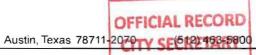
P.O. Box 12070



(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TX FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 24 | |
|---|--|--|---|--|
| 3 CANDIDATE / | MS/MRS/MR FIRST | MI | OFFICE USE ONLY | |
| OFFICEHOLDER NAME | Mr. Edward | С. | Date Received | |
| | NICKNAME LAST | SUFFIX | | |
| | "Ed" Lasater | II | PM 123456 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | | STATE: ZIPCODE North TX 76110 | Carry and-delivered or Postmarked | |
| ADDRESS change of address | • | | Records # Amount OR IA | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | CITY OF ONE CRETARY | |
| OFFICEHOLDER PHONE | (817) 732-9339 | | Date visad sed | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST Ellison | мі С. | Date Imaged | |
| NAME | NICKNAME LAST | SUFFIX | | |
| | "Ellie" Lasater | | | |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #; | CITY; STATE; | ZIP CODE | |
| TREASURER ADDRESS (residence or business) | 2101 Ward Parkway F | ort Worth TX 76 | 110 | |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | | |
| TREASURER PHONE | (817) 732-9339 | | | |
| | | | | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff | 15th day after campaign treasurer appointment (officeholder only) | |
| | July 15 X 8th day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year 4 / 1 / 2014 THROUGH | Month Day 4 30 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year Primary | Runoff | General X Special | |
| | 5 / 10 / 2014 | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | | |
| | | Fort Worth C: | ity 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 | | | | |
|--|--------------------|--|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | |
| | COMMITTEE TYPE | COMMITTEE TYPE COMMITTEE NAME | | |
| | GENERAL | | | |
| | - appoint | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| additional pages | | _ | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 21,981.25 | |
| EXPENDITURE TOTALS | 3. TOTAL F | MIZED \$ 0 | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 16,452.94 | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST [ORTING PERIOD | \$ 47,616.77 | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD | THE \$ 10,000.00 | |
| 18 AFFIDAVIT | | | | |
| PAMELA J STEWARD My Commission Expires February 26, 2018 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. | | | | |
| | | Signature of Can | didate or Officeholder | |
| | | | | |
| AFFIX NOTARY STAN | | me, by the said EDWARD C. LASA7 | ER. II , this the | |
| 1 | | me, by the said, 20 <u>j 4</u> , to certify which, witness r | | |
| Signature of officer administering oath PANELA J, STEWARD NOTARY PUBLIC Printed name of officer administering oath Title of officer administering oath | | | | |

