

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

**OFFICIAL RECORD**

The C/OH Instruction Guide explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission Filers)

**2 Total pages filed:**  
26

**OFFICE USE ONLY**

Date Received: JUN 13 2014  
 Date Hand-delivered or Postmarked:  
 Receipt #:  
 Amount:  
 Date Processed:  
 Date Imaged:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Mr. FIRST: Edward MI: C. NICKNAME: "Ed" LAST: Lasater SUFFIX: II	<b>OFFICE USE ONLY</b>
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX: 2101 Ward Parkway Fort Worth TX 76110 APT / SUITE #: CITY: STATE: ZIP CODE:	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (817) PHONE NUMBER: 732-9339 EXTENSION:	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: Mrs. FIRST: Ellison MI: C. NICKNAME: "Ellie" LAST: Lasater SUFFIX:	<b>OFFICE USE ONLY</b>
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 2101 Ward Parkway Fort Worth TX 76110 APT / SUITE #: CITY: STATE: ZIP CODE:	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: (817) PHONE NUMBER: 732-9339 EXTENSION:	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month: 5 / Day: 1 / Year: 2014 THROUGH Month: 6 / Day: 11 / Year: 2014	
<b>11 ELECTION</b>	ELECTION DATE: Month: 6 / Day: 21 / Year: 2014 ELECTION TYPE: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any): 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)

\$ 12,160.47

**EXPENDITURE  
TOTALS**

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 41,683.11

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

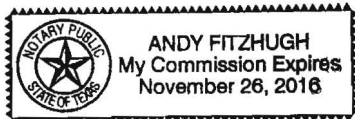
\$ 24,512.05

**OUTSTANDING  
LOAN TOTALS**

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

\$ 20,100.00

**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 12th day of June, 20 14, to certify which, witness my hand and seal of office.

*Andy Fitzhugh*

Signature of officer administering oath

Andy Fitzhugh

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: **6**

**2** FILER NAME **Edward C. Lasater II**

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

**4** Date  
**5-3-2014**

**5** Full name of contributor ☐ out-of-state PAC (ID#:  
**Mr. & Mrs. Robert Bass**

**7** Amount of  
contribution (\$) **1,000.00**

**8** In-kind contribution  
description (if applicable)

**6** Contributor address; City; State; Zip Code  
**6221 Westover Drive  
Fort Worth TX 76107**

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
**5-8-2014**

Full name of contributor ☐ out-of-state PAC (ID#:  
**William Gipson**

Amount of  
contribution (\$) **250.00**

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
**2101 Warner Rd.  
Fort Worth TX 76110**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-2-2014**

Full name of contributor ☐ out-of-state PAC (ID#:  
**Mark Hart III**

Amount of  
contribution (\$) **500.00**

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
**1401 Foch Street Ste 100  
Fort Worth TX 76107**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-5-2014**

Full name of contributor ☐ out-of-state PAC (ID#:  
**James Korth**

Amount of  
contribution (\$) **500.00**

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
**2217 Colonial Parkway  
Fort Worth TX 76109**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-11-2014**

Full name of contributor ☐ out-of-state PAC (ID#:  
**William Ray**

Amount of  
contribution (\$) **300.00**

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
**3033 Ryan Place Drive  
Fort Worth TX 76110**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### **ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-11-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garland M. Lasater, Jr. 6 Contributor address; City; State; Zip Code 1301 Humble Court Fort Worth, TX 76107	7 Amount of contribution (\$) 540.17 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Office space use
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-11-2014	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 (\$) 795.30 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Clerical help
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-12-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James R. Dunaway Contributor address; City; State; Zip Code 777 Taylor Street, Ste. 1040 Fort Worth, TX 76102	Amount of contribution (\$) 750.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-19-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. & Mrs. John Zerdecki Contributor address; City; State; Zip Code 2012 Windsor Place Fort Worth TX 76110	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 5-22-2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patty C. Mays Contributor address; City; State; Zip Code 1604 Seaboard Ave. Midland TX 79705	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)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
6

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
5-27-2014

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

Robert Ginsburg

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

250.00

6 Contributor address; City; State; Zip Code  
777 Main Street, Ste. 1300  
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
5-20-2014

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

Gerald & Carolyn Grinstein

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

1,000.00

Contributor address; City; State; Zip Code  
PO Box 518  
Medina WA 98039

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-22-2014

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

Ned & Michele Naumes

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

500.00

Contributor address; City; State; Zip Code  
600 Jefferson St., Ste. 300  
Houston, TX 77002

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-27-2014

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

Jay Sandelin

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

200.00

Contributor address; City; State; Zip Code  
3200 Meander Rd.  
Granbury TX 76049

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-30-2014

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

Thomas Aubrey

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

1,000.00

Contributor address; City; State; Zip Code  
6243 Vanderbilt Avenue  
Dallas TX 75214

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
6

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
5-24-2014

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Scott & Whitney Brown

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code  
2025 Ward Parkway  
Fort Worth, TX 76110

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
5-29-2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Holman Harvey

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
6225 Indian Creek Dr.  
Fort Worth, TX 76107

1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-29-2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hayden Cutler

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
3825 Camp Bowie Blvd.  
Fort Worth, TX 76107

500.00

Office Space

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-30-2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Mr. and Mrs. Ted Gorski

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
3811 Monticello Dr.  
Fort Worth, TX 76107

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6-3-2014

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Carter Malouf

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code  
8235 Douglas Ave. LB 18  
Dallas, TX 75225

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
6

2 FILER NAME Edward C. Lasater II

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
5-29-20145 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Haltom CityBikes

6 Contributor address; City; State; Zip Code

5719 Airport Freeway

Fort Worth, TX 76117

7 Amount of  
contribution (\$)

300.00

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  
5-30-2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Ellen Warthoe &amp; John Hardy

Contributor address; City; State; Zip Code

2701 Willing Ave.

Fort Worth, TX 76110

Amount of  
contribution (\$)

75.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-28-2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Tom Sharpe

Contributor address; City; State; Zip Code

7540 LBJ Freeway

Dallas, TX 75251

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6-9-2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Philip Gachassin

Contributor address; City; State; Zip Code

2015 W. St. Mary

Lafayette, LA 70506

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
6-9-2014Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Troy Martin

Contributor address; City; State; Zip Code

427 Heymann Blvd

Lafayette, LA 70503

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### 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: 6	
2 FILER NAME Edward C. Lasater II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-6-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) George Young	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 200 Bailey Avenue, Suite 102 Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6-6-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Wesley Turner	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2721 Colonial Parkway Fort Worth, TX 76109		(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)	
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
☐ 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

☐ 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

☐ 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

☐ 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

☐ 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:**2** FILER NAME

Edward C. Lasater II

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

TOTAL OF UNITEMIZED LOANS:    ➞   ➞   ➞   ➞   ➞   ➞

\$

**5** Date of loan

6/10/2014

**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?

Y    N

**8** Lender address;    City;    State;    Zip Code2101 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☒ none**15** Check if personal funds were deposited into political account☒**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;    City;    State;    Zip Code☒ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ 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

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;    City;    State;    Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 10		<b>2</b> FILER NAME Edward C. Lasater, II		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 5-1-2014		<b>5</b> Payee name Norfleet Strategies, LLC			
<b>6</b> Amount (\$) 4,702.75		<b>7</b> Payee address; City; State; Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> 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 5-1-2014		Payee name Norfleet Strategies, LLC			
Amount (\$) 4,702.75		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		Candidate / Officeholder name		Office sought	Office held
Date 5-1-2014		Payee name Norfleet Strategies, LLC			
Amount (\$) 3,500.00		Payee address; City; State; Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Professional Service Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-8-2014		Payee name Norfleet Strategies, LLC			
Amount (\$) 4,702.75		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		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  
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.

