	16110
101110	<i>C1911</i>				
PURPOSE	Category (See categories listed at the	top of this schedule)			cas, complete Schedule T)
OF	BH.		stum	pedenue	lopes
EXPENDITURE	Diller	1	Office soug		Office held
Complete ONLY if direct	Candidate / Officeholder nan	ne	U		
expenditure to benefit C/0	J				
Date , ,	Payee name				
3/14/2011	1/1585	••			
Amount (\$)	Payee address; City;	State; Zip Code			*
, 6110-2111		1		11 77	a () ()
115.00	Eight Ave St	ution F	- + Word	Philh -	16110
113.00	1 /		Descriptio	n (If travel outside of Te	exas, complete Schedule T)
PURPOSE	Category (See categories listed at the	8 top of ties screeuce)			2
OF EXPENDITURE	Other		Stam	os + enu	
	Candidate / Officeholder na	me	Office sou	ght	Office held
Complete ONLY if direct expenditure to benefit Co					
Date	Payee name Print Poin Payee address; City; 2901 Alta Ma	10			
3/25/2011	Print Toin	170			
Amount (\$)	Payee address; City;	State; Zip Code	Marth	TVI	/
2021/	1 2901 Altana	ere port	Worr	/	0116
3 2 2.66					
	Category (See categories listed at the	ne top of this schedule)	Description	Off (If travel outside of 1	exas, complete Schedule T)
PURPOSE OF	101		1 540	tionary	
EXPENDITURE	1 MINTING EX	FIRSE	Office sou		Office held
Complete ONLY if direct	t Candidate / Officeholder no	ime	Office soc		
expenditure to benefit	CIOH				
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE A	12 NEEDED	
1					04/24/201

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contr Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Ren	ng Expense t ntal Expense	Contributions/Donation Candidate/Officeho OTHER (enter a cate)	nent & Related Expense ns Made By older/Political Committee
	The Instruction Guid	le explains how to co	mplete this for	m.	(Ethics Commission Filers)
Total pages Schedule F:	2 FILER NAME	HTPT		3 ACCOUNT F	
2000 30	5 Payee name	1111			
3/28/2011	Willie Maci	Prescott			
5 Amount (\$)	7 Payee address; City; S			_	
164.60	5715 Libber				
	(a) Category (See categories listed at the	top of this schedule)		(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	(untract la	boc	Phon	e Bunks	
9 Complete ONLY if direct	Candidate / Officeholder nam	ne	Office sough	ıt .	Office held
expenditure to benefit C/O	ЭН				
Date ,	Payee name / /	, 0 , 1	011	F	
3/15/2011	Payee name Paige Hendrick Dayee relatives: City:	c Public1	relatio	<u>n 3</u>	
Amount (\$)	Payee address; City;	State: Zip Code	,	,	
1480.00	1253 W. May	gnolia Hul			
PURPOSE	Category (See categories listed at the	top of this schedule)		(If travel outside of Texas,	
OF EXPENDITURE	Consulting E	X.OPhSe	PR-Pre	ss Release	
Complete ONLY if direct	Candidate / Officeholder nar	me	Office soug	ht	Office held
expenditure to benefit C/C	OH				
Date / /	Payee name		_		
3/3//2011	Sportswear Payee address: City;	Graphic	<u> </u>		N
Amount (\$)	Payee address; City;	State; Zip Code	11	-1/4//	/
389.70	110 St Louis	, Ft War			
PURPOSE	Category (See categories listed at th	ne top of this schedule)	1	(If travel outside of Texa	s, complete Schedule 1)
OF	Printing E		1 + 51	hirts	, · ·
EXPENDITURE	Condidate / Officeholder Da	me	Office sou	ght	Office held
Complete ONLY if direct expenditure to benefit Co					
Date	Payee name , ,				
3/7/2/11/	Northwest	Engrave	155		
Amount (\$)	Payee address; City;	State; Zip Code	/, ,,,	11 1.	11.111
18.00	3300 Ch	Engrave State: Zip Code rry Lane,			
PURPOSE	Category (See categories listed at I	the top of this schedule)	Description	on (If travel outside of Tex	BS, COMPLETE SCHEOLINE 1)
OF	Other		nam	1 1495	
EXPENDITURE	Candidate / Officeholder n	ame	Office sou	ight	Office held
Complete <u>ONLY</u> if direct expenditure to benefit	а С / ОН	_			
	ATTACH ADDITION	AL COPIES OF THIS	SCHEDULE	AS NEEDED	
1	• • • • • • • • • • • • • • • • • • • •				- · · · · · · · · · · · · · · · · · · ·

