

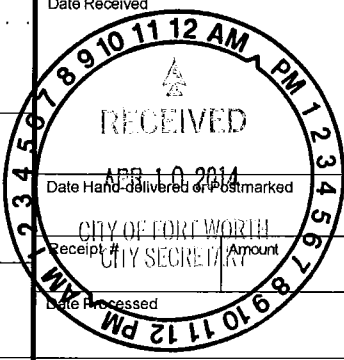
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CITY SECRETARY
The C/OH Instruction Guide explains how to complete this form.
FT. WORTH, TX

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
30

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Edward C. NICKNAME LAST SUFFIX "Ed" Lasater II	OFFICE USE ONLY Date Received  Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2101 Ward Parkway Fort Worth TX 76110	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 732-9339	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Ellison C. NICKNAME LAST SUFFIX "Ellie" Lasater	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2101 Ward Parkway Fort Worth TX 76110	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 732-9339	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 12 / 2014 3 / 31 / 2014	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special 5 / 10 / 2014	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Worth City Council District 9

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Edward C. Lasater II

15 ACCOUNT # (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 37,664.10

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 8,595.21

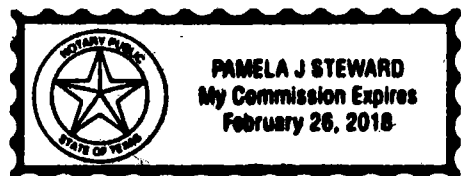
**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 29,577.00

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 100.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Edward C. Lasater II

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said EDWARD C. LASATER II, this the 10 day of April, 20 14, to certify which, witness my hand and seal of office.

Pamela J. Steward
Signature of officer administering oath

PAMELA J. STEWARD
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/6/20145 Full name of contributor ☐ out-of-state PAC (ID#:
Betty Arvin6 Contributor address; City; State; Zip Code
2325 Edwin Street
Fort Worth TX 761107 Amount of
contribution (\$) 100.008 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/20/2014Full name of contributor ☐ out-of-state PAC (ID#:
Ben BarlowContributor address; City; State; Zip Code
2420 Medford Ct. E
Fort Worth TX 76109Amount of
contribution (\$) 300.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014Full name of contributor ☐ out-of-state PAC (ID#:
George & Mary Frances BarlowContributor address; City; State; Zip Code
260 Casa Blanca Ave.
Fort Worth TX 76107Amount of
contribution (\$) 500.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014Full name of contributor ☐ out-of-state PAC (ID#:
Karen Haun BarlowContributor address; City; State; Zip Code
208 Rockwood Park Dr.
Fort Worth TX 76107Amount of
contribution (\$) 100.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/24/2014Full name of contributor ☐ out-of-state PAC (ID#:
Sid R. BassContributor address; City; State; Zip Code
201 Main Street, Ste. 2700
Fort Worth TX 76102Amount of
contribution (\$) 1000.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/22/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Janie & John Bennett 6 Contributor address; City; State; Zip Code 2211 E. Sopris Creek Rd. Sopris CO 81621	7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jill Black Contributor address; City; State; Zip Code 2031 Ward Parkway Fort WorthTX 76110	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betsy Booth Contributor address; City; State; Zip Code 2049 Glenco Ter Fort WorthTX 76110	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judy & Martin Bowen Contributor address; City; State; Zip Code 1120 Hidden Road Fort WorthTX 76107	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sam Brous Contributor address; City; State; Zip Code 301 Commerce Ste 2040 Fort WorthTX 76102	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/5/20145 Full name of contributor ☐ out-of-state PAC (ID#:
Whitney Brown7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)6 Contributor address; City; State; Zip Code
2025 Ward Parkway
Fort Worth TX 76110

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/21/2014Full name of contributor ☐ out-of-state PAC (ID#:
Roy & Jaye BrowningAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
3800 Monticello Dr.
Fort Worth TX 76107

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014Full name of contributor ☐ out-of-state PAC (ID#:
Dan & Pam BruhlAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
4909 Crestline Rd.
Fort Worth TX 76107

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/18/2014Full name of contributor ☐ out-of-state PAC (ID#:
Stephen & Susan ButtAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
912 Alta
Fort Worth TX 76107

1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/30/2014Full name of contributor ☐ out-of-state PAC (ID#:
Breau CastlemanAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
727 Bunker Hill Road #42
Houston TX 77024

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/24/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Jean Pierre Chaumont

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
252 Casa Blanca Ave.
Fort Worth TX 76107

25.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/24/2014

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

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
PO Box 430
Falfurrias TX 78355

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/2014

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

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
1628 Fairmount Ave.
Fort Worth TX 76104

50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/11/2014

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

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
5044 Byers
Fort Worth TX 76107

