

OFFICIAL RECORD

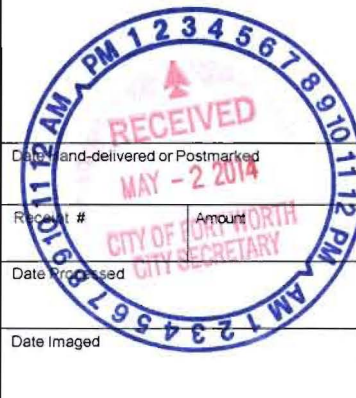
CITY SECRETARY

FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Edward	MI C.
	NICKNAME "Ed"	LAST Lasater	SUFFIX II
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 (817)	PHONE NUMBER 732-9339	EXTENSION
	MS / MRS / MR Mrs.	FIRST Ellison	MI C.
6 CAMPAIGN TREASURER NAME	NICKNAME "Ellie"	LAST Lasater	SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY: STATE: ZIP CODE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	2101 Ward Parkway Fort Worth TX 76110		
	AREA CODE (817)	PHONE NUMBER 732-9339	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 4 / 1 / 2014		Month Day Year 4 / 30 / 2014	
11 ELECTION	ELECTION DATE Month Day Year 5 / 10 / 2014		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
	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)	\$ 21,981.25

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 16,452.94

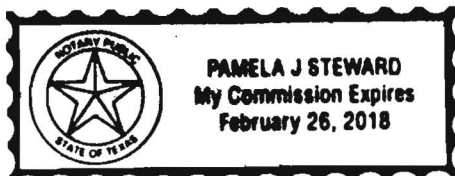
**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 47,616.77
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**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00
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18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said EDWARD C. LASATER II, this the 2 day of MAY, 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 PUBLIC
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: 11	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-9-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cornelia & James Blake 6 Contributor address; City; State; Zip Code 19 Westover Road 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 4-1-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob & Loene Bowlin Contributor address; City; State; Zip Code 606 Monticello Dr. Fort Worth TX 76107	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-6-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph & Barbara Cox Contributor address; City; State; Zip Code 501 Samuels Ave. Suite 640 Fort Worth TX 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)	
Date 4-3-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lance Evans Contributor address; City; State; Zip Code 115 W. Second St., Ste. 202 Fort Worth TX 76102	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-3-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim Evans Contributor address; City; State; Zip Code 115 W. Second St., Ste. 202 Fort Worth TX 76102	Amount of contribution (\$) 200.00 (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: 11	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-4-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jeff Fraley	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1812 Carleton Ave. Fort Worth TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-7-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Zach & Noelle Garsek	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2609 Colonial Parkway Fort Worth TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-1-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) M.A. & John Giordano	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3417 Clear Fork Trail Fort Worth TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-1-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jim & Mary Ann Harris	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 619 Rivercrest Dr. Fort Worth TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-2-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Adele Hart	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1400 Alta Drive Fort Worth Tx 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-1-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Stephanie & Bourke Harvey 6 Contributor address; City; State; Zip Code 4316 Ridgehaven Ct. Fort Worth TX 76116	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 4-4-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ann & Ed Hudson, Jr. Contributor address; City; State; Zip Code 55 Westover Terrace Fort Worth TX 76107	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 4-2-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ardon Moore Contributor address; City; State; Zip Code 201 Main Street, Ste 3200 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 4-7-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) J.C. Pace Contributor address; City; State; Zip Code 208 Hazelwood 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 4-1-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Reed Pigman Contributor address; City; State; Zip Code 200 Texas Way Fort Worth TX 76106	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)	