POLITICAL EXPENDITURES

Advertising Expense	Gift/Awards/Memorials Expense				_
Accounting/Banking	Legal Services	Salaries/Wages/C Solicitation/Fundo	Contract Labor	Loan Repayment/Re	
Consulting Expense	Food/Beverage Expense	Travel In District	distry Expense	Contributions/Donat	pment & Related Expense
Event Expense Fees	Polling Expense	Travel Out Of Dis		Candidate/Office	holder/Political Committee
roes	Printing Expense	Office Overhead/I		OTHER (enter a cal	tegory not listed above)
A Total access Cabastata E	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	(Ethics Commission Filers)
9499 DD	CHTHY HLK	<u> </u>			
4 Date	5 Payee name				
3/23/2011	USPS				
6 Amount (\$)	7 Payee address; City; State	e; Zip Code			
115.00	Eighth Ave Station	n FtWort	4 TA 76	110	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	1 Shor		1		, complete carbacato 1)
	UTILET	· · · · · · · · · · · · · · · · · · ·	Stump	05	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
exponential to belief C/C	,,,				
Date /	Payee name				
3/2//2011	Maril Daus	dsnn			
Amount (\$)	Payee address; City; State	e; Zip Code			
1200.00	690/ Winward	/	Ft Wo	orth TX	76140
PURPOSE	Category (See categories listed at the top of	(this schedule)	Description (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Contract Laho		α_i		
	130	· C		u Bank	_
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	l .	Office held
Date /	Payee name				
3/11/2011	Walmart .	•			
Amount (\$)	Payee address; City; State	; Zip Code			
119.08	6300 Oakmont	LBlud.	Ft Wo	rth, TX	76131
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, o	complete Schedule T)
OF EXPENSE IDE		,	pi.		.,
EXPENDITURE	Other		Phon	15	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
experionale to beliefit C/O	T				
Date ,	Payee name				
3/23/2011	Thomas Frag	16115			
Amount (\$)	Payee address; City: State:	· Zin Code			
	, 1.3, 5	, Zp code	_		
1783,36	9501NIH35	T, Aust	in, TX	7875	3
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description (I	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Printing Expen	1se	Mailer	rostag	2
	Candidate / Officeholder name				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	H		Office sought		Office held
	ATTACH ADDITIONAL COP	HES OF THIS S	CHEDULE AS N	EEDED	

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra		Loan Repayment/Rein	
Consulting Expense	Food/Beverage Expense	Travel In District	• •	Contributions/Donation	ent & Related Expense
Event Expense	Polling Expense Travel Out Of District				Ider/Political Committee
Fees	Printing Expense	Office Overhead/F	Rental Expense	OTHER (enter a categ	ory not listed above)
	The Instruction Guide	explains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT#(Ethics Commission Filers)
d 466 50	(147 H 4 H	IRT			
4 Date	5 Payee name				
3/25/2011	John Clark				:
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
180.00	5616 Hough	ton Au	e. Ft W	1orth 7	X 76107
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description ((If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Contracthabo	~	Phi	ne Bunk	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date , ,	Payee name				750-70
3/25/2011	LISA Batts				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
180.00	3004 Upland D	K. Mai	nstield	JTX 76	063
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Contract Lak	no C	Phone	Bank	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	t	Office held
Date .	Payee name				
3/25/2011	Rayee address; City; Sta	••			
Amount (\$)	· /			``	
180.00	3957 Burnic	e Dr#	2614 F	ort Worth	TX 76/19
PURPOSE	Category (See categories listed at the top	of this schedule)	•	If travel outside of Texas, or	omplete Schedule T)
OF EXPENDITURE	Contract Labo	06	Phone	Bunk	
Complete Ohlt V if direct	Candidate / Officeholder name	•	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O					
Date	Payee name	1			
3/25/2011	Euclyn Paris	h			
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
180.00	5305 Carver 7	RF+ U	borth T	X 76107	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Contract lalas		Pha	ne Bunk	
	Candidate / Officeholder name	•	Office sought		Office held
Complete ONLY if direct expenditure to benefit CA					
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS I	NEEDED	