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/23/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Don & Lisbeth Cooper

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
400 Roaring Springs Rd.
Black Mountain NC 28711

1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/6/2014

5 Full name of contributor ☐ out-of-state PAC (ID#:
Alice Cranz

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
4833 Bryce
Fort Worth TX 76107

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/26/2014

Full name of contributor ☐ out-of-state PAC (ID#:
Haydn Cutler

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
3825 Camp Bowie
Fort Worth Tx 76107

1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/2014

Full name of contributor ☐ out-of-state PAC (ID#:
Mark G. Daniel

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
115 W. Second St., Ste. 202
Fort Worth TX 76102

150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/5/2014

Full name of contributor ☐ out-of-state PAC (ID#:
Richard Deberry

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
1232 Rockridge Terr.
Fort Worth TX 76110

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014

Full name of contributor ☐ out-of-state PAC (ID#:
Gretchen Denny

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
2717 Museum Way
Fort Worth TX 76107

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/14/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Buddy Dike 6 Contributor address; City; State; Zip Code 3200 West 4th Street Fort Worth TX 76107	7 Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy & Gene Dozier Contributor address; City; State; Zip Code 4709 Crestline Rd. Fort Worth TX 76107	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert L. Easton Contributor address; City; State; Zip Code PO Box 22765 Houston TX 77227	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Ferguson Contributor address; City; State; Zip Code 1600 W 7th St. Ste. 100 Fort Worth TX 76102	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andy & Kristin Fitzhugh Contributor address; City; State; Zip Code 2840 River Brook Court Fort Worth TX 76116	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/28/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cornelia Friedman 6 Contributor address; City; State; Zip Code 1305 Shady Oaks Lane Fort Worth Tx 76107	7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Walker C. Friedman Contributor address; City; State; Zip Code 421 Ridgewood Road Fort Worth TX 76107	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chess & Robin Fulton Contributor address; City; State; Zip Code 1940 Dartmoor Ct. Fort Worth TX 76110	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harriette & Arnold Gachman Contributor address; City; State; Zip Code 1229 Shady Oaks Ln Fort Worth TX 76107	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elliott Garsek Contributor address; City; State; Zip Code 920 Foch St. Fort Worth TX 76107	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Gearheart 6 Contributor address; City; State; Zip Code 3001 Cullen St. Fort Worth TX 76107	7 Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jo Anne & Arch Gilbert Contributor address; City; State; Zip Code 1000 Hidden Rd. Fort Worth TX 76107	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Gordon Contributor address; City; State; Zip Code 3731 Hilltop Rd. Fort Worth TX 76109	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Earl & Paula Hoover Contributor address; City; State; Zip Code 3800 Encanto Dr. Fort Worth TX 76109	Amount of contribution (\$) 2,500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dennis Johnson Contributor address; City; State; Zip Code 2116 Park Place Ave. Fort Worth TX 76110	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/6/20145 Full name of contributor ☐ out-of-state PAC (ID#:
Melody Johnson6 Contributor address; City; State; Zip Code
2709 Manorwood Tr
Fort Worth TX 761097 Amount of
contribution (\$) 250.008 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/18/2014Full name of contributor ☐ out-of-state PAC (ID#:
George KampmannContributor address; City; State; Zip Code
112 Gatewood Ct.
San Antonio TX 78209Amount of
contribution (\$) 250.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/28/2014Full name of contributor ☐ out-of-state PAC (ID#:
Scott & Julie KlebergContributor address; City; State; Zip Code
301 Commerce St., Ste 1300
Fort Worth TX 76102Amount of
contribution (\$) 500.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/19/2014Full name of contributor ☐ out-of-state PAC (ID#:
Jeff & Carroll KobsContributor address; City; State; Zip Code
5900 El Campo
Fort Worth TX 76107Amount of
contribution (\$) 1,000.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014Full name of contributor ☐ out-of-state PAC (ID#:
Jack LarsonContributor address; City; State; Zip Code
1941 Chatburn Ct.
Fort Worth TX 76110Amount of
contribution (\$) 500.00In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/3/2014

