CANDIDAT	TE / OFFICEHON FINANCE RI	EPORT	CIAL RECORD SECRETARY WORTH, TX	(FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to comp	lete this form.	1 ACCOUNT # (Ethics Commission F		2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MPS/MR /FI // NICKNAME	elly gray	MI SUF	FIX	Date Received RECEIVED APR 30 2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS /POBOX; APT/SUIT	4	H. Worth	CODE	Date Hand-delivered or Postmarked Receipt # 9 9 Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE N (8/7) 688 - 9	UMBER S\$6	EXTENSION		Date Processed
6 CAMPAIGN TREASURER NAME	Mo Phyll	S. W.	MI SUF	FIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEA 2707 Enriss / H. Worth, Trey	Iverue	CITY; STA	те;	ZIP CODE .
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (8/7) 999-7		EXTENSION		
9 REPORT TYPE		th day before election	Runoff Exceeded \$50 limit	0 [15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3 /3/ /15	THROUGH	Month	29 /	Year 15
11 ELECTION	Month Day Year 5 / 9 / 15	ELECTION TYPE Primary	Runoff	√ G	eneral Special
12 OFFICE	Fort Worth (District 8	ity Coune	13 OFFICE SOUGH	T (if known)	
		GO TO PAG	GE2		

SUPPORT & TOTALS	CANDIDATE / OFFICEHOLDER REPORT:
------------------	----------------------------------

COVER	_
SHEET PG 2	FORM C/OH

ALLISON KAY TILL ALLISON KAY TILL Notary Public, State My Commission I October 09, 2 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed befo Sworn to and subscribed befo	OUTSTANDING LOAN TOTALS	CONTRIBUTION BALANCE		EXPENDITURE TOTALS		17 CONTRIBUTION TOTALS		additional pages	0	16 NOTICE FROM POLITICAL COMMITTEE(S)	14 CIOH NAME UM	*
I swear, or affirm, under penalty of perjury, that the accompanying report is true-and chrrect and includes all information required to be reported by marunder the 15, Election Code. ALLISON KAY TIDWELL Notary Public, State of Texas My Commission Expires October 09, 2017 STAMP / SEAL ABOVE STAMP / SEAL ABOVE State of Pril 20 / S to certify which, witness my hand and seal of office. All Son Tidwell All Son Tidwell Notary is the said subscribed before me, by the said subscri	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY $$5690$	4. TOTAL POLITICAL EXPENDITURES \$6,948.88	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED $\$2022.83$	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $\$$ $\%$ $\%$ $\%$ $\%$	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED $\$/\emph{OD}$. \rlap/\emph{OD}	COMMITTEE CAMPAIGN TREASURER ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE TYPE COMMITTEE NAME	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	n Gray Kielly 15 ACCOUNT # (Ethics Commission Filers)	

Revised 07/28/2014

	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	
`	SCHEDULE A	

incipal occupation / Job title (See Instructions)	mturk, TX 76119	5/15 6 Condition address; City; States, Zip Code	ate 5 Fayl name of Contributor Dout-of-state PAC (ID#	LER NOWIE COM Gray Kully	The Instruction Guide explains how to complete this form.	
10 Employer (See Instructions)	(If travel outside of Te	00.00	7 Amount of 8 contribution (\$) d	3 ACCOUNT (Ethics Commission Filers)	1 Totalpages Sched	
	(If travel outside of Texas, complete Schedule T)		8 In-kind contribution description (if applicable)	Commission Filers)	de A:	

Date Full name of contributor 🖂 out-of-state PAC (ID#	Principal occupation / Job title (See Instructions)	At. Works, TX 76/33	4/15/15 35/5 Sycamore School Road #148	/ / Charlie + Hephanie Spain	Date Full name of contributor Out-of-state PAC (ID#	
PAC (ID#:			Zip/Code		PAC (ID#:	
	Employer (See Instructions)		844 Fr	3		
Amount of contribution (\$)	Instructions)	(If travel outside o	100.00	contribution (\$)	Amount of	
In-kind contribution description (if applicable)		 (If travel outside of Texas, complete Schedule T)		description (if applicable)	In-kind contribution	AND THE RESIDENCE AND THE PROPERTY OF THE PROP