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|-------------------|--|------------------|--|--|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 4-9-2014 | Cornelia & James Blake | | (0) | |
| | 6 Contributor address; City; State; Zip Code | | 100.00 | |
| | 19 Westover Road | | | |
| | Fort Worth TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See | Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | J | Amount of | In-kind contribution |
| 4-1-2014 | Bob & Loene Bowlin | | contribution (\$) | description (if applicable) |
| 4-1-2014 | Contributor address; City; State; Zip Code | | | |
| | 606 Monticello Dr. | | 200.00 | |
| | Fort Worth TX 76107 | | (If travel outside of | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Ralph & Barbara Cox | | community (a) | doseription (ii applicable) |
| 4-6-2014 | Contributor address; City, State; Zip Code | | 100.00 | Į, |
| | 501 Samuels Ave. Suite 64 | : 0 | | |
| | Fort Worth TX 76102 | | /If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | or rexas, complete schedule 1) |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| 4-3-2014 | Lance Evans | | contribution (\$) | description (if applicable) |
| 4-3-2014 | Contributor address; City; State; Zip Code | | 200.00 | |
| | 115 W. Second St., Ste. 2 | 202 | 200.00 | |
| | Fort Worth TX 76102 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | or rexas, complete conedure 17 |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID# Tim Evans | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4-3-2014 | Contributor address; City; State; Zip Code 115 W. Second St., Ste. 2 | 02 | 200.00 |] |
| | Fort Worth TX 76102 | | general section of the section of th | <u> </u> |
| Principal occur | pation / Job title (See Instructions) | Employer (See | 9 939 | of Texas, complete Schedule T) |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|-------------------|---|--------------------|--------------------|-------------------------------------|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 7 | 7 Amount of | 8 In-kind contribution |
| | Jeff Fraley | | contribution (\$) | description (if applicable) |
| 4-4-2014 | 6 Contributor address; City; State; Zip Code 1812 Carleton Ave. | | 100.00 | |
| | Fort Worth TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | Instructions) | |
| Date | Full name of contributor Out-of-state PAC (ID#: | Y | Amount of | In-kind contribution |
| 4-7-2014 | Zach & Noelle Garsek | | contribution (\$) | description (if applicable) |
| 4-7-2014 | | | | |
| | Contributor address; City; State; Zip Code | | 100.00 | |
| | 2609 Colonial Parkway | | | |
| | Fort Worth TX 76109 | | 20000 | |
| Dringing aggir | pation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) |
| i ilicipai occup | validity dob title (See Matructions) | Employer (dec 1 | natractions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | -1 | Amount of | In-kind contribution |
| Date | M.A. & John Giordano | | contribution (\$) | description (if applicable) |
| 4-1-2014 | Contributor address; City, State; Zip Code | | 100.00 | |
| | 3417 Clear Fork Trail | | 100.00 | |
| | | | | I |
| | Fort Worth TX 76109 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| | Jim & Mary Ann Harris | 7 | contribution (\$) | description (if applicable) |
| 4-1-2014 | Contributor address; City; State; Zip Code | | | |
| | 619 Rivercrest Dr. | | 1,000.00 | I |
| | | | | |
| | Fort Worth TX 76107 | | (If travel outside | l of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | instructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | Ţ. | Amount of | In-kind contribution |
| | Adele Hart | | contribution (\$) | description (if applicable) |
| 4-2-2014 | Contributor address; City; State; Zip Code | | 100 00 | |
| | 1400 Alta Drive | | 100.00 | |
| | Fort Worth Tx 76107 | | | |
| | TOTE HOTELI IX 70107 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
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SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|-------------------|--|--------------------|--------------------|--------------------------------|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | 1 | 7 Amount of | 8 In-kind contribution |
| . 54.5 | Stephanie & Bourke Harvey | | contribution (\$) | description (if applicable) |
| 4-1-2014 | Scephanie & Bourke narvey | | | |
| | 6 Contributor address; City; State; Zip Code 4316 Ridgehaven Ct. | | 100.00 | |
| | Fort Worth TX 76116 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# |) | Amount of | In-kind contribution |
| | Ann & Ed Hudson, Jr. | | contribution (\$) | description (if applicable) |
| 4-4-2014 | Ain & Ed Hudson, UI. | | | |
| | Contributor address; City; State; Zip Code | | 150.00 | |
| | 55 Westover Terrace | | 130.00 | |
| | Fort Worth TX 76107 | | | |
| | | | | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| l l | Ardon Moore | | contribution (\$) | description (if applicable) |
| 4-2-2014 | Contributor address: City; State; Zip Code | | 500.00 | į |
| | 201 Main Street, Ste 3200 | | | 1 |
| | Fort Worth TX 76102 | | | |
| _ | | | | of Texas, complete Schedule T) |
| Principal occup | aation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | In-kind contribution |
| | J.C. Pace | | contribution (\$) | description (if applicable) |
| 4-7-2014 | | | | i I |
| 4-7-2014 | Contributor address; City; State; Zip Code | | 100.00 | 1 |
| | 208 Hazelwood Dr. | | | |
| | Fort Worth TX 76107 | | (16.1 | Control of the Control of Tour |
| Principal occur | pation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) |
| - Timoipai occaj | Salisir, des tille (eee ineliaciene) | | | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| | Reed Pigman | | contribution (\$) | description (if applicable) |
| 4-1-2014 | Contributor address; City; State; Zip Code | | | |
| | 200 Texas Way | | 500.00 | |
| | _ | | | I |
| | Fort Worth TX 76106 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | |

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

SCHEDULE A

(512) 463-5800

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A |
|-------------------|--|--------------------|-----------------------------|--|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# |) | 7 Amount of | 8 In-kind contribution |
| | Joe Ross | | contribution (\$) | description (if applicable) |
| 4-7-2014 | | | | [|
| | 6 Contributor address; City; State; Zip Code | | 100.00 | I I |
| | 4308 Inwood Road | | | L |
| | Fort Worth TX 76109 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | nstructions) | |
| | | | | |
| Date | Full name of contributor cut-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4-14-2014 | Roxanne & Alan Shipman | | contribution (w) | description (if applicable) |
| 1 11 2011 | Contributor address; City; State; Zip Code | | 100.00 | |
| | 1100 Hidden Rd. | | 100.00 | |
| | Fort Worth TX 76107 | | | |
| | FOIL WOILH IX 70107 | | (If travel outside of | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | In-kind contribution |
| 4 | Grady Shropshire | | contribution (\$) | description (if applicable) |
| 4-9-2014 | Contributor address; City; State; Zip Code | | | |
| | 108 River Crest Dr. | | 100.00 | |
| | | | | |
| 1 | Fort Worth TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | _ | | | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| | Joe & Linda Staley | | contribution (\$) | description (if applicable) |
| 4-1-2014 | Contributor address; City; State; Zip Code | | | |
| | | | 2,500.00 | |
| 1 | 4445 Rheivas Place | | | 1 |
| | Dallas TX 75265 | | (If travel outside | l of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| 4 2 2014 | Sid R.Bass | | contribution (\$) | description (if applicable) |
| 4-2-2014 | Contributor address; City; State; Zip Code | | 1 000 00 | |
| | 201 Main Street, Ste. 270 | 0 | 1,000.00 | , |
| | Fort Worth TX 76102 | -) | | |
| | | | | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |

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SCHEDULE A

| The Instruction Guide explains how to complete this form. 1 Total pages Sche | edule A: |
|--|---|
| 2 FILER NAME Edward C. Lasater II 3 ACCOUNT#(Et | thics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City: State: Zip Code 3228 Spanish Oak Dr. | |
| Fort Worth TX 76109 (If travel outside o | of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) | |
| Date Full name of contributor out-of-state PAC(\(\text{ID#}\) Amount of contribution (\$) 4-12-2014 Jim & Carol Dunaway | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 250.00 | |
| | f Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date Full name of contributor out-of-state FAC (ID#) Amount of contribution (\$) 4-9-2014 Ted & Katy Flato | In-kind contribution description (if applicable) |
| Contributor address: City, State; Zip Code 210 Encino Av | |
| San Antonio TX 78205 | of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4-6-2014 Contributor address: City: State: Zip Code 5321 Northcrest Rd. | |
| Fort Worth TX 76107 | of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | , |
| Date Full name of contributor out-of-state PAC(ID#) Amount of Courtney & Joel Heydenburk 4-11-2014 | In-kind contribution description (if applicable) |
| Contributor address; City: State; Zip Code 2200 Pembroke Dr. | |
| Fort Worth TX 76110 | of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |

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SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|-------------------|---|--------------------|-----------------------|-------------------------------------|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of | 8 In-kind contribution |
| | Julie Jitkoff | | contribution (\$) | description (if applicable) |
| 4-8-2014 | | | | I |
| | 6 Contributor address; City; State; Zip Code | | 500.00 | I I |
| | PO Box B | | | |
| | Kingsville TX 78364 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occur | Dation / Job title (See Instructions) | 10 Employer (See I | | or lexas, complete schedule 1) |
| | , | 10 Employer (Cook | | |
| Date | Full name of contributor ut-of-state PAC (ID#_ |) | Amount of | In-kind contribution |
| 4-7-2014 | Betsy & David Powell | | contribution (\$) | description (if applicable) |
| 4-7-2014 | Contributor address; City; State; Zip Code | | 5 mg 150 mm 144 | |
| | 109 Edmunds Rd. | | 100.00 | |
| | | | 9 | |
| | Wellesley Hills MA 02481 | | (If travel outside of | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | |
| | | | | |
| Date | Full name of contributor |) | Amount of | In-kind contribution |
| 4-8-2014 | Margaret Rach | | contribution (\$) | description (if applicable) |
| 4-0-2014 | Contributor address; City; State; Zip Code | | | |
| | 2644 Waters Edge Ln | | 100.00 | |
| | Fort Worth TX 76116 | | | |
| | | | | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| | John Simms | | contribution (\$) | description (if applicable) |
| 4-10-2014 | Contributor address; City; State; Zip Code | | | |
| | 1013 Hidden Road | | 25.00 | |
| | | | | |
| | Fort Worth TX 76107 | | | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | 1 | Amount of | In-kind contribution |
| | Peter & Sara Sterling | | contribution (\$) | description (if applicable) |
| 4-7-2014 | Contributor address; City; State; Zip Code | | | |
| | 66 Westover Terrace | | 500.00 | 1 |
| | | | | <u> </u> |
| | Fort Worth TX 76107 | | (If travel outside | I of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions) | |
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SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|-------------------|--|--------------------|-----------------------------|--|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT# (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of | 8 In-kind contribution |
| - Date | | | contribution (\$) | description (if applicable) |
| | Judy Willcott & Lawrence Mi | .ller | | and the second second |
| 4-14-2014 | 6 Contributor address; City; State; Zip Code P.O. Box 49130 | | 500.00 | [[|
| | Austin, TX 78765 | | | I |
| | Adscill, IX 70705 | | (If travel outside a | of Texas, complete Schedule T) |
| . D | - / I-I- PH- /O- I-I- PH- /O-I- PH- /O-I | | | or rexas, complete schedule 1) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | instructions) | |
| Date | Full name of contributor ut-of-state PAC (ID#_ | | Amount of | In-kind contribution |
| | Tess Krotz | | contribution (\$) | description (if applicable) |
| 4 14 0014 | | | | |
| 4-14-2014 | Contributor address; City; State; Zip Code | | | |
| | 2245 Stanley Ave | | 25.00 | |
| | 2245 Scalliey Ave | | | |
| | Fort Worth TX 76110 | | | |
| | ers distriction had gave brokening. Also placeds a production in 5 to the verspectually site | | (If travel outside of | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | \ | Amount of | In-kind contribution |
| 4-22-2014 | | | contribution (\$) | description (if applicable) |
| 4-22-2014 | Boilli Roacii | | (+) | |
| | Contributor address; City, State; Zip Code | | 200 00 | 1 |
| | 2805 Alton Rd. | | 300.00 | l. 1 |
| | 2805 AILON RG. | | | |
| | Fort Worth TX 76109 | | | |
| | | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | |
| | | 101 | A | To this at a second to the second |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4-30-2014 | Garland M. Lasater Jr | | contribution (e) | accomplian (in application) |
| 4-30-2014 | Contributor address; City; State; Zip Code | | | Use of Office |
| | Contributor address, City, State, Zip Code | | 395.25 | Coogs |
| | 1301 Humble Court | 1) | | Space |
| | 1301 Humble Coult | Į. | | ĺ |
| | Fort Worth TX 76107 | | (If travel_outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | |
| | Edition of a state of the state | | A | In Dinal acceptation |
| Date | Full name of contributor out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4-30-2014 | Garland M. Lasater Jr | | CONTRIBUTION (\$) | assemption (ii applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | 671.00 | Clerical Help |
| | 1301 Humble Court | | | |
| | Fort Worth TX 76107 | | | |
| | TOTE HOTEH IN 70107 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
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SCHEDULE A

| | - | | | |
|-------------------|---|--------------------|-------------------------------|--|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date 4-21-2014 | 5 Full name of contributorout-of-state PAC(ID#: Carolyn Bell | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City: State; Zip Code 3509 Elm Creek Court | | 500.00 | |
| | Fort Worth TX 76109 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | Instructions) | |
| Date 4-20-2014 | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 2308 Medford Ct W | | 500.00 | |
| | Fort Worth TX 76109 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | |
| Date 4-18-2014 | Full name of contributor out-of-state PAC(ID# Steve Durham Contributor address, City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | 2214 E Side Drive | | 100.00 | |
| | Austin TX 78704 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date 4-4-2014 | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City: State; Zip Code 4409 Overton Crest | | 100.00 | |
| | Fort Worth TX 76109 | | /If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | - Texas, complete conteduct (|
| Date 4-9-2014 | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address, City: State; Zip Code 15 Pecksland Rd. | | 1,000.00 | |
| * | Greenwich CT 06831 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | nedule A: |
|--------------------|---|--------------------|-------------------------------|---|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date 4-15-2014 | 5 Full name of contributorout-of-state PAC(ID# Margaret DeMoss | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code 2600 W 7th Street #2644 | | 100.00 | |
| | Fort Worth TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | Instructions) | |
| Date 4 - 15 - 2014 | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 700 Roaring Springs Road Foot Worth TV 76114 | | 50.00 | |
| | Fort Worth TX 76114 | | (If travel outside | l of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date 4-17-2014 | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City, State; Zip Code 2245 W. Magnolia | | 50.00 | |
| | Fort Worth TX 76110 | | (If here all autride | of Tayes, exemplete Cabadyle TV |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of | In-kind contribution |
| 4-22-2014 | Ted & Tina Gorski | | contribution (\$) | description (if applicable) |
| | Contributor address: City: State: Zip Code 36 Valley Ridge Rd. | | 100.00 | |
| | Fort Worth Tx 76107 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | |
| Date 4-19-2014 | Full name of contributor out-of-state PAC(ID#_ Bear Musgrave Contributor address; City; State; Zip Code 3532 Overton View Ct. | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Fort Worth TX 76109 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | or rozas, complete contenue 1) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|--------------------|--|--------------------|-------------------------------|---|
| 2 FILER NAME | Edward C. Lasater II | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date 4-17-2014 | 5 Full name of contributor ☐ out-of-state PAC (ID# Jeff L. Fraley | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City: State; Zip Code 4121 Modlin Ave | | 1,000.00 | |
| | Fort Worth TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | nstructions) | |
| Date 4-21-2014 | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City, State; Zip Code 306 West 7th Street, Ste. | 701 | 300.00 | |
| | Fort Worth TX 76102 | | (If travel outside o | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date 4 - 22 - 2014 | Full name of contributor out-of-state PAC(ID#_ Garland & Mollie Lasater | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code 1301 Humble Court | | 5,000.00 | |
| | Fort Worth TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# |) | Amount of | In-kind contribution |
| 4-12-2014 | Ralph & Barbara Cox | | contribution (\$) | description (if applicable) |
| | Contributor address; City; State; Zip Code 501 Samuels Ave. Suite 64 | 0 | 200.00 | |
| | Fort WorthTX 76102 | | (If travel outside i | of Texas, complete Schedule T) |
| Principal occur | pation / Job title (See Instructions) | Employer (See I | | |
| Date 4-26-2014 | Full name of contributor out-of-state PAC(ID#_Ron & Ann Koonsman | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | 100.00 | |
| | 3708 Country Club Circle | | | |
| | Fort Worth TX 76109 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