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

Duncan Lee

6 Contributor address; City; State; Zip Code

3225 Rankin St.

Dallas TX 76205

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/5/2014

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

Marty Leonard

Contributor address; City; State; Zip Code

1411 Shady Oaks Lane

Fort Worth TX 76107

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014

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

Patricia Linares

Contributor address; City; State; Zip Code

4705 Cinnamon Hill Dr.

Fort Worth TX 76133

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014

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

Steve & Jennifer Litke

Contributor address; City; State; Zip Code

2018 Ward Parkway

Fort Worth TX 76110

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/7/2014

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

Libby Manning

Contributor address; City; State; Zip Code

2217 Windsor Place

Fort Worth TX 76110

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John McBride 6 Contributor address; City; State; Zip Code 2500 Elk Creek Rd. Snowmass CO 81654	7 Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Virginia McClain Contributor address; City; State; Zip Code 2501 Museum Way #346 Fort Worth TX 76107	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill & Carol McKay Contributor address; City; State; Zip Code P.O. Box 370 Lipan TX 76462	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John McMackin Contributor address; City; State; Zip Code 4731 Harley Ave. Fort Worth TX 76107	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William & Patricia Meadows Contributor address; City; State; Zip Code 3904 Hamilton Ave. Fort Worth TX 76107	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Modesett, Jr 6 Contributor address; City; State; Zip Code 2112 Westgate Houston TX 77019	7 Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judy Needham Contributor address; City; State; Zip Code 7585 Surfside Dr Fort Worth TX 76135	Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Foster Nelson Contributor address; City; State; Zip Code 5021 Bryce Ave. Fort Worth TX 76107	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul & Debra Nyul Contributor address; City; State; Zip Code 2012 Wilshire Blvd. Fort Worth TX 76110	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lyndon L. Olson Contributor address; City; State; Zip Code 3812 Greenleaf Dr. Waco TX 76710	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/22/20145 Full name of contributor ☐ out-of-state PAC (ID#:
Lesa & John Oudt7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)6 Contributor address; City; State; Zip Code
5350 Wateka Dr.
Dallas TX 75209

1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/6/2014Full name of contributor ☐ out-of-state PAC (ID#:
Shawn PaschallAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
2030 Ward Parkway
Fort Worth TX 76110

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/2014Full name of contributor ☐ out-of-state PAC (ID#:
Gail RawlAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
4 Westover Rd.
Fort Worth TX 76107

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/27/2014Full name of contributor ☐ out-of-state PAC (ID#:
Rozanne and Billy RosenthalAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
504 E. 4th Street Suite 201
Fort Worth TX 76102

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/24/2014Full name of contributor ☐ out-of-state PAC (ID#:
Terry and Jude RyanAmount of
contribution (\$)In-kind contribution
description (if applicable)Contributor address; City; State; Zip Code
6320 Inca Road
Fort Worth TX 76116

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/19/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ed & Rae Schollmaier 6 Contributor address; City; State; Zip Code 2501 Museum Way #823 Fort Worth TX 76107	7 Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jason & Christina Smith Contributor address; City; State; Zip Code 4714 Alta Dr. Fort Worth TX 76107	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John C. Snyder Contributor address; City; State; Zip Code 2000 Four Oaks Lane Fort Worth TX 76107	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sallie B. Tarride Contributor address; City; State; Zip Code 2501 Museum Way #1019 Fort Worth TX 76107	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank & Connie (Beck) Tilley Contributor address; City; State; Zip Code 3409 Rustwood Ct. Fort Worth TX 76109	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/16/20145 Full name of contributor ☐ out-of-state PAC (ID#)

Vic Tinsley

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

100.00

6 Contributor address; City; State; Zip Code

6421 Camp Bowie

Fort Worth TX 76116

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/6/2014Full name of contributor ☐ out-of-state PAC (ID#)

Melanie & Patrick Towle

Amount of
contribution (\$)In-kind contribution
description (if applicable)

500.00

Contributor address; City; State; Zip Code

4349 Westdale Dr.

Fort Worth TX 76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/19/2014Full name of contributor ☐ out-of-state PAC (ID#)

Jeff & Rinda Wentworth

Amount of
contribution (\$)In-kind contribution
description (if applicable)

500.00

Contributor address; City; State; Zip Code

5020 Bryce Ave.

Fort Worth TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/11/2014Full name of contributor ☐ out-of-state PAC (ID#)

John Williams

Amount of
contribution (\$)In-kind contribution
description (if applicable)

500.00

Contributor address; City; State; Zip Code

4737 Lafayette Avenue

Fort Worth TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/19/2014Full name of contributor ☐ out-of-state PAC (ID#)

J.D. & Roberta Williamson

Amount of
contribution (\$)In-kind contribution
description (if applicable)

500.00

Contributor address; City; State; Zip Code

8181 Douglas Apt 710

Dallas TX 75225

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/20/2014

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

Diane D. Young

6 Contributor address; City; State; Zip Code

6320 Indian Circle Dr

Fort Worth TX 76116

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/11/2014

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

George Young

Contributor address; City; State; Zip Code

1320 S. University Dr. #400

Fort Worth TX 76107

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/24/2014

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

D. Field Yow

Contributor address; City; State; Zip Code

1216 Washington Terrace

Fort Worth TX 76107

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/2014

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

Hammer and Nails Club

Contributor address; City; State; Zip Code

7001 Boulevard 26 Ste 323

Fort Worth TX 76180

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/31/2014

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

Good Government Fund

Contributor address; City; State; Zip Code

201 Main Street, Ste. 2500

Fort Worth TX 76102

Amount of
contribution (\$)