	<u></u>					, ,	
Date ,	Principal occu		$c_1/a\eta/L$		Date		Principal occu
Full name of contributor Out-of-state PAC (ID#	Principal occupation / Job title (See Instructions)	Toruccorra, in winds	301 Commerce St Ske 3200	Contributor address: City: State: Zin Code	Full name of contributor out-of-state PAC (ID#		Principal occupation / Job title (See Instructions)
	Employer (See Instructions)						Employer (See Instructions)
Amount of	Instructions)	(If travel outside of Texas, cc	752.00	contribution (\$)	Amount of		Instructions)
In-kind contribution		of Texas, complete Schedule T)		description (if applicable)	In-kind contribution	The state of the s	

			21.0
	Employer (See Instructions)	Principal occupation / Job title (See Instructions)	Principa
(If travel outside of Texas, complete Schedule T)	(If travel outside o	Fort world, TK 76109	
	250.00	3700 Country	1201
		<u> </u>	2//20/12
de	contribution (\$)	i L	`_
In-kind contribution	Amount of	Full name of contributor out-of-state PAC (ID#	Date
	Employer (See Instructions)	The conference of the control of the	

ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.	Principal occupation / Job title (See Instructions)	Forthirth Turies Tallel	HOU/15 DO BUX /63/27	// Livelle Gilkey	Date Full name of contributor □ out-of-state PAC (ID#_	
F THIS SCHEDULI uction guide forad	Employer (See Instructions)			·		
EAS NEEDED	Instructions)	(If travel outside o	100.00	contribution (\$)	Amount of	
requirements.		 (If travel outside of Texas, complete Schedule T)		description (if applicable)	In-kind contribution	The second secon

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

ATTACH ADDITIONAL COPIES C	Principal occupation / Job title (See Instructions)	427/15 2008 four likes lane fortunt 12/16	of contributor out-of-st	Principal occupation / Job title (See Instructions)	Harlis Contributor address; City, State; Zip Code Harlis / Hart Trace / rail Harst, Tr. 76053	Date OF SET While I was Forum	Principal occupation / Job title (See Instructions)	Total 74102	7/24/15 Contributor address; City; State; Zip Code	Date Full name of contributor out-of-state PAC (ID#	Principal occupation / Job title (See Instructions)	m+unk, 1/2 1/6/32	H2415 Character address; City, State, Zip Code	Date Full name of contributor out-of-state PAC (ID#,	9 Principal occupation / Job title (See Instructions)	Fort worth TX 76/62	State;	4 Date 5 Full name of pontributor I cont-of-state PAC(ID#_	FILER NAME	The Instruction Guide explains how to complete this form
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED ut-of-state PAC, please see instruction guide foradditional reporting requirements.		2,500,0	Amount of In-kind contribution contribution (\$) description (if applicable)	Employer (See Instructions)	50.0	Amount of In-kind contribution contribution (\$) description (if applicable)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	520.10	Amount of In-kind contribution contribution (\$) description (if applicable)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	20.0	Amount of In-kind contribution contribution (\$) description (if applicable)	10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	Dr. 0201)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	3 ACCOUNT (Lethics Commission Filers)	is form. 1 Total pages Scheduld A:

POLITICAL CONTRIB

NTRIBUTIONS LEDGES OR	P.O. Box 12070
NTRIBUTIONS LEDGES OR LOANS	Austin, Texas 78711-2070
	(512) 463-5800
SCHEDULE A	(TDD 1-800-735-2989)

ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see inst	Principal occupation / Job title (See Instructions)		Contributor address; City; State; Zip Code	Date Full name of contributor ☐ out-of-state PAC (ID#_	Principal occupation / Job title (See Instructions)		Contributor address; City; State; Zip Code	Date Full name of contributor ☐ out-of-state PAC (ID#_	Principal occupation / Job title (See Instructions)		Contributor address; City; State; Zip Code	Date Full name of contributor out-of-state PAC (ID#.	Principal occupation / Job title (See Instructions)	7W, 1K 76104	4/24/15 Contributor address; City, Spec Zip Code	Date Full name of contributor out-of-state PAC (ID#. Tancas Make	9 Principal occupation / Job title (See Instructions)		4/28/15 6 Contributor address; City State: Blog	4 Date 5 Fill Came of contributor Dout-of-state PAC (ID#,	FILER NAME () Vay K	i	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.		(If travel outside of Texas, complete Schedule T)		Amount of In-kind contribution contribution (\$) description (if applicable)	Employer (See Instructions)	(If travel putside of Texas, complete Schoolule T		Amount of In-kind contribution contribution (\$) description (if applicable)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)		Amount of In-kind contribution contribution (\$) description (if applicable)	Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	222 500.00	Amount of In-kind contribution contribution (\$) description (if applicable)	10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)	250.D	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)	3 ACCOUNT # (Ethics Commission Filers)	nis form. 1 Total pages Schedule A:	

POLITICAL EXPENDITURES

SCHEDULE F

S SCHEDULE AS NEEDED	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH
Description, (if Trave) butside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	Takegopy (See categories listed at the top of this schedule)	PURPOSE OF EXPENDITURE
	ayee addyss; State; Zip Code 35 Burle Road 1, TK 7/1/4	160.10) H
	prophy way	
	Officehol	Complete ONLY if direct expenditure to benefit C/OH
Destription (if trays) dutside of Texas, complete Schedule T) Check if Austin, TX officeholder living expense		OF EXPENDITURE
	WTE TOUG	160.00
	TUNIUS (FAUTH) ayee address; City: State; Zip Code	und (\$)
Office sought Office held	Payee name	expenditure to benefit C/OH
Check if Austin, 1X, officeholder living expense	ntract Labor	EXPENDITURE
1	Safegory (See categories listed at the top of this schedule)	PURPOSE /
	Payee address; // City; State; Zip Code	Andound (\$)
	Sylve name () ATU GILL	Date ///5
Office sought Office held	Candidate / Officeholder name	9 Complete ONLY if direct expenditure to benefit C/OH
Check if Austin, To	wheet labor	
(b)_Besidiation (literations in the second	he top of this	8 PURPOSE (a)
		6 Amount (\$)
3 ACCOUNT # (Ethics Commission Filers)	FLER NAME JEW KELLY	1 loyal pages Schedule F: 2
Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Contributions/Donations Made By Cravel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) explains how to complete this form.	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to con	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
IES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)	