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel In District	Transportation Equipment & Related Expense 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)
		e explains how to complete this f	
1 Total pages Schedule F:	2 FILER NAME	Δ +	3 ACCOUNT # (Ethics Commission Filers)
00000	CHIMY HL	K /	
4 Date	5 Payee name	.r. 1	
3/25/2011	Francis (sau	stord	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
180.00	4228 Reed	St. Fl Worth,	TX 76/19
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	120 h / 1 /		Q L
	LOTITRACT LAB		ne Bunk
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office soug	ht Office held
Date / /	Payee name		
3/25/2011	Chrise Grea	en	
Amount (\$)	Payee address; City; St	ate; Zip Code	
	1/2	_1 _1	
180.00		n St Ft. Wort	
PURPOSE OF	Category (See categories listed at the to		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	l'intract Lab	por Phine	Bank
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	* *	
Date	Payee name		
Blochul	Dave they Com	. (-)	
ン/ <i>は</i> シ/ <i>は</i> り// Amount (\$)	Dorothy Care Payee address; City; St	ate; Zip Code	%
			$\mathcal{M}_{M}}}}}}}}}}$
180.00	4/33 Burke R	d Ft Worth	11 16/19
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract La	has Plan	e Bank
	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/O		. Onice sou	
Date /	Payee name	1	
2/28/2011	Suphranon	Webber	
Amount (\$)	Payee address; City; St	Webber ate: Zip Code	
80-00	5916 Goodn	nan Ave. Ftw.	orth TX 76107
PURPOSE	Category (See categories listed at the to	p of this schedule) Descriptio	(If travel outside of Texas, complete Schedule T)
OF	1-1-1	he Phin	d Bank
EXPENDITURE	Lantiaci ho		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	e Office sou(JIN OHOO HOO
	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE A	S NEEDED

POLITICAL EXPENDITURES

Texas Ethics Commission

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/	
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Expense Travel In District	Transportation Eq Contributions/Don	uipment & Related Expense nations Made Bv
Event Expense	Polling Expense	Travel Out Of District		iceholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	•	category not listed above)
	The Instruction Guide	explains how to complete this		
1 Total pages Schedule F:	2 FILER NAME	· — ———	3 ACCOUN	T # (Ethics Commission Filers)
3 40 35	CHTHY HIR	-		
4 Date	5 Payee name			
3/24/2011	7 Payee address; City; Sta	34		
6 Amount (\$)	7 Payee address; City; St.	ate, Zip Code		
138.53	POBOX 650			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Descrip	otion (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Office Overhed	I Fr.	5 Bill	
	Candidate / Officeholder name	Office so		Office held
9 Complete ONLY if direct expenditure to benefit C/O	•	Visite St		
Date / /	Payee name			
3/29/2011	Robyne Tolle	4		
Amount (\$)	Payes address, Ony, On	ate, Epoode		
128.00	5836 Blackn	nore Ave Ft u	Worth 7	X 76107
PURPOSE	Category (See categories listed at the top	· · · · · · · · · · · · · · · · · · ·	otion (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Phun	re Bank	
Complete ONLY if direct	Candidate / Officeholder name			Office held
expenditure to benefit C/C			-	
Date	Payee name	,		
3/23/2011	Fort Worth Repu	Hlican Minno	'n	
3/23/4011 Amount (\$)	Payee address: City: Str	ate; Zip Code		15.
23.00	1213 Kelpie 7	Ex Worth TX	76111	o n t
	Category (See categories listed at the to	p of this schedule) Descrit	ption (If travel outside of Te	xas, complete Schedule T)
PURPOSE OF		,	they mee	j.
EXPENDITURE	Event Expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office s	sought	-J Office held
Date	Payee name			
3/1/2011	Fact Worth A.	mber of limi	nerce	
Amount (\$)	Payee address; City; St	ate; Zip Code		
100.00	Payee name Fort Worth Qu Payee address; City; St 717 Taylor			
PURPOSE	Category (See categories listed at the to	p of this schedule) Descri	iption (If travel outside of To	exas, complete Schedule T)
OF EXPENDITURE	Event Expense	Lun	cheon to	rket
	Condidate / Officeholder name		sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	<i>I</i> ОН			
	ATTACH ADDITIONAL (COPIES OF THIS SCHEDULL	E AS NEEDED	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Candidate / Officeholder name

P.O. Box 12070

Food/Beverage Expense Polling Expense **Printing Expense**

EXPENDITURE CATEGORIES FOR BOX 8(a) 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. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 FILER NAME CATHY 4 Date Costco
7 Payee address; 365/2011 City; State; Zip Code 6 Amount (\$) 5300 Overton Ridge Blud Ft Worth TX76132 152.83 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) PURPOSE Office sought Office held Food and Beverage
Candidate / Officeholder name **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH Stuples
Payee address; City; State; Zip Code
16005 University DF+ Worth 1TX 76107 31.37 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE Envelopes OF EXPENDITURE Other Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH 1/27/201/ Amount (\$) C - On I neduta In C
Payee address; City; State; Zip Code 320 Cumperland Ave Portland ME 04/01 79.00 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** Online donations EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Authorizenet Gateway Billing
Payee address: City: State: Zip Code
808 E Utah Valley DR, American Fork 3/02/20// Amount (\$) 25,23 Description (If travel outside of Texas, complete Schedule Category (See categories listed at the top of this schedule) **PURPOSE** Online donations Fees

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

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

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

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Printing Expense

Office Overhead/Rental Expense

OTHER (enter a category not listed above)

Loan Repayment/Reimbursement

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
26 935	CATHYHIRT		
3/3//20//	5 Payee name C-On linedata		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
53.33	7 Payee address; City; State; Zip Code 320 Cumberland Avc Portland MF 04/0/	/	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	poline	donations
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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 (If trav	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (If trav	rel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (If traw	el outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking **Consulting Expense Event Expense**

Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to	•	IER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
278 (835	CATHV HTRT		O ACCOUNT F (ESTAC CONTINUACION I LEIS)
4 Date	5 Payee name		
3/30/2011	Turget		
6 Amount (\$)	7 Payee address; City; State; Zip Code	·····	
20.57	301 Carroll St Ft W	Vorth TX	76/07
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food and Beverages	WATERYS	odas for HO
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
3/30/201/	Payee name Studies		
Amount (\$)	Pavee address: City: State: Zio Code	/ // /:	
42.15	1600 S. University, F	+ Worth	1/ 76107
PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Office Si	spplies
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 3/2//2011	Payee name // 5 / 5		
Amount (\$)	Payee address; City; State; Zip Code		,
16,15	Trinity River Statio	in, Ft Wo	rth TX 76109
PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Overnight	+ Mail
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2/14/2011	Payee name l'asty Wasehouse		
Amount (\$)	City Claim 7 Code	<i>a</i> , <i>I</i>	- /
32.23	6550 Camp Bowie	blud f	Worth 76116
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

	EXPENDITURE	CATEGORIES FOR BO	X 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Lat		
Accounting/Banking	Legal Services	Solicitation/Fundraising Expe	•	ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Dona	tions made by eholder/Political Committee
Event Expense	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Exp		itegory not listed above)
Fees	• •	explains how to complete	-	
1 ,Total pages Schedule F:	2 FILER NAME	•		# (Ethics Commission Filers)
270,25	CATHY HI	RT		
4 Date. /	5 Payee name	/		
3/3/2011	Nina Jo Ba	ker		
6 Amount (\$)	7 Payee address; City; Sta	,		
500.00	1002 E 2nd St	•	<u> </u>	
8 PURPOSE	(a) Category (See categories listed at the top		scription (If travel outside of Texa	
OF EXPENDITURE	Cantonal	his K	Lone Bank	-
	CONTINACT LA		ce sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Onk	e sought	One new
Date / /	Payee name			
4/1/2011	Costco		· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; Sta 5300 Over 4 on	ate; Zip Code		
0125	5 300 OVE 17 801	Kita ge ko		
71.35	Ft Worth TX	76/32		
PURPOSE	Category (See categories listed at the top	of this schedule) De	scription (If travel outside of Text	as, complete Schedule T)
OF EXPENDITURE	Trada Barres		in auch HO	Ford
	Candidate / Officeholder name	Offi	ce sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C				
Date //	Payee name	/		
4/2/2011	John Reynold Pavee address: City; St	4.5		
Amount (\$)	Payee address; City; St	ate; Zip Code		*
2916.38	6321 Darwood	l Ave. It W	forth TX	76116
7/ 4- 50	Category (See categories listed at the to	p of this schedule) De	escription (If travel outside of Tex	as, complete Schedule T)
PURPOSE OF	1			
EXPENDITURE	Consulting F		deographe.	Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Off	ice sought	Ollice Heru
Date	Payee name			
Date / / / 2 au /	Malmat			
3/24/2011	wullial	Into: Zin Codo		
Amount (\$)	Payee address; City; St	tate; Zip Code	- 1.1 11	7 1111
119.08	3851 Airport	Freeway, +	Ct Worth,	77 76111
PURPOSE	Category (See categories listed at the to		escription (If travel outside of Tex	cas, complete Schedule T)
OF EXPENDITURE	Other	1	hones	
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Of	fice sought	Office held
experiment to burion		COPIES OF THIS SCHEL	DULE AS NEEDED	
				Payingd 04/21/201