| The Instruction Guide explains how to complete this | form. | 1 Total pages Sch | nedule A: |
|---|--------------------|-------------------------------|--|
| 2 FILER NAME Edward C. Lasater II | | 3 ACCOUNT # (E | Ethics Commission Filers) |
| 4 Date 5 Full name of contributor □ out-of-state PAC(ID#_4-25-2014 Dan Lowrance | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 2008 Four Oaks Lane | | 500.00 | [[|
| Fort Worth TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See I | nstructions) | |
| Date Full name of contributor out-of-state PAC(ID#_ |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4-30-2014 Garland M. Lasater, Jr. | | 120.00 | Postage for |
| Contributor address; City; State; Zip Code 1301 Humble Court | | | campaign mailing |
| Fort Worth, TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | Employer (See I | | |
| Date Full name of contributor out-of-state PAC (ID# | 3 | Amount of | In-kind contribution |
| 4-30-2014 Garland M. Lasater Jr. | | contribution (\$) | description (if applicable) |
| Contributor address; City, State, Zip Code | | 20.00 | Supplies for |
| 1301 Humble Court | | | campaign mailing |
| Fort Worth, TX 76107 | | (If travel outside | of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date Full name of contributor ☐ 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 I | nstructions) | |
| Date Full name of contributor □ out-of-state PAC (ID#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (2, | , |
| Contributor address; City; State; Zip Code | | |). 1 |
| | | | k I |
| | | | of Texas, complete Schedule T) |
| Principal occupation / Job title (See Instructions) | Employer (See I | nstructions) | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) TOTAL OF UNITEMIZED PLEDGES: 0 \$ Amount of Date In-kind description 6 Full name of pledgor out-of-state PAC (ID#:__ pledge (\$) (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 Amount of In-kind description out-of-state PAC (ID#_ pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind description Full name of pledgor out-of-state PAC (ID#. pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind description out-of-state PAC (ID# pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor ____ out-of-state PAC (ID#____ Amount of In-kind description pledge (\$) (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 compl | ete this form. | 1 Total pa | ges Schedule E: 1 |
| 2 FILER NAME Edw | ard C. Lasater II | 3 | 3 ACCOU | NT # (Ethics Commission Filers) |
| ТОТА | L OF UNITEMIZED LOANS: | > | | \$ |
| 5 Date of loan 4-3-2014 | 7 Name of lender Edward C. Lasater II | out-of-state PAC (ID# |) | 9 Loan Amount (\$) 10,000.00 |
| 6 Is lender a financial Institution? | 2101 Ward Parkway | Zip Code | | 10 Interest rate 0% |
| Y X | Fort Worth, TX 7611 | 0 | | 11 Maturity date 9-15-2014 |
| 12 Principal occupation / Job title (See Instructions) Manager 13 Employer (See Instructions) Asset Deployment, Inc. | | | c. | |
| 14 Description of Col | lateral | 15 Check if personal funds were o | leposited | into political account |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | | 19 Amount Guaranteed (\$) |
| X not applicable | 18 Guarantor address; City; S | State; Zip Code | | |
| 20 Principal Occupat | ion (See Instructions) | 21 Employer (See Instructions) | , | |
| Date of loan | Name of lender | out-of-state PAC (ID# |) | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address; City; State; | Zip Code | | Interest rate |
| Y N | | | | Maturity date |
| Principal occupati | on / Job title (See Instructions) | Employer (See Instructions) | | - |
| Description of Coll | ateral | Check if personal funds were d | eposited | into political account |
| GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; | State; Zip Code | | |
| Principal Occupat | ion (See Instructions) | Employer (See Instructions) | | |
| If len | ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr | ES OF THIS SCHEDULE AS NEED uction guide for additional repo | | quirements. |