POLITICAL EXPENDITURES

SCHEDULE T

	Complete ONLY if direct expenditure to benefit C/OH	PURPOSE OF EXPENDITURE	(9) (10) (2)	Pate/ 15	Complete ONLY if direct expenditure to benefit C/OH	PURPOSE OF EXPENDITURE	160.00	Agnount (S)	expenditure to benefit C/OH	EXPENDITURE	160.00	Arthought (\$)	expenditure to benefit C/OH		POSE	m (9)	1 Total pages Schedule F:	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
ATTACH ADDITIONAL C	Candidate / Officeholder name	Câtegory (See categories listed at the top of this schedule)	Payee address; Six S	Paysename (Mu)	Candidate / Officeholder name	White Tipul Street on the top or this schedule)	103 Duke (20 10 17 16/19	Payse adops: / Gill: S	cardidate / Officenoider name	Inhact Labor	408 W/helm 40, TC 16/19	Payee address / City: 5		othace	(a) Category (See categories listed at the top of this schedule)	7, Payee Address: City S	2 FIJER NIGME ()	EXPENDITUR Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Gui
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Offic	p of this schedule) Description (If te	State; Zip Code	And	Office sought	p of this schedule) Application (jumps) Check of Austin.		State; Zip Code	e Office sought	Check Haus		State: Zin Code	e Office sought	I Check if X	op of this schedule) (by DayCription (III)	SD SD Sin Code	welly .	EXPENDITURE CATEGORIES FOR BOX 8(a) //Memorials Expense Salaries/Wages/Contract Labor Lo // Solicitation/Fundraising Expense Tr // Sage Expense Travel In District // Provided Prov
EDED	Office held	(tayel outside of Texas, complete Schedule T) MACLUS (Longier In Texas) In, TX, officeholder Inving expense			Office held	Pavel outside of Texas, complete Schedule T) MACLANGE Schedule T) Win, TX, officeholder living expense			Office held	trayel outside of Texas, complete Schedule T) MACLUS LL tin, TX, officeholder living expense			Office held	n, TX office Roide Firm	Liguel outside of Texas, complete School de T		3 ACCOUNT # (Ethics Commission Filers)	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.

POLITICAL EXPENDITURES

SCHEDULE T

	Complete ONLY if direct expenditure to benefit C/OH	PURPOSE OF EXPENDITURE	102.07	1/2/15	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	PURPOSE OF EXPENDITURE	103.D	Amount (\$)	Complete ONLY if direct expenditure to benefit C/OH	OF	160.10	Andounts (\$)	11	EXPENDITURE	MO.O) PURPOSE	#19/15 6 Amount (\$)	1 Total pages Schedule F:	dvertising Expens counting/Banking consulting Expense vent Expense ses
ATTACH ADDITIONAL	Candidate / Officeholder name	Category (See categories listed at the top of this schedule) HTML EUMNSE	Loyes address City;	Payee name Suck	Candidate / Officeholder name	Category (See categories listed at the top of this schedule) Bull Eyanse	The The The OF	Payee name) Common of the com	Candidate / Officeholder name	Lab	16	Payee Address: City.	R ,	Contr	(a) Category, (See categories listed at the top of this schedule)	Dayse rame Clark	2 FILER NAME ()	Gift/Awards Legal Servi Food/Bever Polling Exp
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	ne Office sought	top of this schedule) Description (If trave)	State: Ziji Code In St.	5	ne Office sought	top of this schedule) Description Lugary Check if A		MADA) (State; Zip Code	ne Office sought	Check if Aus		State Zip Code	The Office sought		(E)	j	felly	EXPENDITURE CATEGORIES FOR BOX 8(a) //Memorials Expense Salaries/Wages/Contract Labor Lo ces Solicitation/Fundraising Expense Tr age Expense Travel In District Co ense Travel Out Of District Co pense Office Overhead/Rental Expense O
NEEDED		1 (If travehoutside of Texas, complete Schedule T)			ht Office held	(IL travel-original of Texas, complete Schedule T) OTHER CONTROL ON A SCHOOL TO THE TEXAS OF TH				1.4ff(37)el outside of Texas, complete Schedule T) Say (U) L/ Austin, TX, officeholder living expense			jht Office held	Ausin, Workerolderhvingesperise	Solibion (if taxel outside of Toyac complete School or		3 ACCOUNT # (Ethics Commission Filers)	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.