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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 11	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-7-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Ross 6 Contributor address; City; State; Zip Code 4308 Inwood Road Fort Worth TX 76109	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 4-14-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roxanne & Alan Shipman Contributor address; City; State; Zip Code 1100 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 4-9-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grady Shropshire Contributor address; City; State; Zip Code 108 River Crest 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 4-1-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe & Linda Staley Contributor address; City; State; Zip Code 4445 Rheivas Place Dallas TX 75265	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 4-2-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sid R. Bass Contributor address; City; State; Zip Code 201 Main Street, Ste. 2700 Fort Worth TX 76102	Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-13-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Warwick Drakeford 6 Contributor address; City; State; Zip Code 3228 Spanish Oak Dr. Fort Worth TX 76109	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 4-12-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jim & Carol Dunaway Contributor address; City; State; Zip Code 500 Alta Drive 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 4-9-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ted & Katy Flato Contributor address; City; State; Zip Code 210 Encino Av San Antonio TX 78205	Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-6-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Elizabeth & Rafael Garza Contributor address; City; State; Zip Code 5321 Northcrest Rd. Fort Worth TX 76107	Amount of contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-11-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Courtney & Joel Heydenburk Contributor address; City; State; Zip Code 2200 Pembroke Dr. Fort Worth TX 76110	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 11	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-8-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julie Jitkoff 6 Contributor address; City; State; Zip Code PO Box B Kingsville TX 78364	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 4-7-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betsy & David Powell Contributor address; City; State; Zip Code 109 Edmunds Rd. Wellesley Hills MA 02481	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 4-8-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Margaret Rach Contributor address; City; State; Zip Code 2644 Waters Edge Ln 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)	
Date 4-10-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Simms Contributor address; City; State; Zip Code 1013 Hidden Road Fort Worth TX 76107	Amount of contribution (\$) 25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-7-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peter & Sara Sterling Contributor address; City; State; Zip Code 66 Westover Terrace 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)	

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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: 11	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-14-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Judy Willcott & Lawrence Miller 6 Contributor address; City; State; Zip Code P.O. Box 49130 Austin, TX 78765	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-14-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Tess Krotz Contributor address; City; State; Zip Code 2245 Stanley Ave Fort Worth TX 76110	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John Roach Contributor address; City; State; Zip Code 2805 Alton Rd. Fort Worth TX 76109	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Garland M. Lasater Jr Contributor address; City; State; Zip Code 1301 Humble Court Fort Worth TX 76107	Amount of contribution (\$) 395.25	In-kind contribution description (if applicable) Use of Office Space
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Garland M. Lasater Jr Contributor address; City; State; Zip Code 1301 Humble Court Fort Worth TX 76107	Amount of contribution (\$) 671.00	In-kind contribution description (if applicable) Clerical Help
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 11	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-21-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Carolyn Bell 6 Contributor address; City; State; Zip Code 3509 Elm Creek Court Fort Worth TX 76109	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 4-20-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William Hall Contributor address; City; State; Zip Code 2308 Medford Ct W Fort Worth TX 76109	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 4-18-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Steve Durham Contributor address; City; State; Zip Code 2214 E Side Drive Austin TX 78704	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 4-4-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Henry & Karen Simon Contributor address; City; State; Zip Code 4409 Overton Crest 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 4-9-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Memrie Lewis Contributor address; City; State; Zip Code 15 Peckslan Rd. Greenwich CT 06831	Amount of contribution (\$) 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-15-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret DeMoss 6 Contributor address; City; State; Zip Code 2600 W 7th Street #2644 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 4-15-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) C.B. & Joan Russey Contributor address; City; State; Zip Code 700 Roaring Springs Road Fort Worth TX 76114	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 4-17-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne Huddleston Contributor address; City; State; Zip Code 2245 W. Magnolia Fort Worth TX 76110	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 4-22-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ted & Tina Gorski Contributor address; City; State; Zip Code 36 Valley Ridge 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 4-19-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bear Musgrave Contributor address; City; State; Zip Code 3532 Overton View Ct. Fort Worth TX 76109	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-17-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jeff L. Fraley 6 Contributor address; City; State; Zip Code 4121 Modlin Ave Fort Worth TX 76107	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 4-21-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Leland A. Hodges Contributor address; City; State; Zip Code 306 West 7th Street, Ste. 701 Fort Worth TX 76102	Amount of contribution (\$) 300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Garland & Mollie Lasater Contributor address; City; State; Zip Code 1301 Humble Court Fort Worth TX 76107	Amount of contribution (\$) 5,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-12-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ralph & Barbara Cox Contributor address; City; State; Zip Code 501 Samuels Ave. Suite 640 Fort Worth TX 76102	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-26-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ron & Ann Koonsman Contributor address; City; State; Zip Code 3708 Country Club Circle 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)	