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cont Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Rer de explains how to co	ng Expense at atal Expense	Contributions/Dona Candidate/Office OTHER (enter a carm.	ipment & Related Expense tions Made By sholder/Political Committee stegory not listed above)
Cohadula E	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
1 Total pages Schedule F:	CATHY	HIRT			
4 Date / /	5 Payee name	Chicken			
3/2/1/2011	7 Payee address: City; S	State: Zip Code			
6 Amount (\$)	7 Payee address; City;	/	11/201	/ TV1	(107
30.28	500 Univer		EN Branistics	(If traval outside of Tex	as, complete Schedule T)
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	1	(II Basci Games S. 15.	
OF EXPENDITURE	Lord & Bever	age	Food	LA	Office held
a Complete ONLY if direct	Candidate / Officeholder nar		Office soug	nt	
expenditure to benefit C/O)H				
Date , /	Payee name				
3/16/2011	Subway Pavee address; Otty:	State: Zip Code			
Amount (\$)	Payee address; Oity;	/ A :	1 111	Mactle.	TV 7/107
37.70	Payee address: Sity:		y. F1 0	OUT IN)	yes complete Schedule T)
PURPOSE	Category (See categories listed at the		/	1	xas, complete Schedule T)
OF EXPENDITURE	Food and Bei	urage_	Food		Office held
Complete ONLY if direct	Candidate / Officeholder na		Office soug	ght	Office field
expenditure to benefit C/	ОН				
Date / /	Payee name	-			
11/2011	Wa/grein5 Payee address; City;				
Amount (\$)	Payee address; City;	State; Zip Code	1 -		41 -1137
20,56	Payee address; City, 4515 lump Bo	wie Blu	d Ft a	Worth,	7X 76101
	Category (See categories listed at t		Description	on (If travel outside of T	exas, complete Schedule 1)
PURPOSE OF	Other		Prin	HICUI	tridge
EXPENDITURE	Candidate / Officeholder no	ame	Office sou	ight .	Office held
Complete ONLY if direct expenditure to benefit C					
Date	Payee name				
3/3/12011	Stuples	Ti 0-da			
Amount (\$)	Payee address; City	; State; Zip Code	L111. 1	171-	1//4-
35.17	Payee address; City:	ersity, +7	Wort	n,/X /	O / O /
OURDOSE	Category (See categories listed at		Descript	ion (If travel outside of	Texas, complete Schedule T)
PURPOSE OF	Office		Sup	plies	Om 1-1-1
EXPENDITURE	Candidate / Officeholder r	name	Office so	ught	Office held
Complete ONLY if dire expenditure to benefit	C/OH				
	ATTACH ADDITION	IAL COPIES OF THIS	S SCHEDULE	AS NEEDED	

Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Expense	OTHER (enter a category not listed above)
Fees	Printing Expense	e explains how to complete this	1
	The Instruction Guide	e explains now to complete the	3 ACCOUNT # (Ethics Commission Filers)
Total pages Schedule F:	2 FILER NAME	4	3 ACCOUNT # (Lunes commenced to the
2 A 735	CATHY HIN	ET	
Date /	5 Payee name		
4/4/2011	Karl Thibod	eaux	
Amount (\$)	7 Payee address; City; St	ate; Zíp Code	
378.88	1717 Belle P.	lace, Ft Wor	th, TX 76107
9 PURPOSE	(a) Category (See categories listed at the to		ion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Serv	ura Pho	tographer
	Candidate / Officeholder name	A.T	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O			
Deba /	Pavee name /		
3/18/2011	TonThumh		
Amount (\$)	Payee address; City; S	State; Zip Code	7/ 7/1/19
27.05	3100.5.Hu	len Ft Worth	(111 1610)
F 1,00			A Lie Cohodula T
PURPOSE	Category (See categories listed at the t	op of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
OF	1	1 -	J
EXPENDITURE	Food and Be	verages 1 FOSC	Y Office held
Complete ONLY if direct	Candidate / Officeholder nam	e Office s	bught
expenditure to benefit C/0	OH .		
Date / /	Payee name		
3/23/2011	Staples Payee address; City; S	••	
Amount (\$)	Payee address; City;	State; Zip Code	
- ·	11	celle Et Illart	しん ナイ フト めつ
104.45	1 1600 > Univer	SITY FI WOULD	4,TX 76107
, , , , , , ,			otion (If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the		
OF	other	PO	nterink/supplies
EXPENDITURE	1 11 7 1 10 1		
<u> </u>		Office of	ought Office held
Complete ONLY if direct	Candidate / Officeholder nam	ne Office s	ought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam	ne Office s	ought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam	ne Office s	ought Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam	ne Office s	ought Office held
expenditure to benefit C/	Candidate / Officeholder name		ought.
expenditure to benefit C/	Candidate / Officeholder name		ought.
Date 3/28/201/	Candidate / Officeholder name		ought.
Date 3/28/201/	Candidate / Officeholder name	State: Zip Code Ve151ty Ft W	Jorth, TX 76107
Date 3/28/20// Amount (\$)	Candidate / Officeholder name	State: Zip Code Versity Ft W	iption (If travel outside of Texas, complete Schedule T)
Date 3/28/201/ Amount (\$)	Candidate / Officeholder name Stander S Payee name Stander S Payee address; City; Loo Sunt Category (See categories tisted at the	State: Zip Code Versity Ft W	Jorth, TX 76107
Date 3/38/30// Amount (\$) 23,67 PURPOSE	Candidate / Officeholder name Staples Payee name Staples Payee address; City; Iboo Suni Category (See categories tisted at the	State; Zip Code Ve 15/ Hy F + W a top of this schedule) Descr	iption (If travel outside of Texas, complete Schedule T)
expenditure to benefit Co	Candidate / Officeholder name Staples Payee address; City; 1600 S Unit Category (See categories listed at the	State; Zip Code Ve 15/ Hy F + W a top of this schedule) Descr	iption (If travel outside of Texas, complete Schedule T)
expenditure to benefit Control t	Candidate / Officeholder name Staples Payee name Staples Payee address; City; Loo Suni Category (See categories tisted at the Candidate / Officeholder name	State; Zip Code Versity Ft W a top of this schedule) Descr Fin Office	iption (If travel outside of Texas, complete Schedule T) Ve 10 pe 5 sought Office held
expenditure to benefit Co	Candidate / Officeholder name Staples Payee name Staples Payee address; City; Loo Suni Category (See categories tisted at the Candidate / Officeholder name	State; Zip Code Ve 15/ Hy F + W a top of this schedule) Descr	iption (If travel outside of Texas, complete Schedule T) Ve 10 pe 5 sought Office held