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

| The Instruction Guide explains how to complete this form. Total pages Schedule F: 2 FILER NAME Edward C. Lasater, II 3 ACCOUNT # (Ethics Commission Fier 5 ACCOUNT # (Ethics | | | | |
|--|---|--|--|--|
| Bidward C. Lasater, II Date 4-3-2014 Christopher Leonard Christopher Leonard Christopher Leonard Christopher Christopher Leonard Christop | Accounting/Banking Consulting Expense Event Expense | Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ | Contract Labor Lasing Expense Contract Labor Lasing Expense Contract Rental Expense Contract Labor Laboratory | Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) |
| Amount (\$) | 1 Total pages Schedule F: | | | 3 ACCOUNT # (Ethics Commission Filers |
| PURPOSE OF EXPENDITURE Advertising Expense Campaign Website Campaign Meinling Campaign Me | 4 Date 4-3-2014 | | | |
| Advertising Expense Campaign Website Complete ONLY if direct expenditure to benefit C/OH Payee name Advertising Expense Candidate / Officeholder name Office sought Office sought Office held Payee name Anount (\$) Amount (\$) Payee address; City. State: Zip Code Austin, TX 78701 PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Office sought Office sought Office sought Office held Description (if travel outside of Texas complete Schedule T) Campaign Mailing Office held Date Anount (\$) Payee name Norfleet Strategies, LLC Amount (\$) Payee address. City. State: Zip Code Austin, TX 78701 PURPOSE EXPENDITURE Category (See categories listed at the top of this schedule) Austin, TX 78701 PURPOSE Consulting Expense Category (See categories listed at the top of this schedule) Consulting Expense Consulting Expense Category (See categories listed at the top of this schedule) Professional Service Fee Consulting Expense Consulting Expense Consulting Expense Consulting Expense Consulting Expense Candidate / Officeholder name Office sought Office held Payee address: City. State: Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 Puspes Expenditure to benefit C/OH Payee address: City. State: Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 Puspes Category (See categories listed at the top of this schedule) Payee address: City. State: Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 Puspes Category (See categories listed at the top of this schedule) Puspes Category (See categories listed at the top of this schedule) Puspes Category (See categories listed at the top of this schedule) Puspes Category (See categories listed at the top of this schedule) Puspes Category (See categories listed at the top of this schedule) Puspes Category (See categories listed at the top of this schedule) Puspes Category (See categories listed at the top of this schedule) Puspes Candidate / Officeholder name Office sought Office held | Amount (\$) 2,000.00 | | | |
| Date Payee name Advertising Expense City: State: Zip Code Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Camplete ONLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Description (if travel outside of Texas complete Schedule T) Campaign Mailing Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office held Office held | OF | | | |
| Amount (\$) Payee address: City: State: Zip Code 18.01 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate / Office held expenditure to benefit C/OH Payee address: City: State: Zip Code 18.01 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate / Office held expenditure to benefit C/OH Candidate / Office held expenditure to benefit C/OH Candidate / Office held expenditure to benefit C/OH Payee name Norfleet Strategies, LLC Amount (\$) Payee address. City: State: Zip Code 18.01 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF Consulting Expense Candidate / Office held expenditure to benefit C/OH Candidate / Office categories issed at the top of this schedule) Candidate / Office held expenditure to benefit C/OH Candidate / Office held expenditure to benefit C/OH Candidate / Office held expenditure to benefit C/OH Cardidate / Office categories issed at the top of this schedule) Candidate / Office categories issed at the top of this schedule) Candidate / Office categories issed at the top of this schedule) Payee address: City: State: Zip Code 18.01 Lavaca, Suite 206 Austin, TX 78701 Purpose Category (See categories listed at the top of this schedule) Coffice held expenditure to benefit C/OH Cardidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH | Complete ONLY if direct expenditure to benefit C | | Office sought | Office held |
| Austin, TX 78701 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Payee name Norfleet Strategies, LLC Payee address, City, State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee address, City, State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Consulting Expense Category (See categories listed at the top of this schedule) Professional Service Fee Complete ONLY if direct expenditure to benefit C/OH Payee name A-10-2014 Norfleet Strategies, LLC Payee name Norfleet Strategies, LLC Amount (S) Payee name Norfleet Strategies, LLC Payee name A-10-2014 Norfleet Strategies, LLC Payee name Norfleet Strategies, LLC Amount (S) Payee name Norfleet Strategies, LLC Payee name A-10-2014 Norfleet Strategies, LLC Payee name Norfleet Strategies, LLC Amount (S) 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) Description (if travel outside of Texas, complete Schedule T) Push Cards and Voter Files Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | Date 4-10-2014 | | | |
| Advertising Expense Campaign Mailing Complete ONLY if direct expenditure to benefit C/OH Payee name Norfleet Strategies, LLC Amount (\$) Payee address, City, State, Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Campaign Mailing Office held Office sought Office held Description (if travel outside of Texas, complete Schedule T) Professional Service Fee Camplete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Payee name Norfleet Strategies, LLC Amount (\$) Payee address; City, State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF Category (See categories listed at the top of this schedule) Office held Description (if travel outside of Texas, complete Schedule T) Purpose OF Category (See categories listed at the top of this schedule) Office held Complete ONLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Office held Office held Office held Complete ONLY if direct expenditure to benefit C/OH | Amount (\$) 4,702.75 | 1801 Lavaca, Suite 206 | | |
| Payee name A-10-2014 Payee name Norfleet Strategies, LLC Amount (\$) Payee address. City, State, Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OH Payee name Norfleet Strategies, LLC Amount (\$) 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) OF EXPENDITURE Candidate / Office histed at the top of this schedule) OF EXPENDITURE Candidate / Office histed at the top of this schedule) OF EXPENDITURE Candidate / Office holder name Office sought Office held Office held Office held | OF | | | |
| Amount (5) Amount (5) Amount (5) Amount (5) Amount (5) Austin, TX 78701 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting Expense Candidate / Officeholder name Candidate / Officeholder name Amount (5) Austin, TX 78701 Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Payee name A-10-2014 Amount (5) Amount (5) Austin, TX 78701 Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Austin, TX 78701 Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) OF EXPENDITURE Candidate / Officeholder name Category (See categories listed at the top of this schedule) OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Confice sought Office sought Office held Office held | | | Office sought | Office held |
| PURPOSE OF EXPENDITURE Candidate / Office holder name Category (See categories listed at the top of this schedule) Consulting Expense Candidate / Office holder name Candidate / Office holder name Payee name A-10-2014 Amount (\$) 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) Complete QNLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Advertising Expense Candidate / Office holder name Office sought Office sought Office held Office held Candidate / Officeholder name Office sought Office held | Date 4-10-2014 | | | |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Date 4-10-2014 Amount (\$) Payee name Norfleet Strategies, LLC Amount (\$) 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 Candidate / Officeholder name Office sought Office held Office held | Amount (\$) 3,500.00 | 1801 Lavaca, Suite 206 | | |
| Date Payee name Norfleet Strategies, LLC Amount (\$) Payee address: City; State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held | OF | | Control of the Contro | |
| Amount (\$) Payee address; City; State; Zip Code 719.16 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701 Description (If travel outside of Texas, complete Schedule T) Push Cards and Voter Files Office sought Office held | | | Office sought | Office held |
| 719.16 1801 Lavaca, Suite 206 Austin, TX 78701 PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas. complete Schedule T) Push Cards and Voter Files Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | Date 4-10-2014 | The state of the s | | |
| PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Push Cards and Voter Files Office sought Office held | # .50 | 1801 Lavaca, Suite 206 | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | OF | Category (See categories listed at the top of this schedule) | | |
| | Complete ONLY if direct | Candidate / Officeholder name | | |
| | | | SCHEDULEASN | IEEDED |

POLITICAL EXPENDITURES

SCHEDULE F

| * T. | EXPENDITURE CATEGORIES | FOR BOX 8(a) | |
|--|---|-------------------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F | aising 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 for | rm. |
| Total pages Schedule F: | 2 FILER NAME Edward C. Lasater, II | | 3 ACCOUNT # (Ethics Commission Filers |
| Date 4 - 15 - 2014 | 5 Payee name USPS | | |
| Amount (\$) 59.00 | 7 Payee address: City: State; Zip Code Trinity River Station Fort Worth TX 76109 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising | (b) Description Postage | (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sough | t Office held |
| Date -17-2014 | Payee name Norfleet Strategies, LLC | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 117.88 | 1801 Lavaca, Suite 106 | | |
| | Austin, TX 78701 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description | (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Printing Expense | 63 | oor to Neighbor Cards |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name OH | Office sough | t Office held |
| Date 4 - 24 - 2014 | Payee name Norfleet Strategies, LLC | | |
| Amount (\$) | Payee address; City; State, Zip Code | | |
| 4,104.45 | 1801 Lavaca, Suite 106 Austin, TX 78701 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description | (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Advertising Expense | Campai | ign Mailing |
| Complete <u>QNLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sough | t Office held |
| Date 4-24-2014 | Payee name Norfleet Strategies, LLC | | |
| | Payee address; City; State; Zip Code | | |
| Amount (\$) | 1801 Lavaca, Suite 106 | | |
| | | | |
| 350.00 | Austin, TX 78701 | Description | //fiterual autoida of Tayan generate Cahadula T |
| Amount (\$) 350.00 PURPOSE OF EXPENDITURE | | | (If travel outside of Texas, complete Schedule T) |

POLITICAL EXPENDITURES

SCHEDULE F

| | EXPENDITURE CATEGORIES | | |
|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to | aising Expense strict Rental Expense | Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m. |
| Total pages Schedule F: | 2 FILER NAME Edward C. Lasater, II | | 3 ACCOUNT # (Ethics Commission Filers |
| Date 4-24-2014 | 5 Payee name Norfleet Strategies, LLC | | |
| 618.08 | 7 Payee address; City; State; Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701 | | |
| 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) |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | PROCESS & PROPERTY |
| Date 4-25-2014 | Payee name USPS | | |
| Amount (\$) | Payee address; City; State; Zip Code | <u> </u> | - |
| 76.00 | Trinity River Station | | |
| | Fort Worth, TX 76109 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description (| If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Advertising Expense | sing Expense Post Card Stamps | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought | Office held |
| Date 4-1-2014 | Payee name Piryx.com | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 93.45 | 144 2nd St 1st Floor | | |
| | San Francisco, CA 94105 | T Description | Mary de Carrette Carrette Carrette Th |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (| If travel outside of Texas complete Schedule T) |
| Complete ONLY if disa-t | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | | | |
| | Payee name | - | |
| expenditure to benefit C/0 | Payee name Payee address; City: State; Zip Code | | |
| expenditure to benefit C/C | , | Description (| If travel outside of Texas, complete Schedule T) |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Legal Services Solicitation/Fundraising Expense Travel In District Composition Pulling Expense Travel Out Of District | pan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above) |
|--|---|--|
| 1 Total pages Schedule G | 2 FILER NAME Edward C. Lasater, II | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4-15-2014 | 5 Payeename Dr. Don's Buttons, Badges and Magnets | |
| 6 Amount (\$) 112.17 | 7 Payee address; City; State; Zip Code 3906 W. Morrow Drive | |
| Reimbursement from political contributions intended | Glendale, AZ 85308 | |
| 8 PURPOSE OF EXPENDITURE | | travel outside of Texas. complete Schedule T) Pinback Buttons |
| Date | Payee name | |
| Amount (\$) 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 ⊺) |
| Date | Payee name | |
| Amount (\$) 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 (\$) | Payee address; City; State; Zip Code | - |
| Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Description (If | travel outside of Texas complete Schedule T) |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE | EDED |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

| | 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/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R | ising Expense | Contributions/Dona Candidate/Office | ipment & Related Expense |
| | The Instruction Guide | explains how to | complete this fo | | , |
| 1 Total pages Schedule H: | 2 FILER NAME | | | 1 | # (Ethics Commission Filers) |
| 1 Date | 5 Business name | | | | |
| 6 Amount (\$) | 7 Business address; City; St | ate; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the to | p of this schedule) | (b) Description | (If travel outside of Texas | s complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | | Office sough | nt | Office held |
| Date | Business name | | | | |
| Amount (\$) | Business address, City; Sta | ate; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top | o of this schedule) | Description | (If travel outside of Texas | s, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | | Office sough | nt | Office held |
| Date | Business name | | | | - |
| Amount (\$) | Business address; City; Sta | ate; Zip Code | | | _ |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top | o of this schedule) | Description | (If travel outside of Texa | s, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name | | Office sough | ht | Office held |
| Date | Business name | | | | - |
| Amount (\$) | Business address; City; Sta | ate; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top | p of this schedule) | Description | (If travel outside of Texa | s, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate / Officeholder name | | Office sough | ht | Office held |
| | ATTACH ADDITIONAL C | OPIES OF THIS | SCHEDULE AS | NEEDED | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| 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.) |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

| The | Instruction Guide explains how to complete this form. | 1 Total pages Sche | dule K: |
|--------------------------|--|--------------------|-------------------------|
| 2 FILER NAME Edward C | Lasater II | 3 ACCOUNT # (Et | hics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | | 8 Amount (\$) |
| 4-4-2014 | Frost Bank | | .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 | | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

| The Instruction | on Guide explains how to complete this form. | 1 Total pages Schedule T. | |
|------------------------------|--|--|--|
| 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Name of Contributor / Con | rporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure | e reported on: | - | |
| Schedu | ile A Schedule B Schedule C Schedule | D Schedule F Schedule G | |
| Schedu | lle H Schedule N COH-UC COH-T | PAC-C PAC-E | |
| 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, se | eminar, or other event) | |
| Name of Contributor / Corp | ooration or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure | reported on | | |
| Schedu | ile A Schedule B Schedule C Schedule | D Schedule F Schedule G | |
| Schedu | Schedule H Schedule N COH-UC COH-T PAC-C PAC-E | | |
| Dates of travel | Name of person(s) traveling | | |
| | eparture city or name of departure location | | |
| D | estination city or name of destination location | | |
| Means of transportation | Purpose of travel (including name of conference, sem | ninar, or other event) | |
| Name of Contributor / Corp | poration or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure | reported on: | | |
| Schedu | ile A Schedule B Schedule C Schedule | D Schedule F Schedule G | |
| Schedu | tle H Schedule N COH-UC COH-T | PAC-C PAC-E | |
| Dates of travel | lame of person(s) traveling | | |
| D | eparture city or name of departure location | - | |
| D | estination city or name of destination location | | |
| Means of transportation | Purpose of travel (including name of conference, sem | ninar, or other event) | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED | |

CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

(512) 463-5800

| ======================================= | The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• |
|---|---|
| C/OH | |
| SIGN | ATURE |
| report a | t expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions e any campaign expenditures without a campaign treasurer appointment on file. |
| | Signature of Candidate / Officeholder |
| | R WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. •• |
| A. | CAMPAIGN FUNDS |
| Che | ck 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. |
| В. | ASSETS |
| Che | ck 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 |
| | CEHOLDER nplete 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 |