<b>1</b> Total pages Schedule F: 10	<b>2</b> FILER NAME Edward C. Lasater, II	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5-8-2014	<b>5</b> Payee name Norfleet Strategies, LLC	
<b>6</b> Amount (\$) 2,386.21	<b>7</b> Payee address; City; State; Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign Mailing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 5-8-2014	Payee name Norfleet Strategies, LLC	
Amount (\$) 4,702.75	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		
Date 4-1-2014	Payee name Piryx.com	
Amount (\$) 100.63	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) Fees	Description (If travel outside of Texas, complete Schedule T) Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 5-15-2014	Payee name Norfleet Strategies	
Amount (\$) 7,000.00	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) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) May Phone Program
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



**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.

<b>1</b> Total pages Schedule F: 10	<b>2</b> FILER NAME Edward C. Lasater, II	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5-21-2014	<b>5</b> Payee name City of Fort Worth	
<b>6</b> Amount (\$) 55.00	<b>7</b> Payee address; City; State; Zip Code 1000 Throckmorton Fort Worth, TX 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Inspection for Campaign Office
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 5-23-2014	Payee name Veronica Molina	
Amount (\$) 138.00	Payee address; City; State; Zip Code 5806 W. Diaz Ave. Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 5-23-2014	Payee name Alberto Martinez	
Amount (\$) 210.00	Payee address; City; State; Zip Code 1709 Desperado Rd. Fort Worth TX 76131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 5-23-2014	Payee name Manuela Medrano	
Amount (\$) 94.00	Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth, TX 76106	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 10	<b>2</b> FILER NAME Edward C. Lasater, II		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5-23-2014	<b>5</b> Payee name Luz Ann Medrano		
<b>6</b> Amount (\$) 195.00	<b>7</b> Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Canvassing help	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5-23-2014	Payee name Victoria Marroquin		
Amount (\$) 135.00	Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5-28-2014	Payee name Lewis Bray		
Amount (\$) 90.00	Payee address; City; State; Zip Code 1304 Mockingbird Lane Dallas TX 75115		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5-28-2014	Payee name Margaretta Mead		
Amount (\$) 100.00	Payee address; City; State; Zip Code 1304 Mockingbird Lane Dallas TX 75115		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**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.

<b>1</b> Total pages Schedule F: 10	<b>2</b> FILER NAME Edward C. Lasater, II	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5-29-2014	<b>5</b> Payee name Norfleet Strategies	
<b>6</b> Amount (\$) 3,500.00	<b>7</b> Payee address; City; State; Zip Code 1801 Lavaca, Suite 206 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Professional Service Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5-30-2014	Payee name Veronica Molina	
Amount (\$) 146.00	Payee address; City; State; Zip Code 5806 W. Diaz Ave. Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5-30-2014	Payee name Alberto Martinez	
Amount (\$) 306.00	Payee address; City; State; Zip Code 1709 Desperado Rd. Fort Worth TX 76131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 5-30-2014	Payee name Manuela Medrano	
Amount (\$) 48.00	Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth, TX 76106	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help
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.

