# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Edward C. La	asater 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	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,160.47	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		2ED \$ 0	
	4. TOTAL	\$ 41,683.11		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 24,512.05	
OUTSTANDING LOAN TOTALS	28-0 Vr 10 MODULE TO 1940	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ 20,100.00	
18 AFFIDAVIT				
	ANDY FITZHUGH My Commission Exp November 26, 20	is true and correct and includes all ir me under Title 15, Election Code.	erjury, that the accompanying report information required to be reported by date or Officeholder	
AFFIX NOTARY STAN	MP / SEAL ABOVE			
Sworn to and sub	scribed before	me, by the said Edward C. Lasate	r, II, this the	
day	of June	, 20 14, to certify which, witness m	y hand and seal of office.	
Signature of officer adm	inistering oath	Andy Fitzhegh Printed name of officer administering oath	Nebory fublic  Title of officer administering oath	
	100		-	

Texas Ethics Commission

#### 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 # (É	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	,	7 Amount of	8 In-kind contribution
5-3-2014	Mr. & Mrs. Robert Bass		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code 6221 Westover Drive	,	1,000.00	
	Fort Worth TX 76107		<i>m</i> 1	(7
		45.5		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#:		Amount of	In-kind contribution
5-8-2014	William Gipson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		250.00	ļ.
	2101 Warner Rd.			
	Fort Worth TX 76110			
Bod 2 prosest to general	him ( leb title (Con beauty))	F		of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5-2-2014	Mark Hart III		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		500.00	
	1401 Foch Street Ste 100		500.00	
	Fort Worth TX 76107		(If traval outcode	of Tayas, complete Schodula T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		2p.3961 (000)		
Date	Full name of contributor		Amount of	In-kind contribution
5-5-2014	James Korth		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	* * * * * * * * * * *		
	2217 Colonial Parkway		500.00	
	Fort Worth TX 76109		(16 km) of any of	of Towns assertate Outside To
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
,sipai oscaj				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5-11-2014	William Ray		contribution (\$)	description (if applicable)
	Contributor address; City: State; Zip Code			]
	3033 Ryan Place Drive		300.00	
	Fort Worth TX 76110		05.1	 
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

#### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 6
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
25.1 20.000.001105-0.	Garland M. Lasater, Jr.		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		540.17	Office space
	1301 Humble Court			use
	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  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
6-11-2014	Garland M. Lasater, Jr.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		795.30	Clerical help
	1301 Humble Court			
	Fort Worth, TX 76107		(If travel outside	of Toyon, complete Schodule TV
Principal occur	pation / Job title (See Instructions)	Employer (See	The second secon	of Texas, complete Schedule T)
	,			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution
5-12-2014	James R. Dunaway		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		750.00	
	777 Taylor Street, Ste. 1	040		l
	Fort Worth, TX 76102		/If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete ochedule 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
5-19-2014	Dr. & Mrs. John Zerdeck	i	contribution (\$)	description (if applicable)
	Contributor address: City; State; Zip Code		150.00	
	2012 Windsor Place			
	Fort Worth TX 76110			
Data eller Lee		Emple (C		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
5-22-2004	Patty C. Mays		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		252.22	
	1604 Seaboard Ave.		250.00	
	Midland TX 79705		(If travel outeids	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or levas, comblete schedule 1)
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#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 6
2 FILER NAME	Edward C. Lasater II		3 ACCOUNT# (E	thics Commission Filers)
<b>4</b> Date 5-27-2014	5 Full name of contributorout-of-state PAC(ID# Robert Ginsburg		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 777 Main Street, Ste. 130	0	250.00	
	Fort Worth, TX 76102		(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 5-20-2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code PO Box 518		1,000.00	
	Medina WA 98039		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date 5-22-2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 600 Jefferson St., Ste. 30	00	500.00	 
	Houston, TX 77002		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	<del></del>	
Date 5-27-2014	Full name of contributor 🔲 out-of-state PAC (ID# Jay Sandelin		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code 3200 Meander Rd.		200.00	
	Granbury TX 76049		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date 5-30-2014	Full name of contributor  out-of-state PAC (ID#_ Thomas Aubrey		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 6243 Vanderbilt Avenue		1,000.00	
	Dallas TX 75214		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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P.O. Box 12070

#### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 6		
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#:_ Scott & Whitney Brown	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
5-24-2014	6 Contributor address; City; State; Zip Code 2025 Ward Parkway		250.00	[ [		
	Fort Worth, TX 76110		(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	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
5-29-2014	Contributor address: City: State: Zip Code 6225 Indian Creek Dr.		1,000.00			
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
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		500.00	Office Space		
	3825 Camp Bowie Blvd. Fort Worth, TX 76107		/If travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See		or reads, complete generalie 17		
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.		100.00	[ [		
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See		or round, complete contestie vy		
Date 6-3-2014	Full name of contributor out-of-state PAC(ID#_Carter Malouf		Amount of contribution (\$)	In-kind contribution description (if applicable)		
0-3-2014	Contributor address; City: State; Zip Code 8235 Douglas Ave. LB 18		100.00			
	Dallas, TX 75225		(If travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See		S. Jenas, semplete contents ()		