POLITICAL EXPENDITURES

SCHMDSLM T

NAL COPIES OF THIS SOURDLE FAS METERS	ATTACH ADDITIONAL CODIES	
Office sought	Cand	Complete ONLY if direct expenditure to benefit C/OH
categories listed at the top of this schedule) Categories listed at the top of this schedule T) Check if Austin, TX, officeholder living expense	Category (See categories listed of	PURPOSE OF EXPENDITURE
The code	4/33 Bute Read	
1 1	Payee name ()	Date / 15/15
Office sought	Candidate / Officeholder name OH	Complete ONLY if direct expenditure to benefit C/OH
(See categories listed at the top of this schedule) Opescription (If travel outgide/of Texas, complete Schedule T) Opescription (If travel outgide/of Texas, complete Schedule T) Opescription (If travel outgide/of Texas, complete Schedule T)	Inwhy Exa	PURPOSE OF EXPENDITURE
L. F. St. 809	MIM	358.66
	The name Vicel	All III
er name Office sought Office held	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH
ed at the top of this schedule) Description (liftayel outside of Texas, coprilete Schedule,T) (UCTT) Check if Austin, TX, officeholder living expense	5	OF
76102	12.150 634	/50.10
City: State: Zin Code	Refuse andress:	Amount (S)
ler name Office sought Office held	Candid	expenditure to benefit C/OH
(b) Prescription (if travel gutsiple of Texas, complete Schedule T) (b) Prescription (if travel gutsiple of Texas, complete Schedule T) (c) Prescription (if travel gutsiple of Texas, complete Schedule T) (d) Check if Austin, TX, officeholder living expense	C.A.	EXPENDITURE
St. Kust	75	0,7
U. Terrell High School - H. Worth	Home name	10/15
4 ACCOUNT # (Ethics Commission Filers)		1 Total dages/Schedule F:
morials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Expense Travel In District Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense Office Overhead/Rental Expense	Gift/Awards/Mer Legal Services Food/Beverage Polling Expense Printing Expense	vertisir countin nsultin ent Ex
EXPENDITION OF THE COURSE TO DO TO	באסתא	•

POLITICAL EXPENDITURES

SCHEDULE

	ATTACH ADDITIONAL CODIES OF THE	
Office sought Office held	Candidate / Officeholder name)H	Complete <u>ONLY</u> if direct expenditure to benefit C/OH
Check if Austin; Tx, office holder fixing expense	Contract Labor	OF
	Category (See categories)listed at the top of this schedule)	160.00
	Payee address (City: State: Zip Code	Agnourge (\$)
	(gayee name () Arcu () run	14/1/5/1/5
Office sought Office held	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH
Description (lyfravel outside of Texas, complete Schedule T) And Check if Austin, TX, office holder lyining expense	()	PURPOSE OF EXPENDITURE
	16 11911 d	160.10
	Transis, City: State: Zip Code	4/15/15 Amount (\$)
	Playee name ·	Dayle
Office sought Office held	Candidate / Officeholder name	Complete <u>ONLY</u> if direct expenditure to benefit C/OH
Description (If Apvel outside of Texas, complete Schedule T) HUNC Strong Check if Austin, TX, officeholder Wing expense	Callegory (See categories listed at the top of this schedule)	PURPOSE OF EXPENDITURE
	SILTE TO 140	201.10
	Payee bothess: City: State 7 in Code	Amount (\$)
Office sought Office held	S	expenditure to benefit C/OH
Check if Austin, 1% officeholder living expense	Contra	1
	Sulfa Hugh Brown Inc. 210 Code Sulfa Hugh Brown Inc. (a) Category (See preprint Infect at the top of this conductive)	
		1 7 2
3 ACCOUNT # (Ethics Commission Filers)	FILERINA	1 Total pages Schedule F:
Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above)	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Food/Beverage Expense Food/Beverage Expense Folling Expense Printing Expense The Instruction Guide explains how to complete this form.	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
		*