<b>1</b> Total pages Schedule F: 10	<b>2</b> FILER NAME Edward C. Lasater, II	<b>3</b> ACCOUNT # (Ethics Commission Filers)			
<b>4</b> Date 5-30-2014	<b>5</b> Payee name Luz Ann Medrano				
<b>6</b> Amount (\$) 140.00	<b>7</b> Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Canvassing help			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 5-30-2014	Payee name Victoria Marroquin				
Amount (\$) 110.00	Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 5-30-2014	Payee name Marguretta Mead				
Amount (\$) 300.00	Payee address; City; State; Zip Code 1304 Mockingbird Lane Dallas TX 75115				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 5-30-2004	Payee name Lewis Bray				
Amount (\$) 270.00	Payee address; City; State; Zip Code 1304 Mockingbird Lane Dallas TX 75115				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing help			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">Candidate / Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:40%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 10		<b>2</b> FILER NAME Edward C. Lasater, II		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 5-30-2014		<b>5</b> Payee name Janet Bray			
<b>6</b> Amount (\$) 270.00		<b>7</b> Payee address; City; State; Zip Code 1545 Chapman St. Cedar Hill, TX 75104			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-30-2014		Payee name Lizbeth Corral			
Amount (\$) 70.00		Payee address; City; State; Zip Code 1800 Brittan St. Fort Worth TX 76111			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 5-30-2014		Payee name Shenicqua Longoria			
Amount (\$) 120.00		Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-5-2014		Payee name TXU Energy			
Amount (\$) 44.26		Payee address; City; State; Zip Code PO Box 650638 Dallas, TX 75265-0638			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Electricity Bill	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 10		<b>2</b> FILER NAME Edward C. Lasater, II		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 6-6-2014		<b>5</b> Payee name Veronica Molina			
<b>6</b> Amount (\$) 218.00		<b>7</b> Payee address; City; State; Zip Code 5806 W. Diaz Ave. Fort Worth, TX 76107			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-6-2014		Payee name Alberto Martinez			
Amount (\$) 352.00		Payee address; City; State; Zip Code 1709 Desperado Rd. Fort Worth, TX 76131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-6-2014		Payee name Luz Ann Medrano			
Amount (\$) 295.00		Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth, TX 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Canvassing help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-6-2014		Payee name Victoria Marroquin			
Amount (\$) 265.00		Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth, TX 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract Labor		Description (If travel outside of Texas, complete Schedule T) Canvassing help	
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  
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.

<b>1</b> Total pages Schedule F: 10	<b>2</b> FILER NAME Edward C. Lasater, II		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6-6-2014	<b>5</b> Payee name Shenicqua Longoria		
<b>6</b> Amount (\$) 265.00	<b>7</b> Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth, TX 76106		
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Canvassing Help	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6-6-2014	Payee name Marguretta Mead		
Amount (\$) 464.00	Payee address; City; State; Zip Code 1304 Mockingbird Lane Dallas, TX 75115		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing Help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6-6-2014	Payee name Lewis Bray		
Amount (\$) 414.00	Payee address; City; State; Zip Code 1304 Mockingbird Lane Dallas, TX 75115		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing Help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6-6-2014	Payee name Janet Bray		
Amount (\$) 414.00	Payee address; City; State; Zip Code 1545 Chapman St. Cedar Hill, TX 75104		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing Help	
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.

<b>1</b> Total pages Schedule F 10	<b>2</b> FILER NAME Edward C. Lasater, II	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6-6-2014	<b>5</b> Payee name Lizbeth Corral	
<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 1800 Brittan St. Fort Worth, TX 76111	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Canvassing Help
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6-6-2014	Payee name Cynthia Montes	
Amount (\$) 57.01	Payee address; City; State; Zip Code 3208 Schwartz Fort Worth, TX 76106	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6-11-2014	Payee name Cecilia Saldivar Elizondo	
Amount (\$) 600.00	Payee address; City; State; Zip Code 3617 May Street Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Edward C. Lasater, II	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5-30-2014	<b>5</b> Payee name Cool Climate	
<b>6</b> Amount (\$) 600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 101 N.E. McAlister Rd. Burleson, TX 76028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Office Overhead	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign Office Air conditioning repair
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> 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.

<b>1</b> Total pages Schedule I:		<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date		<b>5</b> Payee name			
<b>6</b> Amount (\$)		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> 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.)	
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

6-6-2014

**5** Name of person from whom amount is received

Frost Bank

**8**Amount  
(\$)

.54

**6** Address of person from whom amount is received; City; State; Zip Code3859 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; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling <hr/> 8 Departure city or name of departure location <hr/> 9 Destination city or name of destination location <hr/>	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling <hr/> Departure city or name of departure location <hr/> Destination city or name of destination location <hr/>	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling <hr/> Departure city or name of departure location <hr/> Destination city or name of destination location <hr/>	
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