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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 5-29-2014	5 Full name of contributor □out-of-state PAC(ID#_ Haltom CityBikes	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 5719 Airport Freeway		300.00	
	Fort Worth, TX 76117		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 5-30-2014	Full name of contributor  out-of-state PAC(ID#_Ellen Warthoe & John Hardy	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code 2701 Willing Ave. Fort Worth, TX 76110		75.00	 
	Fore Worten, 1x 76110		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
5-28-2014	Tom Sharpe		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	7540 LBJ Freeway		500.00	
	Dallas, TX 75251		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date 6-9-2014	Full name of contributor 🔲 out-of-state PAC (ID#_ Philip Gachassin	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address, City; State; Zip Code	* * * * * * *	500.00	l
	2015 W. St. Mary			
	Lafayette, LA 70506		(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See		s. Toxao, complete consecuto Ty
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
6-9-2014	Troy Martin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		250.00	
	427 Heymann Blvd			
	Lafayette, LA 70503		/If traval auto-de	of Tayon, complete Schodule T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
2			•	

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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 6-6-2014	5 Full name of contributorout-of-state PAC(ID# George Young	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 200 Bailey Avenue, Suite	102	500.00	
	Fort Worth, TX 76107		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 6-6-2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		100.00	
	2721 Colonial Parkway			
	Fort Worth, TX 76109		(If travel outside i	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		STICKES, SOMPLES SCHOOLS TY
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 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)
	Contributor address; City; State; Zip Code			
			(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 contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	* * * * * * * * * * *	(If travel outside	       of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rozad, delipiote delibudie ()
	ATTACH ADDITIONAL CODIES O	NE THIS SCHEDULE	ACNEEDED	

## **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)
	(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 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)
Date Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind description pledge (\$) (if applicable)
Pledgor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer	(If travel outside of Texas, complete Schedule T) (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	· · ·
Dringing Locarestian / Joh title (Peo Instructions)	(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 SCHE	

Texas Ethics Commission

	LOANS				SCHEDULE E
	The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ges Schedule E:
2	FILER NAME Edw	ard C. Lasater II		3 ACCOU	NT # (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?	2101 Ward Parkway	Zip Code		10 Interest rate
	Y N	Fort Worth, Tx 76110			11 Maturity date 9/15/2014
12	12 Principal occupation / Job title (See Instructions)13 Employer (See Instructions)ManagerAsset Deployment Inc				
14	Description of Coll	ateral	15 Check if personal funds were	e deposited	into political account
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; S	State; Zip Code	1227 at a a a	
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 Colla	ateral	Check if personal funds were	deposited	into political account
	none				
	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 COPII der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEI uction guide for additional rep		quirements.

Edward C. Lasater, II  The Payer name Norfleet Strategies, LLC  Thount (s) 7 Payer address: City. State: Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE (a) Category (See categories intended to the poor fine schedule) Advertising Expense (complete CNLY if direct approximate to benefit COd)  Payer name Norfleet Strategies, LLC  Through (s) Payer address: City. State: Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE (a) Category (See categories indeed at the top of this schedule) (b) Description (If trave outside of Texas. complete Schedule T) Campaign Mailing (complete CNLY if direct approximate to benefit COd)  Payer name Norfleet Strategies, LLC  Through (s) Payer address: City. State: Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE (complete CNLY if direct approximate to benefit COd)  Candidate / Office holder name (complete Schedule T) Campaign Mailing (complete CNLY if direct approximate to benefit COd)  The Payer address: City. State: Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE (CATEGORY) (See categories intended at the top of this schedule) (complete CNLY if direct approximate to benefit COd)  The Payer address: City. State: Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE (CATEGORY) (See categories intended at the top of this schedule) (complete CNLY if direct approximate to benefit COd)  Category (See categories intended at the top of this schedule) (complete CNLY if direct approximate to benefit COd)  Candidate / Office holder name (complete Schedule T) (complete CNLY if direct approximate to benefit COd)  Candidate / Office holder name (complete Schedule T) (complete CNLY if direct approximate to benefit COd)  Candidate / Office holder name (complete Schedule T) (complete CNLY if direct approximate to benefit COd)  Candidate / Office holder name (complete Schedule T) (complete CNLY if direct approximate to benefit COd)  Candidate / Office holder name (complete Schedule T) (complete Schedule T) (complete CNLY if minet approximate (complete Schedule T)		<del></del>		<del> </del>
Accounting Standing   Legal Services   PoodPewage Expense   PoodPewage			70 17	December 1
Consider Expense Polaring Po				
Event Expense Polling Polling Polling Expense Polling Expense Polling Polling Polling Polling Polling Polling Polling Expense Polling	4. Acceptance (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The state of the s		
Provided Expense   Office Overhead/Reviral Expense   Office   Of	The Control of the Co	5 ,		
The Instruction Guide explains how to complete this form.    Comparison of the Compa	5.		Principal Control of the Control of	
Edward C. Lasater, II   September   Norfleet Strategies, LLC	,, 555	And the second s	100 mg 10	7/ 1
Edward C. Lasater, II   September   Norfleet Strategies, LLC	Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Éthics Commission Filers)
-1-2014 Norfleet Strategies, LLC    Normount (s)		Edward C. Lasater, II		
RO1	Date 5-1-2014			
Austin, TX 78701  PURPOSE OF Advertising Expense  (a) Category (Sec categories listed at the top of this schedule) Advertising Expense  Campaign Mailing  Office held  Campaign Mailing  Office held  Office held  Office sought  Office held	Amount (\$)	7 Payee address; City; State; Zip Code		81
Purpose   Cardidate   Officeholder name   Campaign	4,702.75	1801 Lavaca, Suite 106		
Purpose   Candidate   Office holder name   Campaign   Mailing		Austin, TX 78701		
Complete QNY if direct xpenditure to benefit C/OH	PURPOSE	<del> </del>	(b) Description (II	f travel outside of Texas, complete Schedule T)
Payee name   Payee name   Payee name   Payee name   Payee name   Payee address   City   State   Zip Code		Advertising Expense	Campaign	n Mailing
Norfleet Strategies, LLC	Complete ONLY if direct		Office sought	Office held
Norfleet Strategies, LLC	Date	Pavee name		
1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Advertising Expense  Campaign Mailing  Campaign Mailing  Complete QNLY if direct expenditure to benefit C/OH  Payee name Norfleet Strategies, LLC  Amount (\$) Payee address: City. State. Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE Category (See categories listed at the top of this schedule) Consulting Expense  Condidate / Officeholder name  Office sought  Office sought  Office held  Consulting Expense  Candidate / Officeholder name  Office sought  Office held  Compute ONLY if direct expense listed at the top of this schedule) Austin, TX 78701  PURPOSE  Category (See categories listed at the top of this schedule) Advertising Expense  Campaign Mailing  Compaign Mailing  Compaign Mailing  Compaign Mailing  Compaign Mailing  Compaign Mailing	5-1-2014			
Austin, TX 78701  PURPOSE OF EXPENDITURE  Advertising Expense  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Advertising Expense  Campaign Mailing  Office held  Campaign Mailing  Office held	4,702.75	1801 Lavaca, Suite 106		
Advertising Expense  Campaign Mailing  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held		Austin, TX 78701		
Advertising Expense Campaign Mailing  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held		Category (See categories listed at the top of this schedule)	Description (If	ftravel outside of Texas complete Schedule T)
Payee name Norfleet Strategies, LLC  Amount (\$) Payee address: City. State. Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Complete QNLY if direct expenditure to benefit C/OH  Payee name Norfleet Strategies, LLC  Candidate / Officeholder name  City. State. Zip Code Description (If travel outside of Texas, complete Schedule T) Professional Service Fee  Complete QNLY if direct expenditure to benefit C/OH  Payee name Norfleet Strategies, LLC  Amount (\$) Payee address: City. State. Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE OF EXPENDITURE  Category (See categones listed at the top of this schedule) OF Category (See categones listed at the top of this schedule) Camplete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Camplete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Office held	EXPENDITURE	Advertising Expense	Campaigr	n Mailing
Norfleet Strategies, LLC  Amount (\$) 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  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Once Austin, TX 78701  Payee name Norfleet Strategies, LLC  Amount (\$) 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) Office sought  Office held  Category (See categories listed at the top of this schedule) Office sought  Office held  Office held  Campaign Mailing  Candidate / Officeholder name  Office sought  Office held  Office held	Complete QNLY if direct expenditure to benefit C/C		Office sought	Office held
Norfleet Strategies, LLC  Amount (\$) Payee address: City: State: Zip Code Payee address: City: State: Zip Code Payer address: City: State: Zip Code Payer address: City: State: Zip Code Austin, TX 78701  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Consulting Expense  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held	Date	Payee name		
Austin, TX 78701  PURPOSE OF CONSULTING Expense Condidate / Officeholder name  Complete ONLY if direct Austin, TX 78701  Payee name Norfleet Strategies, LLC  Amount (\$) Payee address; City; State; Zip Code 1801 Lavaca, Suite 106  Austin, TX 78701  PURPOSE OF Category (See categories listed at the top of this schedule) OF Consulting Expense Professional Service Fee Office held  Candidate / Officeholder name Office sought Office held  Candidate / Officeholder name Norfleet Strategies, LLC  Candidate / Officeholder name Norfleet Strategies, LLC  Candidate / Officeholder name Office sought Officeholder name Office sought Officeholder of Texas, complete Schedule Total Campaign Mailing  Candidate / Officeholder name Office sought Office held	5-1-2014			
Austin, TX 78701  PURPOSE OF COnsulting Expense Professional Service Fee  Complete ONLY if direct Austin, TX 78701  Purpose OF Consulting Expense Professional Service Fee  Complete ONLY if direct Austin, TX 78701  Purpose OF Category (See categories listed at the top of this schedule) Professional Service Fee  Complete ONLY if direct Austin, TX 78701  Purpose OF Category (See categories listed at the top of this schedule) Advertising Expense  Complete ONLY if direct Expenditure to benefit C/OH  Candidate / Office holder name  Candidate / Office holder name  Office sought  Description (If travel outside of Texas, complete Schedule T)  Camplete ONLY if direct Expense Candidate / Office holder name  Candidate / Office holder name  Office sought  Office held	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF CONSULTING Expense  Candidate / Officeholder name  Office sought  Office held	3,500.00	1801 Lavaca, Suite 106		
OF EXPENDITURE  Consulting Expense  Condidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held		Austin, TX 78701		
Consulting Expense Professional Service Fee  Complete ONLY if direct expenditure to benefit C/OH  Payee name Norfleet Strategies, LLC  Amount (\$) Payee address; City; State; Zip Code 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office held  Office sought  Office held  Office sought  Office held  Office held  Office held  Office held  Office held	PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held  Office sought  Office held	OF	Consulting Expense	Profes	sional Service Fee
Date Payee name Norfleet Strategies, LLC  Amount (\$) Payee address; City; State; Zip Code 1,702.75 1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE OF Advertising Expense Campaign Mailing  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	EXPENDITURE			
Norfleet Strategies, LLC  Amount (\$) 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  Campaign Mailing  Candidate / Office holder name  Office sought  Office held  Office held	Complete <u>QNLY</u> if direct expenditure to benefit C/0		Office sought	Office held
1801 Lavaca, Suite 106 Austin, TX 78701  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Advertising Expense  Campaign Mailing  Candidate / Office holder name  Candidate / Office holder name  Office sought  Office held	Date 5 - 8 - 2014			
Austin, TX 78701  PURPOSE OF Advertising Expense Campaign Mailing  Complete 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  Campaign Mailing  Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code		
Austin, TX 78701  PURPOSE OF Advertising Expense Campaign Mailing  Complete 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  Campaign Mailing  Office sought Office held	4,702.75	1801 Lavaca, Suite 106		
PURPOSE OF Advertising Expense  Complete 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  Office held				
OF EXPENDITURE Advertising Expense Campaign Mailing  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held	PURPOSE		Description (I	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct			Campaign	Mailing
	Complete ONLY if direct		Office sought	Office held
AT IACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			SCHEDIII E AS N	EEDED
		ATTACH ADDITIONAL COPIES OF THIS		

P.O. Box 12070

Texas Ethics Commission

# SCHEDULE F

	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/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/	ontract Labor alsing Expense  Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Rental Expense  Contributions (Political Committe)
	The Instruction Guide explains how to	complete this form.
Total pages Schedule F:	2 FILER NAME Edward C. Lasater, II	3 ACCOUNT # (Ethics Commission File
Date 5-8-2014	5 Payee name Norfleet Strategies, LLC	
Amount (\$)	7 Payee address; City; State; Zip Code	
2,386.21	1801 Lavaca, Suite 106	
	Austin, TX 78701	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Campaign Mailing
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 5 <b>-</b> 8 - 2014	Payee name Norfleet Strategies, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
4,702.75	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	Campaign Mailing
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 4-1-2014	Payee name Piryx.com	
Amount (\$)	Payee address; City; State; Zip Code	
100.63	144 2nd St 1st Floor	
	San Francisco, CA 94105	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Transaction Fees
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought Office held
Date	Payee name	<del></del>
5-15-2014	Norfleet Strategies	
Amount (\$)	Payee address; City; State; Zip Code	
7,000.00	1801 Lavaca, Suite 206	
	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	May Phone Program
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Texas Ethics Commission

# SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C	13 5	an Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	aising Expense Tra	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		intributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/		THER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
10	Edward C. Lasater, II		
Date 5-21-2014	5 Payee name City of Fort Worth		
Amount (\$)	7 Payee address; City; State; Zip Code		
55.00	1000 Throckmorton		
	Fort Worth, TX 76102		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Inspection	n for Campaign Office
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5-23-2014	Veronica Molina		
Amount (\$)	Payee address; City; State; Zip Code		
120 00	5806 W. Diaz Ave.		
138.00	Fort Worth TX 76107		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvassi	ng help
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5-23-2014	Alberto Martinez		
Amount (\$)	Payee address, City; State; Zip Code 1709 Desperado Rd.		
210.00	Fort Worth TX 76131		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvass	ing help
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
5-23-2014	Manuela Medrano		
Amount (\$)	Payee address; City; State; Zip Code		
94.00	3103 Azle Ave.		
J4.00	Fort Worth, TX 76106		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	(ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	I	ing help
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
-	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EEDED
	William (1997) William (1997) William (1997) William (1997)	The second secon	

# SCHEDULE F

(512) 463-5800

#### POLITICAL EXPENDITURES

P.O. Box 12070

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 10 Edward C. Lasater, II 4 Date 5 Payee name 5-23-2014 Luz Ann Medrano 7 Payee address; 6 Amount (\$) City: State; Zip Code 3103 Azle Ave. 195.00 Fort Worth TX 76106 (a) Category (See categories listed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** OF Contract Labor Canvassing help **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 5-23-2014 Victoria Marroquin Payee address; City; State; Zip Code Amount (\$) 3103 Azle Ave. 135.00 Fort Worth TX 76106 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas complete Schedule T) **PURPOSE** Contract Labor Canvassing help **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5-28-2014 Lewis Bray Payee address; City; State; Zip Code Amount (\$) 1304 Mockingbird Lane 90.00 Dallas TX 75115 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** Contract Labor Canvassing help **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Marquretta Mead 5-28-2014 Amount (\$) Payee address; City; State; Zip Code 1304 Mockingbird Lane 100.00 Dallas TX 75115 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contract Labor Canvassing help **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE (	CATEGORIES FOR BOX 8	(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling 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.
Total pages Schedule F:	2 FILER NAME Edward C. Lasater,	II	3 ACCOUNT # (Ethics Commission Filers
Date 5-29-2014	5 Payee name Norfleet Strategi	es	
Amount (\$) 3,500.00	7 Payee address: City: Stat 1801 Lavaca, Suite Austin, TX 78701	e; Zip Code 206	
PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Descripti	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	7.00.00	essional Service Fee
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ught Office held
Date 5-30-2014	Payee name Veronica Molina		-
Amount (\$)	Payee address; City; Sta 5806 W. Diaz Ave.	te; Zip Code	
146.00	Fort Worth TX 7610	7	
PURPOSE	Category (See categories listed at the top of	of this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canva	assing help
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ught Office held
Date 5-30-2014	Payee name Alberto Martinez		
Amount (\$) 306.00	Payee address; City; Stat 1709 Desperado Rd.	e; Zip Code	
300.00	Fort Worth TX 7613	31	
PURPOSE	Category (See categories listed at the top	of this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canv	assing help
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ught Office held
Date 5 - 3 0 - 2 0 1 4	Payee name Manuela Medrano		
Amount (\$)	Payee address; City; Star	te, Zip Code	
48.00	3103 Azle Ave.	-106	
	157 MERCHANIS DINGS IN SE ARROW HAVE SENSON P. SERVENDEN IN S.	5106	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Contract Labor		ion (If travel outside of Texas, complete Schedule T) assing help

#### 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.

	The instruction duide explains now to		
1 Total pages Schedule F: 10	Edward C. Lasater, II	3	3 ACCOUNT # (Ethics Commission Filers)
Date 5-30-2014	5 Payee name Luz Ann Medrano		
Amount (\$)	7 Payee address; City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel	l outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvassin	g help
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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)  phelp
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 5-30-2014	Payee name Marguretta Mead		
Amount (\$)	Payee address; City; State; Zip Code 1304 Mockingbird Lane Dallas TX 75115		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	loutside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvassin	g help
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 5-30-2004	Payee name Lewis Bray		<del></del>
Amount (\$)	Payee address; City; State; Zip Code		
270.00	1304 Mockingbird Lane Dallas TX 75115		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	l outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvassing	g help
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

Total pages Schedule F: 2 FILER NAME Edward C. Lasater, II 3 ACCOUNT # (Ethics Commission File 10 Date Schedule F: 2 FILER NAME Edward C. Lasater, II 3 ACCOUNT # (Ethics Commission File 10 Date Schedule F: 2 FILER NAME Edward C. Lasater, II 3 ACCOUNT # (Ethics Commission File 10 Date Schedule F: 2 FILER NAME Edward C. Lasater, II 3 ACCOUNT # (Ethics Commission File 10 Date Schedule F: 2 FILER NAME Edward C. Lasater, II 3 ACCOUNT # (Ethics Commission File 10 Date Schedule F: 2 FILER NAME Edward C. Lasater, II 3 ACCOUNT # (Ethics Commission File 10 Date Schedule F: 2 FILER NAME Commission File File File File File File File File		EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Total pages Schedule F: 2 FILER NAME Edward C. Lasater, II	Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	aising Expense Tra Co strict Rental Expense O1	ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
Date 5-30-2014 5 Payee name Contract Labor Contract Co	Total pages Schedule F:		complete this form.	
Amount (s) 270.00 270.0		Edward C. Lasater, II		
PURPOSE EXPENDITURE  PURPOSE CATEGORY (See categories isleed at the top of this schedule) (b) Description (if travel outside of Texas, complete Schedule T) Canvassing help  Candidate / Office holder name  Office sought  Office held  Payee aname  Lizbeth Corral  Amount (s)  Payee address: City, State; Zip Code  1800 Brittan St.  Fort Worth TX 76111  PURPOSE  OF  EXPENDITURE  Candidate / Officeholder name  Office sought  Description (if travel outside of Texas, complete Schedule T)  Canvassing help  Canvassing help  Office held  Description (if travel outside of Texas, complete Schedule T)  Canvassing help  Office held  Purpose  OF  EXPENDITURE  Candidate / Officeholder name  Office sought  Office held  Office held  Date  Fort Worth TX 76106  Purpose  OF  EXPENDITURE  Category (See categories listed at the top of this schedule)  Canvassing help  Office held  Date  Canvassing help  Office held  Date  Office Sought  Office held  Office held  Office sought  Office held  Description (if travel outside of Texas, complete Schedule T)  Canvassing help  Office sought  Office held  Office held  Date  OF  EXPENDITURE  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Date  OF  Candidate / Officeholder name  Office sought  Office held  Office held  Office held  Date  OF  EXPENDITURE  Candidate / Officeholder name  Office sought  Office held  Date  OF  Candidate / Officeholder name  Office sought  Office held  Date  OF  Candidate / Officeholder name  Office sought  Office held  Date  OF  Candidate / Officeholder name  Office sought  Office held  Date  OF  EXPENDITURE  Candidate / Officeholder name  Office sought  Office held  Date  OF  Candidate / Officeholder name  Office sought  Office held  Date  OF  Candidate / Officeholder name  Office sought  Office held  Date  OF  Candidate / Officeholder name  Office sought  Office held  Date  OF  EXPENDITURE  Officeholder name  Office sought  Office held  Date  OF  Candidate / Officeholder name  Office sought  Officeholder name  Office sought  De		-		
Contract Labor Canvassing help  Complete ONLY if direct expenditure to benefit CiOH  Date Date Date Dispersion (South Contract Labor Description (If travel outside of Texas, complete Schedule T) Canvassing help  Payee name Lizbeth Corral  Amount (S) Payee address: City; State; Zip Code 1800 Brittan St. Fort Worth TX 76111  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit CiOH  Date Date Date Date Date Date Date Description (If travel outside of Texas, complete Schedule T) Canvassing help  Contract Labor Date Date Date Date Date Description (If travel outside of Texas, complete Schedule T) Canvassing help  Contract Labor Date Date Date Date Date Date Date Date	*	1545 Chapman St.		
Complete ONY if direct expenditure to benefit C/OH  Payee name Lizbeth Corral  Amount (\$) Payee address. City: State: Zip Code 1800 Brittan St. Fort Worth TX 76111  PURPOSE OF EXPENDITURE  Complete ONY if direct expenditure to benefit C/OH  Candidate / Office holder name  Complete ONY if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule) Contract Labor  Candidate / Office holder name  Complete ONY if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule) Complete ONY if direct expenditure to benefit C/OH  Candidate / Office holder name  Complete ONY if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule) Contract Labor  Candidate / Office holder name  Complete ONY if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule) Contract Labor  Canvassing help  Can	PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)
Date 5-30-2014	OF		1 10 20	
Amount (\$) Payee address: City: State: Zip Code 1800 Brittan St. Fort Worth TX 76111  PURPOSE OF EXPENDITURE  Contract Labor  Candidate / Officeholder name  Complete ONLY if direct sependiture to benefit C/OH  Payee address. City: State: Zip Code 3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Shenicqua Longoria  Amount (\$) Payee address. City: State: Zip Code 3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE  Category (See categones listed at the top of this schedule) Contract Labor  Canvassing help  Canvasing help  Canvasing help  Canvasing help  Canvasing help  Canvasing help			Office sought	Office held
PURPOSE OF EXPENDITURE  Candidate / Office held  Purpose OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Page address, City, State; Zip Code STEVENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Office held  Page address, City, State; Zip Code 3103 Azle Ave. Fort Worth TX 76106  Purpose OF EXPENDITURE  Candidate / Officeholder name  Contract Labor  Candidate / Officeholder name  Contract Labor  Condidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Contract Labor  Condidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Contract Labor  Condidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Contract Labor  Condidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Contract Labor  Condidate / Officeholder name  Contract Labor  Contract Labor  Contract Labor  Contract Labor  Condidate / Officeholder name  Office sought  Office held  Candidate / Office held  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Contract Labor  Contract La	Date 5-30-2014			
PURPOSE OF EXPENDITURE  Category (See categories isted at the top of this schedule) Contract Labor  Canvassing help  Canvassing help  Canvassing help  Canvassing help  Canvassing help  Office sought  Office held  Office sought  Office held  Payee name Shenicqua Longoria  Amount (s) Payee address. City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Office held  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office held  Description (if travel outside of Texas, complete Schedule T) Canvassing help  Canvassing help  Canvassing help  Office held  Office held  Office held  Payee name Candidate / Officeholder name  Office sought  Office held  Office held  Payee name TXU Energy  Amount (s) Payee address: City; State; Zip Code PO Box 650638 Dallas, TX 75265-0638  Dallas, TX 75265-0638  Purpose Office Overhead  Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Electricity Bill	N (2)		-	
Complete ONLY if direct expenditure to benefit C/OH  Date 5-30-2014 Payee name Shenicqua Longoria  Amount (\$) Payee address, City, State; Zip Code 3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE Condidate / Officeholder name Office sought Office held  Complete ONLY if direct expenditure to benefit C/OH  Payee address, City, State; Zip Code 3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE Contract Labor Contract Labor Contract Labor Contract Labor Contract		Fort Worth TX 76111		
Complete ONLY if direct expenditure to benefit C/OH  Date 5-30-2014  Amount (\$) Payee address, City, State; Zip Code 3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Category (See categores listed at the top of this schedule) Canvassing help  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Description (if travel outside of Texas, complete Schedule T)  Canvassing help  Description (if travel outside of Texas, complete Schedule T)  Canvassing help  Canvassing				The state of the s
Date 5-30-2014 Shenicqua Longoria  Amount (\$) Payee address, City; State; Zip Code 120.00 Fort Worth TX 76106  PURPOSE OF EXPENDITURE  Contract Labor  Candidate / Officeholder name 6-5-2014 Payee name TXU Energy  Amount (\$) Payee address; City; State; Zip Code 44.26 PO Box 650638 Dallas, TX 75265-0638  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Candidate / Officeholder name Description (If travel outside of Texas, complete Schedule T) Canvassing help  Office sought Office held  Payee name TXU Energy  Amount (\$) Payee address; City; State; Zip Code PO Box 650638 Dallas, TX 75265-0638  Purpose Of Category (See categories listed at the top of this schedule) Office Overhead  Description (If travel outside of Texas, complete Schedule T) Electricity Bill		Contract Labor	Canvass	ing help
Amount (\$)  Payee address, City; State; Zip Code 3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 6-5-2014  Payee name TXU Energy  Amount (\$)  Payee address; City; State; Zip Code TXU Energy  Amount (\$)  Payee address; City; State; Zip Code 44.26  PO Box 650638 Dallas, TX 75265-0638  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Office beld  Description (If travel outside of Texas, complete Schedule T) Canvassing help  Office held  Payee name TXU Energy  Amount (\$)  Payee address; City; State; Zip Code 44.26  PO Box 650638 Dallas, TX 75265-0638  Purpose Of Category (See categories listed at the top of this schedule) Office Overhead  Description (If travel outside of Texas, complete Schedule T) Electricity Bill			Office sought	Office held
3103 Azle Ave. Fort Worth TX 76106  PURPOSE OF EXPENDITURE  Cantract Labor  Candidate / Officeholder name  Office sought  Office held  Payee name TXU Energy  Amount (\$)  Payee address; City; State; Zip Code  44.26  PO Box 650638  Dallas, TX 75265-0638  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Office Poverhead  Description (If travel outside of Texas, complete Schedule T)  Electricity Bill				
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Contract Labor  Canvassing help  Office sought  Office held  Date 6-5-2014  Payee name TXU Energy  Amount (\$) Payee address; City; State; Zip Code  44.26  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	14 50 at			
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 6-5-2014  Amount (\$) Payee address; City; State; Zip Code 44.26  PO BOX 650638  Dallas, TX 75265-0638  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office held  Office held  Office held  Description (If travel outside of Texas. complete Schedule T)  Electricity Bill		Fort Worth TX 76106		
Date 6-5-2014  Payee name TXU Energy  Amount (\$) Payee address; City; State; Zip Code 44.26  PO Box 650638  Dallas, TX 75265-0638  PURPOSE OF EXPENDITURE  Payee name TXU Energy  Description (If travel outside of Texas, complete Schedule T) Electricity Bill	OF	Asserting the Control of the Control		
Amount (\$)  Payee address; City; State; Zip Code  44.26  PO Box 650638  Dallas, TX 75265-0638  PURPOSE OF Category (See categories listed at the top of this schedule)  Office Overhead  TXU Energy  Description (If travel outside of Texas, complete Schedule T)  Expenditure  Description (If travel outside of Texas, complete Schedule T)  Electricity Bill			Office sought	Office held
PO Box 650638  Dallas, TX 75265-0638  PURPOSE OF Category (See categories listed at the top of this schedule) OF EXPENDITURE  Office Overhead  Description (If travel outside of Texas, complete Schedule T) Electricity Bill				
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	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) OF EXPENDITURE  Category (See categories listed at the top of this schedule) OF ELECTRICITY Bill	44.26	PO Box 650638		
OF EXPENDITURE Office Overhead Electricity Bill		Dallas, TX 75265-0638		
EXPENDITURE Office Overhead Electricity Bill		Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
		Office Overhead	Electr	icity Bill
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Office sought	Office held

Texas Ethics Commission

# SCHEDULE F

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 Office Overhead/	contract Labor aising Expense strict Rental Expense	Contributions/Donatio Candidate/Officeho OTHER (enter a cate	nent & Related Expense ns Made By older/Political Committee
	The Instruction Guide explains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME Edward C. Lasater, II		3 ACCOUNT#	(Ethics Commission Filers)
4 Date 6-6-2014	5 Payee name Veronica Molina			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
218.00	5806 W. Diaz Ave.			
	Fort Worth, TX 76107			
		A) Description	urra con a se de con esta con	0.1.0.1.0.7.
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Contract Labor	7.75	(If travel outside of Texas, o sing help	complete Schedule I)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	i	Office held
Date	Payee name			
Date 6-6-2014	Alberto Martinez			
Amount (\$)	Payee address; City; State; Zip Code			
352.00	1709 Desperado Rd.			
	Fort Worth, TX 76131			
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas	complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvas	sing help	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	1	Office held
Date	Payee name			
6-6-2014	Luz Ann Medrano			
Amount (\$)	Payee address; City; State; Zip Code			
295.00	3103 Azle Ave.			
	Fort Worth, TX 76106			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor		(If travel outside of Texas, o sing help	complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	t	Office held
Date 6-6-2014	Payee name Victoria Marroquin			
Amount (\$)	Payee address; City; State; Zip Code			
265.00	3103 Azle Ave.			
	Fort Worth, TX 76106			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, o	complete Schedule T1
OF EXPENDITURE	Contract Labor	·	ssing help	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	t	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED	<u>.</u>

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ising Expense Tra Co trict	an Repayment/Reimbursement ansportation Equipment & Related Expense antributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
	FILER NAME Cdward C. Lasater, II		3 ACCOUNT # (Ethics Commission Filers)
	Payee name Shenicqua Longoria		
6 Amount (\$) 7	Payee address; City; State; Zip Code		
265.00	3103 Azle Ave.		
	Fort Worth, TX 76106		
8 PURPOSE (a)	Category (See categories listed at the top of this schedule)	(b) Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvass	sing Help
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6-6-2014	Payee name Marguretta Mead		
Amount (\$)	Payee address; City; State; Zip Code		
464.00	1304 Mockingbird Lane		
	Dallas, TX 75115		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvass	sing Help
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6-6-2014	Lewis Bray		
Amount (\$)	Payee address; City, State; Zip Code		
414.00	1304 Mockingbird Lane		
	Dallas, TX 75115		
	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvass	sing Help
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
22.25	Janet Bray		
	Payee address; City; State; Zip Code		
414.00	1545 Chapman St.		
	Cedar Hill, TX 75104		
	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvass	sing Help
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 NE	EDED

#### (TDD 1-800-735-2989)

## **POLITICAL EXPENDITURES**

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra	ontract Labor Loa aising Expense Tra	an Repayment/Reimbursement nsportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis		ntributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/		HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F	2 FILER NAME Edward C. Lasater, II		3 ACCOUNT # (Ethics Commission Filers
Date 6 - 6 - 2014	5 Payee name Lizbeth Corral	_	
Amount (\$)	7 Payee address; City; State; Zip Code		
200.00	1800 Brittan St.		
	Fort Worth, TX 76111		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvass	sing Help
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 6 - 6 - 2014	Payee name Cynthia Montes		
Amount (\$)	Payee address; City; State; Zip Code		
57.01	3208 Schwartz		
	Fort Worth, TX 76106		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor	Canvass	sing Help
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6-11-2014	Cecilia Saldivar Elizondo		
Amount (\$)	Payee address, City; State, Zip Code	-	
600.00	3617 May Street		
100 Sept. 100 Se	Fort Worth, TX 76110		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	Contract Labor	_	sing Help
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE			
· · · · · · · · · · · · · · · · · · ·	Candidate / Officeholder name	Office sought	Office held

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

Texas Ethics Commission

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	ounting/Banking         Legal Services         Solicitation/Fundraising Expense         Tr           isulting Expense         Food/Beverage Expense         Travel In District         Co           int Expense         Polling Expense         Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) n.
1 Total pages Schedule G:			
4 Date 5-30-2014	5 Payee name Cool Climate		
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 101 N.E. McAlister Rd.		
X Reimbursement from political contributions intended	Burleson, TX 76028		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	Campaign	If travel outside of Texas, complete Schedule T)
		condition	oning repair
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)
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)
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 S	CHEDULE AS N	EEDED

#### 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

P.O. Box 12070

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.	
2 FILER NAME	3 ACC	OUNT # (Ethics Commission Filers)
5 Business name		<del></del>
7 Business address; City; State; Zip Code	<del></del>	
(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas complete Schedule T)
Candidate / Officeholder name DH	Office sought	Office held
Business name		
Business address, City; State; Zip Code		
Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
Candidate / Officeholder name DH	Office sought	Office held
Business name		
Business address; City; State; Zip Code		<u>-</u>
Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
Candidate / Officeholder name DH	Office sought	Office held
Business name		
Business address; City; State; Zip Code	<del>.</del>	<del>.</del>
Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
Candidate / Officeholder name	Office sought	Office held
	5 Business name  7 Business address; City; State; Zip Code  (a) Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business name  Business address, City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)	5 Business name  7 Business address; City; State; Zip Code  (a) Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Business address, City; State; Zip Code  Category (See categories listed at the top of this schedule)  Description (If travel outside of this schedule)  Candidate / Officeholder name  Office sought  Business name  Business address; City; State; Zip Code  Category (See categories listed at the top of this schedule)  Candidate / Officeholder name  Description (If travel outside of this schedule)  Category (See categories listed at the top of this schedule)  Category (See categories listed at the top of this schedule)  Category (See categories listed at the top of this schedule)  Description (If travel outside of the schedule)  Category (See categories listed at the top of this schedule)  Description (If travel outside of the schedule)

Austin, Texas 78711-2070

## **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

(TDD 1-800-735-2989)

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule 1:	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			

Texas Ethics Commission

# 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		hics Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount
6-6-2014	Frost Bank		(\$) .54
	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

P.O. Box 12070

#### 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:	-
Schedule A Schedule B Schedule C Schedu	le D Schedule F Schedule G
Schedule 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,	seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedu	le D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	<del></del>
Means of transportation Purpose of travel (including name of conference, se	minar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	-
, take or community corporation or again, and or again, and again, ag	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedu	le D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, se	minar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E 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 N	JAME 2 ACCOUNT # (Ethics Commission Filers)
3	SIGNA	ATURE
	report a	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a s a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER
•		plete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k 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
	Chec	k 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		CEHOLDER plete this section o <i>nly</i> 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.
	w.	Signature of Officeholder