POLITICAL EXPENDITURES

SCHEDULE T

	Complete ONLY if direct expenditure to benefit C/OH	PURPOSE OF EXPENDITURE	20.0	Parls 1/5	Complete ONLY if direct expenditure to benefit C/OH	PURPOSE OF EXPENDITURE	160.D	# 22/15 Amount: (\$)	expenditure to benefit C/OH	EXPENDITURE	PURPOSE	// _e /) //)		expenditure to benefit C/OH		8 PURPOSE	1/2.32	4/19/15	i rotal pages schedule F:	Ivertising Expens counting/Banking insulting Expense rent Expense es	
ATTACH ADDITIONA	Candidate / Officeholder name	Category (See categories listed at the Category (See categories listed at the Category (See categories listed at the Category (See category (See category (See category (See category (See category (See categories listed at the Categories lis	1674	Palee name) WINDON	Sandidate / Officeholder name	Much Liber	408 Wilhelm 19	Payee name J	\$	Contractlabor	CateSpry (See categories listed at	Sulle Poughton H	Payde pame Work	H Carididate / Onicenoider n	2	(a) Category (See categories listed at	Some additions City Sold Throng 4;	have named	2 FILER MANNE (1	Gift/Awards/Mer Legal Services Food/Beverage Polling Expense Printing Expense	EXPENDIT
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	ime Office sought	es listed at the top of this schedule) Rescription (i) transcription (i) transcription (ii) transcription (ii) transcription (ii) transcription (iii) transcription (State: Zip Code		ame Office sought	he top of this schedule) Description of the control of the contro	State: Zip Code	2	arne Office sought	More S	Isted at the top of this schedule)	7 State: Zip Code		office sought	Mange Mulish	(See calegories listed at the top of this schedule)	: State: Zip Code ZEULAJ		Kelly	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense uide explains how to complete this for	EXPENDITURE CATEGORIES FOR BOX 8(a)
EDED	Office held	iravel outside of Texas, complete Schedule T)			Office held	travel outside of Texas, complete Schedule T)			Office held	Cofficeholder living	If travel guiside of Texas toomplete School is T			Office held	stin, TX. officeholder living expense	(If travelouts de of Texas, complete Schedule T)			3 ACCOUNT # (Ethics Commission Filers)	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.	

POLITICAL EXPENDITURES

• ÿ?@è1\$\$V@♠0@ix

SCHEDULE F

NEEDED	S SCHEDULE AS	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
Jht Office held	Office sought	Candidate / Officeholder name H	Complete <u>ONLY</u> if direct expenditure to benefit C/OH
Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense	Description Check if	Category (See categories listed at the top of this schedule)	PURPOSE OF EXPENDITURE
		Payee address; City; State; Zip Code	Amount (\$)
		Payee name	Date
Jnt Office held	Office sought	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH
ptiop_(if travel outside of Texas, complete Schedule T) OUT // OLS eck if Austin, TX, officeholder living expense	Description UCheck if	Category (See categories listed at the top of this schedule) Libert Lyllase	PURPOSE OF EXPENDITURE
		Payee address; City: State: Zip Code P.D. Kort 25/7/ P.D. TY 70/24	Arfount (5) (5D.10)
		Page name Cochie	1 24/15
Jht Office held	Office sought	Candidate / Officeholder name	Complete ONLY if direct expenditure to benefit C/OH
n (lyfavel outside of Texas, gomplete Schedule T) Austin, TX, officeholder fiving expense	June 1	SateSpry (See calegories listed at the top of this schedule)	PURPOSE OF EXPENDITURE
		Played address: St. City: State: Zip Code HUN THUMA	Amount (\$)
		Payee name Pawind	1/22/15
ght Office held	Office sought	Candidate / Officeholder name	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH
n (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T) (Austin, TX, officeholder living expense	(b) Description Check if A	(a) Category (See categories listed at the top of this schedule) Mark Lahar	8 PURPOSE OF EXPENDITURE
	ens.	Thayee address: Joliy: State: Zip Code 4133 John July 400 That July	6 Arghount J(S)
		5 Revee name (4 //	Date /
3 ACCOUNT # (Ethics Commission Filers)		2 FILERHAME () Hely	1 Total pages Schedule F:
Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Office Overhead/Rental Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Folling Expense Frinting Expense Travel Out Of District Formula Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this fo	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees