P.O. Box 12070

APPLIES THE R. AND D. L. L.	TE / OFFICEHOLDER NRF NANCE REPORT	FORM C/OH COVER SHEET PG 1
ET MORTH	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr Bernd R NICKNAME LAST SUFFIX Bernie Scheffler	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	address / POBOX: APT/SUITE#: CITY: STATE: ZIPCODE 3028 Willing Ave Fort Worth TX 7611	Date Hand-delivered or Postmarked APR 1 0 2014 Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 888 6162	Receipt # Amount ONLY OF FORT WORLH
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MS Christina NICKNAME LAST SUFFIX Elbitar	Date imaged 9 G 7 6
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE #; CITY; STATE; 3016 6th Ave Fort Worth	76110
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 723 5356	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 4/9	/ 2014
11 ELECTION	Month Day Year ELECTION TYPE Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know Fort Worth	City Council Dist. 9
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ernie Sch	effler	5 ACCOUNT # (Ethics	Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	DE BY POLITICAL COMMITTEE DIDATE'S OR OFFICEHOLDER THEY RECEIVE NOTICE OF SUC	'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		3.
	20000 1000000	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 137	57
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 593	10.68
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 46	74.96
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	**************************************	
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. Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	P / SEAL ABOVE			
Sworn to and subs	scribed before i	me, by the said Bernie Schoffler		this the
1 1/2	of April	, 20, to certify which, witness n	ny hand and seal	of office.
Signature of officer admi	Me Jele nistering oath	Printed name of officer administering oath	Title of officer adm	TAVIJ ninistering oath
				<u>.</u>

P.O. Box 12070

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 20
2 FILER NAME. Berni	e Scheffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/23/2014	Faul & Margo Allen 6 Contributor address; eity; State; Zip Code 1325 Lake St, Furt Worth,	TX 76104	200	
	150 3 2000 317 1011 15 711		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions) ter Smith H	tospital
Date	Full name of contributor out-of-state PAC (ID#:_ Amber Hausenfluck)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/24/2014	Contributor address; City; State; Zip Code 4505 N 4th, McAllen,	TX 78504	100	
				l of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See I	Senate	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/24/2	Janathan & Lisa Mc Mil Contributor address; City; State; Zip Code		50	
19/12014	1904 5th Ave, Fort Worth, TX 76110		30	
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
21-11	Elisabet Westbye Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
×/24/2014	600 Monticello Drive #5	5	100	
	Fort Worth, TX 76107		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		somplete conceder 17
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
1 1	Charles Gamez		contribution (\$)	description (if applicable)
2/25/	Contributor address; City; State; Zip Code 3704 Bryce		100	
2814	Fort Worth , TX 7610	7	(If trough outside a	(Tower
Principal occupa	ation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
If co	entributor is out-of-state PAC, please see instru	uction guide foradd	itional reporting	requirements.

P.O. Box 12070

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Bernie Scheffler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC(ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
2/25/2014 6 Contributor address; City: State; ZIp Code 912 Wilemon Dr Bedford, TX 76022	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (S	ee instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
2/25/2014 Contributor address; City; State; Zip Code 820 N Buckner Blvd	250
Dallas, TX 75218	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	ee Instructions) If Employed
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/1/2014 Kachel Beth tame Contributor address; City; State; Zip Code 1706 Pennsylvania Ave Fort Worth TX 76104	50
	(If travel outside of Texas, complete Schedule T) ee Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution
3/3/2014 Shana Healer. Contributor address; City: State: Zip Code 4105 Celtic Dr Arlington TX 76017	Amount of In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See	ee Instructions)
Teacher Arlin	gton ISD
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Mineral Wells, TX 76067	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	ee Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see instruction guide for	

Texas Ethics Commi	ission	P.O. Box 1207	0 Austin, Tex	cas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		ONTRIBU [*] PLEDGES	TIONS S OR LOA	NS		SCHEDULE A
The Ins	struction	Guide explains he	ow to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Ber	nie Sch	neffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5	Full nam	David L	Out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/4/2014 6	4	501 E St		1 625	150	
		tustin, 1	X 78745			of Texas, complete Schedule T)
9 Principal occupati		itle (See Instruction	s)	10 Employer (See		House of Representati
Date	Full nan	ne of contributor	out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4/2014	Contribu	utor address; Cit	y; State; Zip Code		100	
					(If travel outside	of Texas, complete Schedule T)
Principal occupati	tion / Job t	itle (See Instruction		Employer (See	Instructions)	
Date	Full nan	ne of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution
3/4/2014	Contribu	n Wayne utor address; Cit	y: State: Zip Code		44	description (if applicable)
Principal occupati	ion / Job t	itle (See Instruction	s) ce/Welder	Employer (See	Instructions)	rewing
Date	Full nan	ne of contributor	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4/204	Contribu	utor address; Cit	y; State; Zip Code		20	
						of Texas, complete Schedule T)
teach		itle (See Instruction	s)	Employer (See		
		on of contributes		CNSTA		
Date	Pull han	ne of contributor	out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/32/2014	Contribu	utor address; Cit	y; State; Zip Code		100	
Principal occupati	ion / Job ti	tle (See Instruction	s)	Employer (See I		of Texas, complete Schedule T)
If con	ntributor i			OF THIS SCHEDULE		requirements.

P.O. Box 12070

The Instruction Guide explains how to complete this form	1 Total pages Schedule A:
2 FILER NAME Bernie Scheffler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC(ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zlp Code	2000.
2014	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/12/1014 Contributor address; City; State; Zip Code	100
Dissipal assuration / Jab title (See Jestrustions)	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/22/2014 Contributor address; City; State: Zip Code	150
Principal and Sign (lab Sign (San Industrian)	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	75
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/23/2014 Contributor address; City; State; Zip Code	20
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/24/2014	6 Contributor address; City; State; Zip Code		100	
0.51.1.1		10 5 1 10		of Texas, complete Schedule T)
9 Principal occup	Engineer	10 Employer (See Lock)	need Mortin	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
abul	Nathan Beach Contributor address; City; State; Zip Code	*	contribution (\$)	description (if applicable)
424/2014			10	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/24/2014	Contributor address; City; State; Zip Code		20	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	or rondo, complete conceale 17
Bic	ycle Framebuilder	Self-	employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/24/2014	Contributor address; City; State; Zip Code		50	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Keith Maddox		contribution (\$)	description (if applicable)
2/24/2014	Contributor address; City; State; Zip Code		100	
Dela di cali	ation (leb title (O = leb title			of Texas, complete Schedule T)
Pnncipal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
If co	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A:
2 FILER NAME Bernie Scheffler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
2/24/2014 6 Contributor address; City; State; Zip Code	15
9 Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/24/2014 Contributor address; City; State; Zip Code	20
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Dut-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/24/2014 Contributor address; City; State; Zip Code	75
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/24/2014 Contributor address; City; State; Zip Code	50
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/24/2014 Contributor address; City; State; Zip Code	50
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Federal Government
'	- Carre

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P.O. Box 12070

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Bernie Scheffler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$) description (if applicable)
2/25 6 Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 E	mployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2/25 Contributor address; City; State; Zip Gode	100
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) mployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2 2 25	100
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) mployer (See Instructions)
	Think Cash
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
2 25 2014 Contributor address; City: State; Zip Code	25
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)
	The state of the s
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
2 25 Contributor address; City; State; Zip Code	50
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) mployer (See Instructions)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A:	
2 FILER NAME Bernie Scheffler	3 ACCOUNT # (Ethics Commission Filers)	n
4 Date 5 Full name of contributorout-of-state PAC (ID#:) 7 Amount of 8 In-kind contribution (\$) description (if appl	
2/25/2014 6 Contributor address; City; State; Zip Code	20 (If travel outside of Texas, complete Sched	
9 Principal occupation / Job title (See Instructions)	Employer (See Instructions)	1010 17
Date Full name of contributor ☐ out-of-state PAC (ID#:	Amount of In-kind contribution (\$) description (if app	
2/26/2014 Contributor address; City; State; Zip Code	25	
	(If travel outside of Texas, complete Sched	lule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Planner	City of Fort Worth	
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution (\$) description (if app	
2/27/2014 Contributor address; City; State; Zip Code	25	
	(If travel outside of Texas, complete Sched	dule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
	Lockheed Martin	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribu	
Pete Ehlke	contribution (\$) description (if app	licable)
Contributor address; City; State; Zip Code	200	
1019	(If travel outside of Texas, complete Sched	lula T\
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	idio 17
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribu	ution.
Shoot - Italiand	contribution (\$) description (if app	
2/27/ Contributor address; City: State; Zip Code	(If travel outside of Texas, complete Sched	(ule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
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ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	-

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Schaffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Brian Kisev 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Con		,	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Man S Mato cha Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/28			10	
				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)
311	Contributor address; City; State; Zip Code		20	i
			(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)
3/2	Contributor address; City; State; Zip Code		100.	 -
				of Texas, complete Schedule T)
Principal occup	Scientist Scientist	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/28	Contributor address; City; State; Zip Code		25	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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SCHEDULE A

The Instruction Guide explains how to complete	this form. 1 Total pages Schedule A:	
2 FILER NAME Bernie Scheffler	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5 Full name of contributorout-of-state PAC	7 Amount of 8 In-kind contribution contribution (\$) description (if application)	
3 2 2014 6 Contributor address; City; State; Zip of	code O O	
	(If travel outside of Texas, complete Schedule	T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions) City of Fort Wurth	
Date Full name of contributor out-of-state PAC	(ID#:) Amount of In-kind contribution contribution (\$) description (if application)	
3 2 Contributor address; City; State; Zip C	50	
	(If travel outside of Texas, complete Schedule	T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC	(ID#:) Amount of In-kind contribution contribution (\$) description (if application)	
Contributor address; City; State; Zip C	50	
	(If travel outside of Texas, complete Schedule	T)_
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC	(ID#:) Amount of In-kind contribution contribution (\$) description (if application)	
32 Contributor address; City; State; Zip C	50	
	(If travel outside of Texas, complete Schedule	T)
Principal occupation / Job title (See Instructions) Baycke Franco builder	Employer (See Instructions) SCIF	
Date Full name of contributor out-of-state PAC	Amount of In-kind contribution contribution (\$) description (if applica	
3/3 Contributor address; City; State; Zip C	Ode (If travel outside of Texas, complete Schedule	T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEEDED	

SCHEDULE A

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2 FILER NAME Bernie Scheffle	~	3 ACCOUNT # (E	thics Commission Filers)	
4 Date 5 Full name of contributor out-of-	ziate PAC (ID#:) Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)	
Full name of contributor out-of- AShtyn Jawa Contributor address; City; State	state PAC (ID#:) Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date Full name of contributor out-of- Mike Reyhe Contributor address; City; State	zstate PAC (ID#:) Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Dringle and a state (lab title (Con lastructions)	F1(G1		of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)		
Date Full name of contributor out-of- Angie Wound Contributor address; City; State	state PAC (ID#:) Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)	Employer (See I		or residue, complete occinedate Ty	
Date Full name of contributor out-of- Angelo Sotelo Contributor address; City; State	state PAC (ID#:) Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,	

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
3/3/2014	6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
0.0	View (1-1 VIV (0 1 1 1 1 1 1 1	40 FI (Cap I	20 00	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	charlie lenking		contribution (\$)	description (if applicable)
- 1	Contributor address; City; State; Zip Code		20.00	
3/4	Communication and resist, City, Citate, 2-p code		50	
		TOUR OF APPLICATION		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
9	ricycle Short or	Self		
Date	Full name of contributor oul-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4	Contributor address; City; State; Zip Code		20	
			(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)
3/5	Contributor address; City; State: Zip Code		50	[
B/aa/aa baaaaa	(Financia (Constant		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
3 3	Jayna Elam Contributor address; City; State; Zip Code 401 Fexchz Ct		contribution (\$)	description (if applicable)
1	,	ı	_	
Delegation	Crowley, TX			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	iner Store	

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SCHEDULE A

The I	nstruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	thics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/3/2014	Fritz Rahr 6 Contributor address; City; State; Zip Code 3816 Clayton Rd Port North TX		150	
1719	Port Worth TX	76116	(If travel outside	of Texas, complete Schedule T)
	1011 / 11			or rexas, complete screddle 1)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See	& Sons Bre	anie
	Onver	1 com	& Jour Bla	0
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
218/2014	Chris & Andrea Kellogg Contributor address; City; State; Zip Sode 1105 Hillside Dr		F-2	
	1105 Hillside Dr		50	
	Keller, TX 76248		(If travel outside	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
Jako	Λ Λ		contribution (\$)	description (if applicable)
alah alah	Contributor address; City; State; Zip Code	*****	21	
3/3/0017	Contributor address; City: State; Zip Code 5305 Sunshine Dr		25	I
7.	1 7V 7000			1
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			I of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of	In-kind contribution
1,000,000 PM 32	1		contribution (\$)	description (if applicable)
	Momas Danies	* * * * * * * * * * *		I I
2/4/2014	Contributor address; City; State; Zip Code		160	I
3(0(-	Thomas Danies Contributor address; City; State; Zip Code 626 Larkwood Dr	1/1 4 -	100	
		18209		 of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	,	
Date	Full name of contributor ul-of-state PAC (ID#:	-	Amount of	In-kind contribution
Date	A I I I I I I I I I I I I I I I I I I I		contribution (\$)	description (if applicable)
1 106111	Hadaiae Leaveys			
2/10/2014	Contributor address; City; State; Zip Code		1 4 1	
01.	3839 South Hills ar	rle	(00	
	Fort Worth . TX 7	6109	(If travel outside	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See i		or roxad, complete delledule 1)

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SCHEDULE A

The Instructi	ion Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME BEV	nie Scheffler		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full	name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/3/2014 6 Cont	tributor address; City; State; Zip Code 1942 Evergreen Dr Rockwall, TX 75032		50	
		200		of Texas, complete Schedule T)
9 Principal occupation / Jo		10 Employer (See I	11	
Police (it her	LOLL M	orth PD	
	name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Con	tributor address: City: State: Zip Code		4	
3/3/2014 7	obin Stallings tributor address; City; State; Zip Code 208 Sonta Rosa S		100	
	tustin, TX 78702		(If travel outside (of Tayon, complete Schedule T)
Principal occupation / Jo	ob title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Executive		BikeTex	Las	
Date Full	name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
Date	Brad Hensarling		contribution (\$)	description (if applicable)
3/4/2 NIL 1	tributor address; City; Sale; Zip Code 1616 W Allen Fort Worth, TX 76110		100	
, ,	LOCA MONIN ILV LOUID		(If travel outside	I of Texas, complete Schedule T)
Principal occupation / Jo	ob title (See Instructions)	Employer (See I		· · · · · · · · · · · · · · · · · · ·
Date Full	name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/5/h Cont	cributor address; City; State; Zip Code		F-0	
95/2014	Deatonhill Dr. Austin, TY	178745	50	
4010	odderwill or . 1. 2. 1	CFIDI	(If travel outside of	l of Texas, complete Schedule T)
Principal occupation / Jo	ob title (See Instructions)	Employer (See I		
Date Full	name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
٨٨	2000	,	contribution (\$)	description (if applicable)
	wcos gamez			!
3/5 hour 20	tributor address; City; State; Zip Code		la h	
36	ill Merrick Ka		100	
Ph	iladelphia PA 19129		, 00.	
Principal occupation / Jo	ob title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		p.0y01 (08e 1		