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	E CATEGORIES FO Salaries/Wages/Control Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Rend de explains how to con	g Expense Transpor Contribu Cand tal Expense OTHER mplete this form.	payment/Reimbursement rtation Equipment & Related Expense tions/Donations Made By idate/Officeholder/Political Committee (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
2 2 3 3	PATHYH	IRT		
4 Date / / ,	5 Payee name			
4/1/2011	LISA Butts			
6 Amount (\$)	7 Payee address; City;	State; Zip Code	V 11 -	7. 7
324.00			ns Description (If travel	Dutside of Texas, complete Schedule T)
8 PURPOSE	(a) Category (See categories listed at the		Phone Ba	nt
OF EXPENDITURE	Contract 4	abor		Office held
	Candidate / Officeholder na	me	Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C)H			
	Payee name 0	<i>C</i> 1		
Date /	Francis Ci	wtord		
7/1/201/		State; Zip Code	. 1 7	7140
Amount (4)	Payee address; City; 4228 Reed 3	S+ Et. (1)	orth, 1X	76117
27//10	9220 /CEEO -			
324.00	Category (See categories listed at t	he top of this schedule)		outside of Texas, complete Schedule T)
PURPOSE	Category (see categories and	/ /	Phone	Bank
EXPENDITURE	Contract	apor	Office sought	Office held
Complete ONLY if direct expenditure to benefit Ca	Candidate / Officeholder n	ame	Cinco de agrico	
Date ,	Payee name	1.		
4/1/0311	John Clar	<u> </u>		1.
Amount (\$)	Payee address; City	State; Zip Code	F. 111	W TV 76107
324.00	5616 Hou	ghton Hu	e. Frwor	46, TX 76107 rel outside of Texas, complete Schedule T)
	Category (See categories listed a	t the top of this schedule)	Description (It as	C Occident
PURPOSE OF		abor	Phones	
EXPENDITURE	Candidate / Officeholder		Office sought	Office held
Complete ONLY if direct expenditure to benefit (СИОН			
Date / /	Payee name	3/1 6		
4/1/2011	Lurnryn C	y; State; Zip Code		
Amount (\$)	Payee address;	y, Omin, —	2011	1/oct TX 1/119
252.00			Description (If in	Worth, TX 76/19 avel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed	at the top of this scriencia)	Phon	
OF EXPENDITURE	Contract La	bor		Office held
	Candidate / Officeholde	rname	Office sought	
Complete <u>ONLY</u> if direxpenditure to benef				EDED
	ATTACH ADDITIO	NAL COPIES OF THE	S SCHEDULE AS NE	
1				Revised 04/21

POLITICAL EXPENDITURES

	EXPENDITURE CATEGORIES FOR BOX 8(a)
A A Allaham Ermanen	Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reminus Salaries
Advertising Expense Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Voter Made Physics
Consulting Expense	Food/Beverage Expense Travel Of District Candidate/Officeholder/Political Committee
Event Expense	Polling Expense (Tave) Out of District Expense OTHER (enter a category not listed above)
Fees	Printing Expense Office Overlead/Action Legislation Complete this form.
	3 ACCOUNT # (Ethics Commission Filers)
Total pages Schedule F:	2 FILER NAME AATHU ILTPT
12 01 35	(H/11) 171 = 1
Date /	5 Payee name
4///2011	Evelyn Parcish
Amount (\$)	7 Payee address; City; State; Zip Code
	5305 Carver Dr. Ft Worth, TX 76107
20760	5305 Larver DR. PP OUT THE
27 1.00	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE OF	
EXPENDITURE	Company hald
9 Complete ONLY if direct	Candidate / Officeholder name Office sought
expenditure to benefit C/C	DH
Date / /	Payee name
4/1/2011	Serve address: City: State: Zip Code
Amount (\$)	
, .	4133 Burke Rd. Ft Worth, TX 76119
324.00	4133 PUTE NO. 77
	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Carleyory (see Langue Lance Phane Bank
EXPENDITURE	1 / M I M I M M M M M M M M M M M M M M M
Complete ONLY if direct	Candidate / Office holder name Office sought
expenditure to benefit C/	ОН
	Payee pame
Date / /	Payee dans
4///2011	Pavee address; City, State; Zip Code
Amount (\$)	• • • • • • • • • • • • • • • • • • •
	4208 WilhelmSt Ft Worth, TX 76119
324.00	400 William Schedule Ti
	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	There Banks
EXPENDITURE	Office held
Complete ONLY if direct	Condidate / Officeholder name
expenditure to benefit C	УОН
	Payee name
Date /	
1 4/1/2011	Payee address; City; State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code 2901 Alta Mere Ft. Worth, TV 76116
- 201	2901 Alta 1140 FT. WOLTH // 8 /6/16
52.98	
	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	De La France Invitations
EXPENDITURE	Office held
Complete ONLY if dire	Candidate / Office holder name Office sought
expenditure to benefit	· CKIH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
1	VI 14.4.1.

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking **Consulting Expense Event Expense**

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

rees	The Instruction Guide explains how to		HER (enter a category not listed above)				
1 Total pages Schedule F	2 FILER NAME	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (Ethics Commission Filers)				
33 235	CATHU HIRT						
4 Date /	5 Payee name Stuple 5						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
34.93	1600 S. University, Ft Worth, TX 76107						
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Other	Printer	ink				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date 4/4/20 //	Payee name USPS						
Amount (\$)	Payee address; City; State; Zip Code						
132.00							
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Other	Stam	05				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
Date 4/4/2011	Payee name 5 taples City: State: Zin Code						
Amount (\$)	Payee address; City; State; Zip Code						
\$48.70	16005 University, Ft Worth, TX 76107						
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)				
OF EXPENDITURE							
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date 4/4/2011	Payee name USPostalService						
Amount (\$)	Payee address; City; State; Zip Code						
4289.25							
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Sulicitation Expense	Mailer	postage				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

			•				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitati Food/Beverage Expense Travel II Polling Expense Travel C	Wages/Contract Labor on/Fundraising Expense I District out Of District verhead/Rental Expense	Loan Repayment/I Transportation Equ Contributions/Don Candidate/Offic OTHER (enter a corm.	uipment & Related Expense ations Made By ceholder/Political Committee category not listed above)			
			3 ACCOUN	T # (Ethics Commission Filers)			
1 Total pages Schedule F:	2 FILER NAME	7-		1			
211 777	ANTHY HIR	1					
74 00 55							
4 Date / //	5 Payee name			1			
4 Date //		/		1			
H/4/2n/l	In Philippo 10180	(r)					
17 110-011	Contract of the Zin	Code		[
6 Amount (\$)	7 Payee address; City; State; Zip	Code		, ,			
1500.00	2608 Museum U			HAT 16/07 (xas, complete Schedule T)			
a BURDOSE	(a) Category (See categories listed at the top of this sch	edule) (b) Descriptio	ii (ii traverousiue or re.	Add, complete deliance .,			
8 PURPOSE		ł		Ī			
OF		ı		Ì			
EXPENDITURE				or . Late			
	Candidate / Officeholder name	Office sou	ght	Office held			
9 Complete ONLY if direct				1			
expenditure to benefit C/C)H						
Dete	Payee name			1			
Date	1 5 11 6/2 12			1			
1/////	1 Dehby Stell						
4/4/2011	Pavee address: City; State; Zi	0-4-		į			
Amount (\$)	Payee address; City; State; Zi	Code	11 7.				
FullOdile (4)	2 417 Stadium DK.	I+ 1110cth	TX 16	1119			
	2 417 Stantum UK	1 / DOOLLK	// 101	0 /			
500.00	L						
500.00	1						
		1	- Often all materials of To	exas, complete Schedule T)			
	Category (See categories listed at the top of this sch	edule) Description	on (intravel our side of re	Ags, complete cande 17			
PURPOSE		1					
OF		<u> </u>					
EXPENDITURE							
	Candidate / Officeholder name	Office sou	ght	Office held			
Complete ONLY if direct							
expenditure to benefit C/0	OH						
	Payee name			•			
Date / /	Payee liante						
11/1/10/11	1 hours Talley						
7/9/2011	KADUNE JULICY						
Amount (\$)	Payee address; City, State; Zi	Code /		/			
Amount (a)	1 4 4	1 1 1 10 L	1 WORTH	6 ブメウムハフ 1			
	Payee address; City; Stafe; Zing 5836 Blackmo	renver	, , , , .	. / 1 10.01			
1 1 10	1 July million						
208.00	1						
				even complete Schodule T)			
	Category (See categories listed at the top of this sc	nedule) Description	on (If travel outside of To	exas, complete Schedule T)			
PURPOSE	Category (our sangement	ŀ					
OF	1	1					
EXPENDITURE							
	O- tidata (Office holder name	Office sou	ught	Office held			
Complete ONLY if direct	Candidate / Officeholder name		_				
expenditure to benefit C/	ОН						
JAPONIONE STATE OF							
	T 8						
Date /	Payee name						
11/1/0411	1 John Thumb						
7/4/0011	10M MUMO						
Amount (C)	Payee address; City; State; Z	p Code	-1 -1				
Amount (\$)	1 3 4 5 6 / 1/ /-	TI Marth	11X 76	109			
1	Payee address: City: State; Z	po woild	1111 14	· · ·			
1000	1 3000 - 1, 1201/						
18.52	}						
1 , -				Towar complete Schartide T			
	Category (See categories listed at the top of this se	hedule) Descripti	ion (If travel outside of 1	Texas, complete Schedule T)			
PURPOSE	Campory (our surger	/	/				
OF	1 / lead the	$\frac{1}{2}$	<i>'</i>				
EXPENDITURE	Fred and Boyerage						
	O didate / Office belder name	Office so	ught	Office held			
Complete ONLY if direct	Candidate / Officeholder name /	355					
expenditure to benefit (
exhemining to perent of							
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDULE	AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con	tract Labor L	Loan Repayment/Re				
Accounting/Banking			on/Fundraising Expense Transportation Equipment & Related Expens					
Consulting Expense		Travel In District		Contributions/Donat	tions Made By eholder/Political Committee			
Event Expense	· • · · · · · · · · · · · · · · · · · ·	Travel Out Of Distric			tegory not listed above)			
Fees		Office Overhead/Re			refort for instead above)			
The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers)								
1 Total pages Schedule F:	2 FILER NAME	FPT		J ACCOUNT				
00 0000	- / H / / / / / / / / / / / / / / / / /	L/ 1						
4 Date	5 Payee name	1	L					
4/4/2011	WilliellaeF	CESCOTI						
6 Amount (\$)	7 Payee address; City; State	•	, /	-				
268.00	5715 Libbey, Ft Worth, TX 76107							
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)			us, complete Schedule T)			
OF EXPENDITURE	Contract Lab	100	Phone	Bank	5			
	Candidate / Officeholder name	· · · · · · · · · · · · · · · · · · ·	Office sought		Office held			
9 Complete ONLY if direct Candidate / Officenoider name Chica sought expenditure to benefit C/OH								
Doto /	Payee name							
Date 4/4/2011	136 bbie John. Payee address; City: Star 5808 Hought	50M						
Amount (\$)	Payee address; City; Sta	ite; Zip Code	<i>-</i>	, 1,1	TV -1/			
	5808 Hought	on Hue	HU	orth	10/07			
208.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
PURPOSE	Category (See categories listed at the top	of this schedule)		•	as, complete Schedule T)			
OF EXPENDITURE	Contractlal	200	Phon	a Bank				
	Candidate / Officeholder name		Office sough		Office held			
Complete ONLY if direct expenditure to benefit C/C			J					
Date // 4/2 /	Payee name	.11 lohh.	,_					
417/2011	Sophronan Payee address; City; Sta	ite: 7in Code	-1		•			
Amount (\$)	rayee audress; City; Sta	, ap couc	_ 1	.,				
128.00	5916 Goodma	in Av. A						
PURPOSE	Category (See categories listed at the top	of this schedule)	<i>a</i> ·		as, complete Schedule T)			
OF	Contract Labor	, l	Phon.	o Bank	· 			
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		Office sough		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Onice sough					
Date / , /	Payee name			_				
1 4/4/2011	Payee name FLS Connec Payee address; City; Sta 7300 Hudso.	<u>+</u>						
Amount (\$)	Payee address; City; Sta	ate, Zip Code	-</td <td>10</td> <td>1111/55/28</td>	10	1111/55/28			
	1 7300 Hudson	n Blud	JH270	St. Thu	11111 25100			
1 (0101.64								
	Category (See categories listed at the top	p of this schedule)	Description	(If travel outside of Tex	xas, complete Schedule T)			
PURPOSE	1 1 1 1	1	Phine	1 1				
EXPENDITURE	Dolllitation Ex	PENSE			Office held			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	a st	CHOO INCH			
expenditure to benefit C/OH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								