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-25-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan Lowrance	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 2008 Four Oaks Lane Fort Worth TX 76107	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garland M. Lasater, Jr.	Amount of contribution (\$) 120.00	In-kind contribution description (if applicable) Postage for campaign mailing
	Contributor address; City; State; Zip Code 1301 Humble Court Fort Worth, TX 76107	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-30-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garland M. Lasater Jr.	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable) Supplies for campaign mailing
	Contributor address; City; State; Zip Code 1301 Humble Court Fort Worth, TX 76107	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(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# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
		(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# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(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# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(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# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(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# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(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# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
		(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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 1	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan 4-3-2014	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Edward C. Lasater II	9 Loan Amount (\$) 10,000.00	
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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation (See Instructions)		Employer (See Instructions)	

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Edward C. Lasater, II		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-3-2014	5 Payee name Christopher Leonard		
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code Austin, TX 78746		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Website	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4-10-2014	Payee name Norfleet Strategies, LLC		
Amount (\$) 4,702.75	Payee address; City; State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Mailing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4-10-2014	Payee name Norfleet Strategies, LLC		
Amount (\$) 3,500.00	Payee address; City; State; Zip Code 1801 Lavaca, Suite 206 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 Candidate / Officeholder name Office sought Office held			
Date 4-10-2014	Payee name Norfleet Strategies, LLC		
Amount (\$) 719.16	Payee address; City; State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Push Cards and Voter Files	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Edward C. Lasater, II	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 4-15-2014	5 Payee name USPS				
6 Amount (\$) 59.00	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			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 4-17-2014	Payee name Norfleet Strategies, LLC				
Amount (\$) 117.88	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) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Neighbor to Neighbor Cards			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 4-24-2014	Payee name Norfleet Strategies, LLC				
Amount (\$) 4,104.45	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) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Mailing			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 4-24-2014	Payee name Norfleet Strategies, LLC				
Amount (\$) 350.00	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) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Phoning			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Edward C. Lasater, II	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-24-2014	5 Payee name Norfleet Strategies, LLC	
6 Amount (\$) 618.08	7 Payee address; City; State; Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701	
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) Push Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-25-2014	Payee name USPS	
Amount (\$) 76.00	Payee address; City; State; Zip Code Trinity River Station Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Post Card Stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-1-2014	Payee name Piryx.com	
Amount (\$) 93.45	Payee address; City; State; Zip Code 144 2nd St 1st Floor San Francisco, CA 94105	
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	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	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Edward C. Lasater, II	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-15-2014	5 Payee name Dr. Don's Buttons, Badges and Magnets
----------------------------	--

6 Amount (\$) 112.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3906 W. Morrow Drive Glendale, AZ 85308
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Custom Pinback Buttons
---------------------------------	---	---

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

Edward C Lasater II

3 ACCOUNT # (Ethics Commission Filers)**4** Date

4-4-2014

5 Name of person from whom amount is received

Frost Bank

8 Amount
(\$)

.11

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

3859 Camp Bowie Blvd

Fort Worth TX 76107

7 Purpose for which amount is received

Interest

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; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule A</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule B</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule C</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule D</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule F</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule G</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule H</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule N</div> <div style="margin-right: 10px;"><input type="checkbox"/> COH-UC</div> <div style="margin-right: 10px;"><input type="checkbox"/> COH-T</div> <div style="margin-right: 10px;"><input type="checkbox"/> PAC-C</div> <div style="margin-right: 10px;"><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; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule A</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule B</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule C</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule D</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule F</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule G</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule H</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule N</div> <div style="margin-right: 10px;"><input type="checkbox"/> COH-UC</div> <div style="margin-right: 10px;"><input type="checkbox"/> COH-T</div> <div style="margin-right: 10px;"><input type="checkbox"/> PAC-C</div> <div style="margin-right: 10px;"><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; padding: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule A</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule B</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule C</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule D</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule F</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule G</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule H</div> <div style="margin-right: 10px;"><input type="checkbox"/> Schedule N</div> <div style="margin-right: 10px;"><input type="checkbox"/> COH-UC</div> <div style="margin-right: 10px;"><input type="checkbox"/> COH-T</div> <div style="margin-right: 10px;"><input type="checkbox"/> PAC-C</div> <div style="margin-right: 10px;"><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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**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