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/2014	6 Contributor address; City; State; Zip Code 2917 Willing Ave Fort Worth, TX 7640		25	
	FOIT WOITH, IN 1640		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/201	Contributor address; City; State; Zip Code		50	
3/10/2014	Fort W	urth, TX	00	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		F ((0)		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/11/2014	Contributor address; City State; Zip Code		20	
	Bedford TX 76021		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/12/2014	Contributor address; City, State; Zip Code 11 Beverly Court		25	
	South Son Francisco, CA	94080	20	
	P			of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Laman Overland		contribution (\$)	description (if applicable)
2/4/	Contributor address; City; State; Zip Code			
3/14/2014	6908 Bob G Link Dr		75	1
	Dalla Or Total		V	
	Dallas, 14 15214		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/15/	6 Contributor address; City; State; Zip Code 1617 Fairmount Fort Worth, TX 76104		25	 - of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	si totaci, compiaco consastio 17
	100 to 100	St Pan		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/18	Contributor address; City; State; Zip Code	.1	25	
	Fort Wor	th TX	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Mary Kina		contribution (\$)	description (if applicable)
21 .	Contributor address; City; State; Zip Code			I
3/18	411 Possil Rock or		20]
	Azle, TX 76020		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Veterinarian			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/00	Contributor address; City; State; Zip Code		100	
OILL	(-1.12.1		100	
	Fort Wort	4 TX	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		s rexus, complete echedule 1)
Date	Full name of contributor oul-of-state PAC (ID#:_		Amount of	In-kind contribution
1	Paul Allen		contribution (\$)	description (if applicable)
3/12	Contributor address; City; State; Zip Code		40	
0 17	1305 Lake &		10	
Principal accur	rott worth 11x /6104			l of Texas, complete Schedule T)
- incipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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P.O. Box 12070

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/23/	6 Contributor address; City; State; Zip Code		50	
0.00				of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/28	Contributor address; City; State; Zip Code	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	50	
	Fort Worth, TY 76110		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
4/1	Amy McNutt Contributor address; City; State; Zip Code 2829 Willing Are Fort Worth TX 7611	D	contribution (\$)	description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4	Contributor address; City; State; Zip Code 2614 5th Are Fort Worth, TX 76110		250	Gossination (III Springerson)
Principal occup	Position / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
4/7	Mary Ling Contributor address; Gty; State; Zip Code 411 Fossil Rock		contribution (\$)	description (if applicable)
Principal accur	pation / Job title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
Principal occup	Sation / Job title (See Instructions)	Employer (See I	nstructions)	
			_	
lf c	ATTACH ADDITIONAL COPIES C			requirements.

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SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Diana Myers Lock		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
417/20W	Diana Myers Loch 6 Contributor address; City; State; Zip Code 2600 6th Ave		2000	
	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 out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31	Contributor address; City; State; Zip Code 3712 Cranstm CFE		40	
	Irving TX 75062		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	ng
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution
	Lisa M Cox		CONTIDUTION (\$)	description (if applicable)
4/1	Contributor address; City: State; Zip Code 7034 F Box Trail		100	
t	Aledo, TX 76008		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
111	Charles Kuffner		contribution (\$)	description (if applicable)
4/2	Contributor address; City; State; Zip Code		75	
	Houston, TX 77009		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		in total, complete conceded ty
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
/	M. Ray Allen		contribution (\$)	description (if applicable)
4//	Contributor address; City; State; Zip Code		50	
1/6	3420 Lake Hill Ln	,		} I
Principal account	HWS+, TX 76053			I of Texas, complete Schedule T)
2	pation / Job title (See Instructions)	Employer (See I	1 1) 15	ervice
speci	ATTACH ADDITIONAL COPIES O			
lf c	ontributor is out-of-state PAC, please see instr	uction guide forado	litional reporting	requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Scheffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/22/	6 Contributor address; City: State; Zip Code	7.40	100	
2014	120 (Eli Capetto Blid	, 16110	(If travel outside	of Texas, complete Schedule T)
	eation / Job title (See Instructions) Engineer	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/22	Contributor address; City; State; Zip Code	D . D . J	100	
	Fort Worth	14 /6110	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	or render, complete contection,
	Teacher	- FWI	30	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/22	Contributor address; City; State; Zip Code 11120 Wurzbach Ste 3	o)	200	
	San Antonio, TX 78230)	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Att	srney	Set		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25	Madelene Rafalko Contributor address; City; State; Zip Code 1817 Warner Rd, Fort Worth	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	50	
	1811 Warner Rd Fort Worth	114 76110	00	
			(If travel outside	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25	Greer Carlisle Contributor address; City; State; Zip Code 6107 lyy Glen Dr Arlington, TX 76017		100	description (if applicable)
	ation / Job title (See Instructions)	Employer (See I	nstructions)	
build		tairmou	nt dream l	

P.O. Box 12070

SCHEDULE A

		<u> </u>			
The Instruction Guide explains how to complete this form.			1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME	Bernie Scheffler	-	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Texas Democratic Porty 6 Contributor address; City; State; Zip Code)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2014			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/2/2014	Cesar Hernandez Contributor address; City; State; Zip Code		50.	Wood Sign Stakes	
			(If travel outside	I 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)	
3/22/	Contributor address; City; State; Zip Code 3028 Willing Ave ,76110		100	Filing Fee	
2014			(If travel_outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			 	
			(If travel outside	l of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of 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		original companie ()	

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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Si Food/Beverage Expense Tr	alaries/Wages/Co olicitation/Fundrai ravel In District ravel Out Of Distr	sing Expense	Contributions/Donation	ent & Related Expense
Fees		ffice Overhead/Re		OTHER (enter a categ	
	The Instruction Guide ex	plains how to d	complete this fo	orm.	
1 Total pages Schedule F:	Bernie Scheffle	(3 ACCOUNT # (Ethics Commission Filers)
3/10/2014	5 Payee name Southside Bank				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
5.	701 w Magnolii	a, Fort	Worth,	76104	
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule)	(b) Description	(If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Accounting/Banking		Online	ebanking set	wp
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug		Office held
3/17	Payee name Sportswear Graph Payee address; City; State	nics			
Amount (\$)					
237.07	110 St Louis Ave, For	+ Worth	76104		
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Printing Expense	_	Camp	aign T-Shirt	5
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office soug	ht	Office held
3/28	Payee name Staples				
Amount (\$)	Payee address; City; State;	Zip Code			
68.18	1660 S university Dr	, Fort W	luth 76	107	
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	office supplies		offi	ce supplie	۵
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office soug		Office held
Date,	Payee name				
3/25	Modern Postcard				
Amount (\$)	Payee address; City: State;	Zip Code			
1841.20	1675 Faraday Are				
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description	(If travel outside of Texas, co	implete Schedule T)
OF EXPENDITURE	Printing Expense	-	Post	cards	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	ht	Office held
	ATTACH ADDITIONAL COP	IES OF THIS S	CHEDULEAS	NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE CATE	GORIES FOR BOX 8(a	a)
Advertising Expense	· · · · · · · · · · · · · · · · · · ·	es/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense		ation/Fundraising Expense In District	Transportation Equipment & Related Expense
Event Expense	27 34 34 34 34 34 34 34 34 34 34 34 34 34	Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Bernie Schettler		
4 Date	5 Payee name	C	
3/29/2014	United States Postal	Service	
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
2401.			
8 PURPOSE	(a) Category (See categories listed at the top of this so	hedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Post	age
9 Complete ONLY if direct	Candidate / Officeholder name	Office soug	ght Office held
expenditure to benefit C/0	DH		
Date _	Payee name		
2/22	Pay Pal Inc		
Amount (\$)	Payee address; City; State; Z	p Code	
7.85			
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	n (If travel outside of Texas, complete Schedule T)
OF	Fundraising Expense	Mark	rchant services
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ght Office held
Date	Payee name		,
2/24	Pay Pallac		
Amount (\$)	Payee address: City; State; Zi	p Code	
,88			
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	in (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	Marcho	ent Serv.
Complete ONLY if direct	Candidate / Officeholder name	Office soug	TO SEE STORY
expenditure to benefit C/C			
2/25	Payee name Pay Pal Inc		
Amount (\$)	Payee address; City; State; Zi	p Code	
1.17			
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising	A 1	aut for
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	S NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Candidate/Officeholder/Political Committee			
Fees	Printing Expense Office Overh The Instruction Guide explains ho		HER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME 2	w to complete this form.	3 ACCOUNT # (Ethics Commission Filers)	
	Bernie Scheff	lev	C Account in (Ethios Commission Finals)	
4 Date 2/27	Pay Pallac	_		
6 Amount (\$)	7 Payee address; City; State; Zip Coc	de		
.88				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule		avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundrais ing	Merchait	terias	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	-		
3/2	Pay Pal Inc.			
Amount (\$)	Payee address; City; State; Zip Coo	de		
3.20				
PURPOSE	Category (See categories listed at the top of this schedule)) Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundaising	Merchani	t ser.	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/3	Pay Pallne			
Amount (\$)	Payee address; City; State; Zip Coo	le		
4.82				
PURPOSE	Category (See categories listed at the top of this schedule,	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundraising	Merchant	fer.	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
3/5	Payee name			
Amount (\$)	Payee address; City; State; Zip Coo	de		
6.70				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundraising	Merch.	Ser.	
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sought	Office held	
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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this fi	Loan Repayment/Reimbursement Transportation Equipment & Related Exper Contributions/Donations Made By Candidate/Officeholder/Political Commi OTHER (enter a category not listed above form.	ittee
1 Total pages Schedule F:	2 FILER NAMES Service	cheffler	3 ACCOUNT # (Ethics Commission F	ilers)
4 Date 3/7	5 Payer name Pay Pallnc			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
3.20				
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Fundaising	March	1.8m.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou		
3/10	Payee name Pal Inc			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
1.03				
PURPOSE	Category (See categories listed at the top		On (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fundraisis	Ner	chsev	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ght Office held	
Date 3/11	Payee name Pay Palln	c		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
.88				
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	on (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	14		()	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ght Office held	
3/12	Payee name Pallac			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
1.03				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descriptio	On (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sou	ght Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Texas Ethics Commission

Accounting/Banking Consulting Expense	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr	
Event Expense Fees		id/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F:	2 FILER NAME Bernie Scheffler	3 ACCOUNT # (Ethics Commission Filers)
3/14	Pay Pal Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1.03		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising Expense	Marchant Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
3/17	Payee name Pallnc	
Amount (\$)	Payee address; City; State; Zip Code	
1.03		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	٠(
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	<u>-</u>	
Date 3	Payee pame Pal Inc	
Date 3 18	Payee name Pay Pallnc	
Date 3 18 Amount (\$) .88 PURPOSE	Payee name Pay Pallnc	Description (If travel outside of Texas, complete Schedule T)
Date 3 18 Amount (\$)	Payee name PayPallnc Payee address; City; State; Zip Code	Description (If travel outside of Texas, complete Schedule T)
Date 3 18 Amount (\$) .88 PURPOSE OF	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	
Date 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	И
Date 3 \% Amount (\$) .	Payee name PayPallnc Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	И
Date 3 \% Amount (\$) .	Payee name PayPallnc Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	И
Date 3 18 Amount (\$) .88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee name Payee address; City: State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name Payee name Pay Pal Inc	И
Date 3 18 Amount (\$) .88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3 23 Amount (\$) 1.46 PURPOSE	Payee name Category (See categories listed at the top of this schedule) Candidate / Officeholder name Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule)	И
Date 3 18 Amount (\$) .88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Payee name Category (See categories listed at the top of this schedule) Candidate / Officeholder name Payee name Payee address; City; State; Zip Code	Office sought Office held
Date 3 18 Amount (\$) .88 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3/23 Amount (\$) 1.46 PURPOSE OF	Payee name Category (See categories listed at the top of this schedule) Candidate / Officeholder name Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule)	Office sought Office held Description (If travel outside of Texas, complete Schedule T)

Advertising Expense

Gift/Awards/Memorials Expense

Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Loan Repayment/Reimbursement

Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense		ransportation Equipment & Related Expense	
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	se Travel In District C Travel Out Of District		Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Fees				OTHER (enter a cate	THER (enter a category not listed above)	
	The Instruction Guid	de explains how to	complete this for	rm.		
1 Total pages Schedule F:	Bernie Sche	ffler		3 ACCOUNT #	(Ethics Commission Filers)	
3/24	5 Payee nampay Pal	10				
6 Amount (\$)	7 Payee address; City; S	State; Zip Code				
3.20						
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	Fundraising Expen	su	March	out service	0	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	ne	Office sough	nt	Office held	
3/28	Payee name Pally	2				
Amount (\$)	Payee address; City;	State; Zip Code				
1.75						
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	М		ı	4		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	ne	Office sough	nt	Office held	
Date 4//	Payee name Pay Pal In	C				
Amount (\$)	Payee address; City; S	State; Zip Code				
.88						
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)	
OF EXPENDITURE	4		ч	l.		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	ne	Office sough	nt	Office held	
Date	Payee name					
3/31	Facebook, Inc					
Amount (\$)	Payee address; City; S	State; Zip Code				
18.31						
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Texas, o	complete Schedule T)	
OF EXPENDITURE	Advertising		Ads			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam	e	Office sough	nt	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	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 explains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.
1 Total pages Schedule F:	2 FILER NAME Sche	ffler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/4	5 Payee name Pay Pal Inc		_
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
7.55			
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fundraising Expan	ise Man	oh ger
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / OfficeHolder name DH	Office soug	ht Office held
Date 4/7	Payee name PayPal Inc	<u>-</u>	
Amount (\$)	Payee address; City; Stat	e; Zip Code	
58.89			
PURPOSE OF	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fundraising Expen	se Non	ch Serv.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date 3/4	Payee name Zoltron Industrie		
Amount (\$)	Payee address; City; State	e; Zip Code	
453.97			
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	- Sti	ders
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
3/3	Envato Pty Lta	(
Amount (\$)	Payee address; City; Stat	e; Zip Code	
47.00			
PURPOSE OF	Category (See categories listed at the top of	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Howertising Expen	nse Websit	e Template
Complete ONLY if direct expenditure to benefit C/	Candidate / Office older name OH	Office soug	ht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services	gal Services Solicitation/Fundraisin		aising Expense Transportation Equipment & Related E		
Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Communications of the Candidate			ficeholder/Political Committee		
Fees	Printing Expense	Office Overhead/F			category not listed above)	
	The Instruction Guide	e explains now to	complete this re			
1 Total pages Schedule F:	2 FILEBRAME Scheff	ler		3 ACCOUN	NT # (Ethics Commission Filers)	
4 Date 4/4	5 Payee name Southside Bon	de la				
6 Amount (\$)	7 Payee address; City; St.	ate; Zip Code	-			
2.						
8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description	(If travel outside of Te	exas, complete Schedule T)	
OF EXPENDITURE	Accounting Banking	y	8	rdiach	orge	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	ht	Office held	
Date 4/4	Payee name Texas Democrat	ic Party				
Amount (\$)		ate; Zip Code	-			
750						
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)	
OF EXPENDITURE	Fees		4AV	Fee		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug		Office held	
Date	Payee name					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)	
OF EXPENDITURE						
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	ht	Office held	
Date	Payee name					
Amount (\$)	Payee address; City; St	ate; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	1 (If travel outside of Te	exas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office soug	ht	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						