4,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/31/20145 Full name of contributor ☐ out-of-state PAC (ID# _____)

Kelly Hart PAC

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

201 Main Street, Ste. 2500

Fort Worth TX 76102

1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/25/2014Full name of contributor ☐ out-of-state PAC (ID# _____)

Thomas Musgrave

Contributor address; City; State; Zip Code

825 Old Austin Road

San Antonio Tx 78209

Amount of
contribution (\$)In-kind contribution
description (if applicable)

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/30/2014Full name of contributor ☐ out-of-state PAC (ID# _____)

Steven Mach

Contributor address; City; State; Zip Code

P.O. Box 130630 Houston TX 77219

Amount of
contribution (\$)In-kind contribution
description (if applicable)

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/30/2014Full name of contributor ☐ out-of-state PAC (ID# _____)

Robert and Tiffany Self

Contributor address; City; State; Zip Code

2026 Ward Parkway

Fort Worth TX 76110

Amount of
contribution (\$)In-kind contribution
description (if applicable)

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/6/2014Full name of contributor ☐ out-of-state PAC (ID# _____)

Loftin & Carol Witcher

Contributor address; City; State; Zip Code

401 Ridgewood Rd.

Fort Worth TX 76107

Amount of
contribution (\$)In-kind contribution
description (if applicable)

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 18

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3-28-20145 Full name of contributor ☐ out-of-state PAC (ID#:

Bryan Wagner

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

500 Commerce, Suite 600

Fort Worth Tx 76102

1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3-27-2014Full name of contributor ☐ out-of-state PAC (ID#:

Tim and Zelime Ward

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3601 Monticello Drive

Fort Worth Tx 76107

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-31-2014Full name of contributor ☐ out-of-state PAC (ID#:

Garland M. Lasater, Jr.

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1301 Humble Court Fort Worth TX 76107

525.50

Use of Office
space

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-31-2014Full name of contributor ☐ out-of-state PAC (ID#:

Garland M. Lasater, Jr.

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1301 Humble Court Fort Worth TX 76107

963.60

Clerical help

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-20-2014Full name of contributor ☐ out-of-state PAC (ID#:

Gary Logan

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1936 Kensington

Fort Worth TX 76110

300.00

Photography

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan 2-18-2014	7 Name of lender Edward C. Lasater II	9 Loan Amount (\$) 100.00	
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2101 Ward Parkway Fort Worth, TX 76110	10 Interest rate 0%	
		11 Maturity date 9-15-2014	
12 Principal occupation / Job title (See Instructions) Manager		13 Employer (See Instructions) Asset Deployment, Inc.	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Edward C. Lasater, II		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 3-17-2014	5 Payee name USPS					
6 Amount (\$) 98.00	7 Payee address; City; State; Zip Code Trinity River Station Fort Worth TX 76109					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising	(b) Description (If travel outside of Texas, complete Schedule T) Postage for solicitation letters				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 3-26-2014	Payee name United Graphics & Signs					
Amount (\$) 3,767.10	Payee address; City; State; Zip Code 5035 Martin Luther King Jr. Frwy Fort Worth, TX 76119					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Yard and road signs				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 3-27-2014	Payee name Norfleet Strategies LLC					
Amount (\$) 3,500.00	Payee address; City; State; Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Professional service fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-17-2014		5 Payee name Staples			
6 Amount (\$) 86.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1600 South University Drive Fort Worth TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Posters of District 9 Map	
Date 2-19-2014		Payee name Intuit.com			
Amount (\$) 173.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2632 Marine Way Mountain View CA 94043			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Business Checks	
Date 3-3-2014		Payee name Envelopes.com			
Amount (\$) 301.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5300 New Horizons Blvd Amityville NY 11701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Donation Envelopes	
Date 3-6-2014		Payee name Zio Carlo Magnolia Brew			
Amount (\$) 314.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1001 W Magnolia Ave Fort Worth TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) Fundraiser	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-13-2014		5 Payee name FedEx Office			
6 Amount (\$) 244.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 6020 Camp Bowie Blvd Fort Worth TX 76116			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Thank you Cards	
Date 3-21-2014		Payee name United States Postal Service			
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2600 8th Ave Fort Worth TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Rental for PO Box for 6 months	
Date 3-27-2014		Payee name GoDaddy.com			
Amount (\$) 59.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Business email for 1 year	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
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)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	

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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8** Amount
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME**2 ACCOUNT #** (Ethics Commission Filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section *only* if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder