CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

CITY SECRETARY

FORM C/OH FT. WORTH, TOO VER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR Bernd NICKNAME LAST Bernic' Scheffler	SUFFIX	Date Received Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / POBOX; APT / SUITE #: CITY; 3028 Willing Are Fort Worth, TX 76110 AREA CODE PHONE NUMBER (817) 888 (162	STATE: ZIP CODE	Redeath Amount Date Processes	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MPS Christina NICKNAME LAST Elbitar	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE #; 3016 6th Are For + Worth, TX 761	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 723 5356	EXTENSION		
9 REPORT TYPE	July 15 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	79ar 2014	
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	y Council Dist. 9	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	urnie Sche	Efler 1	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE 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 S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2010				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 364341				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 2895.04		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
SILVE CONTROL OF THE PARTY OF T	MARY ANN I My Commissio April 10, 2	is true and correct and includes all me under Title 15, Election Code. Barries 2018	perjury, that the accompanying report information required to be reported by didate or Officeholder		
AFFIX NOTARY STAM	scribed before	111	,		
Mush lu	ru	, 20 <u>IT</u> , to certify which, witness n	my hand and seal of office.		
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this for	m.	1 Total pages Sch	edule A:
2 FILER NAME	Bernie Schoffler		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)
7014	6 Contributor address; City; State; Zip Code 920 Rawensword Drive		25.	
9 Principal occup	Grapevine TX 76051 pation / Job title (See Instructions) 10	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16	Jay Ellis Contributor address: City: State: Zip Code 16 Mc Cullar Road	80 80 - 80 PO P P P	50.	
Principal occup	Burleson, TX 76028 Dation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16	Clayton Darnell Contributor address; City; State; Zip Code 9714 Twin Creek Dr		25.	
Principal occup	Dallas , TX 75228 Dation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16	Contributor address; City; State; Zip Code 2832 Ryan Place		25.	
Principal occup	Fort Worth, TX 76110 pation / Job title (See Instructions) or of Expellent Things	Employer (See In	nștructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16	7601 Syracuse Dr.		25.	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE	AS NEEDED	

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 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)
4/15(6 Contributor addless; City: State: Zip Code 2504 Sandage HVC		50.	
2014	Fort Worth, TX 76/09			of Texas, complete Schedule T)
9 Principal occup	Consultant	10 Employer (See I		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/15/	Contributol address; City; State; Zip Code		10	
7	1410 Fountain View Dr	F	10.	
2014	Houston, TX 77057		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See h	nstructions)	
Date	Full name of contributor cut-of-state PAC (ID#:		Amount of	In-kind contribution
111-1	Brenda Davis Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
4/15/	1204 Lipscomb	1	20.	
2014	Fort Worth IX 7610)4	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/2/	Contributor address; City; State; Zip Code			Marien Foo
7/10/	3028 Willing Ave, 7	6110	酶 /.	Notary Fee
2014			(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)
4/16/	Contributor address; City: State; Zip Code 3028 Willing Ave -	76110	100.	
2014			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		-		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE	AS NEEDED	

SCHEDULE A

The	Instruction Guide explains how to complete this fo	orm.	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#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/16/2014	3011 Willing Ave		25.	description (if applicable)
	Fort Worth, TX 76110)	(If travel outside of	of Texas, complete Schedule T)
9 Principal occur Engl		n Employer (See)	And the state of t	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
4/16	Keyn Lee Contributor address; City: State; Zip Code 3524 Cattleburon Dr		contribution (\$)	description (if applicable)
	Roanoke, TX 76262		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	exployed	
		301		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16	Contributor address; City: State: Zip Code 16540 Splittidge Count		10-	
	Fort Worth 17 76108		(If travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (10#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16	Contributor address; City; State; Zip Code		100.	
	Austin, TX 78732		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12	Thomas J Daniels Contributor address; City: State: Zip Code 626 Larkwood Dr	,	250.	description (if applicable)
ı	San Antonio TX 78209		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or reads, complete Schedule 1)

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P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction 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)
4 Date 4 17	5 Full name of contributor out-of-state PAC(ID#:_ Keith Maddox 6 Contributor address; City; State; Zip Code 7428 Ewing Ave		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1014	FORT WOUTH, MY 76116		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (1D#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/17	Contributor address; City: State: Zip Code 2837 Town Send Dr	0	25.	
	Fort worth , TX 7611	O	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Ryam Roskey Contributor address; City; State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/17	1523 GWasso St Apt 4		10.	
	Fort North iTX 7610		(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)
4/17	44 Montgomery St.		50.	
	Sanfrancisco, CA 94104		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_ Angela Landown		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/17	Contributor address; City, State: Zip Code		10.	
	Garland , TX 75041		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / 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 contributor □ out-of-state PAC (ID#:_ James □ n ley 6 Contributor address; City: State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/11	61 Douglas Ct E Meadow, NY 11554		25.	 of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/17	Contributor address; City; State; Zip Code Fort Worth TX		20.	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18	Contributor address; City; State; Zip Code 213 Ranch House Rd	7	50.	
	Willow Park, TX 7608		(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)
4/18	Contributor address; City: State; Zip Code 161 Camoflege Circle Alodo TX 76008		20	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ Brian McCarty		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18	Contributor address; City; State; Zip Code 4813 Westridge Ave , 76	11/6	(If travel outside)	of Tayon complete Schoolule T
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ATTACH ADDITIONAL CODIES O	AE THIS SCHEDULE	AS NEEDED	

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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	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bernia Schaffler		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/18/2014	6 Contributor address; City: State; Zip Code	76111	10	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	<u>-</u>	of Texas, complete Schedule T)
3 Thirtipal occup		10 Employer (See 1		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19	Contributor address; City; State; Zip Code		25	
	Richardson, TX 75080		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19	Stephen Kinch Contributor address; City: State; Zip Code 2904 Hartwood Dr		25	
	Fort Worth TX 76109		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/19	Contributor address; City; State; Zip Code		25	
	Fort Worth . 1x 16/09			l of Texas, complete Schedule T)
Principal occup	ation / 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)
4/19	Contributor address; Gity; State; Zip Code 1226 Mulholland Dr		25	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
i ilicipai occup	saudit doe manacions)	Employer (See 1		
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

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	Bornia Schaffler	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/19/2014	5 Full name of contributor out-of-state PAC(10#:_ Rachel Spire 6 Contributor address; City; State; Zip Code 1226 Mulholland Dr Grapevine TX 7605	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions)
Date 4/21	Full name of contributor out-of-state PAC (IDH: David Lavio lette Contributor address; City; State; Zip Code 7600 Echo Hill Fort Worth TX 76148	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 4/23 Principal occup	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Principal occup	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
4/24	Contributor address; City: State: Zip Code 2944 Willing Ave Turt Worth TX 76/10 pation / Job title (See Instructions)	contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions)
spar occu	ATTACH ADDITIONAL COPIES C	

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 4/24/2014	Full name of contributor out-of-state PAC (ID#:_ Richard WIVS 6 Contributor address; City; State; Zip Code Arligan, TX 76004		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		one, complete concern ,
Date 4/24	Full name of contributor out-of-state PAC (ID#:_ Peter Gilliand Contributor address; City: State; Zip Code 806 E 3rd St Fact Warth TX 76107	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Ba	rista	Avoca	Coffee	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25	Contributor address; City: State; Zip Code 3309 Victorian Manor Ln Howston TX 77047		10	
	MONZION - IN LIGHT		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/15	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
110)	Fort Worth JTX 76110		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date 4/28	Full name of contributor out of state PAC (ID#:_Brian Holland Contributor address; City: State; Zip Code 2749 Ryan Place Dr	10		In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	ATTACH ADDITIONAL CODIES	NE THIS SCHEDULE	ACMEEDED	

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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:
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)
4/22/	5 Contributor address; City; State Zip Code 1601 S Henderson Fort Worth TX 76104	50	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) Realtor 10 Employer (See	Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25	Contributor address; City; State Zip Code	25	
			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	onel's Big	clas
Date	Full name of contributor	Amount of	In-kind contribution
Date	11 t	contribution (\$)	description (if applicable)
5/1	Contributor address; City, State; Zip Code	100	
***	Austin TX 78756	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See		or rexas, complete conceans ry
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1	Contributor address; City; State; Zip Code	100	
	Bedford TX 76022	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	ATT TO THE REAL PROPERTY.	
	Shop guy Trinit	Biacles	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30	Contributor address; City: State; Zip Code 3028 Willing Ave, 76110	147	Postage Stamps
Principal occur	pation / Job title (See Instructions) Employer (See		of Texas, complete Schedule T)
		10	
12 -	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE		roquiromente

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The I	nstruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME	Sernie 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)
-11	Jens Hankins		Contribution (4)	description (ii applicable)
5/11	6 Contributor address; City; State; Zip Code		28	
2016	Fort Worth , T	*	20	Į I
2014	100 100 17 /	<i>r.</i> 1	(If travel outside	of Texas, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
		. 1		
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1	Contributor address; City; State; Zip Code		161	
)/1	Contributor address; City; State; Zip Code		181	
/	3028 Willing Are		10	
District Control	fort work !!			of 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
			contribution (\$)	description (if applicable)
	Contributor address; City: State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occupa	ation / 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)
	Contributor address: City: State: Zin Code			
	Contributor address; City; State; Zip Code			
Principal accura	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Ринара оссора	and it is the (see instructions)	Employer (See II	national)	
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			1
			(If travel outside	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I		
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDULE	AS NEEDED	
If co	entributor is out-of-state PAC, please see instr			requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ontract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Transportation Equipment & Related	Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District			Contributions/Donations Made By Candidate/Officeholder/Political C	Committee
Fees	Printing Expense Office Overhead/Rental Expense			OTHER (enter a category not listed	
	The Instruction Guide		343		
1 Total pages Schedule F:	2 FILER NAME	2		3 ACCOUNT # (Ethics Commis	sion Filers)
9	Berniesel	ettler		127	
4 Date 4/11	5 Payee name Pay pal, Inc	i e			
6 Amount (\$)	7 Payee address; City; State	te; 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	e T)
OF EXPENDITURE	Fee		Mercho	int processing	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	t
Date /	Payee name (
4/16	Paypal, la	C		×	
Amount (\$)	Payee address; City; Sta	te; Zip Code			
.59					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, complete Schedule	• T)
OF EXPENDITURE	Fee.		P	rocessing	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	0	1
expenditure to benefit C/C			superfections verses to Charles		
Date A	Payee name				
4/16	Paypa				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
1.75					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, complete Schedule	e T)
OF EXPENDITURE	Fan		000	6	
EXPENDITURE	166			C.	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held	d
Date 4/11	Payee name				
Amount (\$)	Payer address:	te; Zip Code			
Amount (\$)	Payee address; City; Sta	te, zip Code			
1.03					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, complete Schedule	e T)
OF EXPENDITURE	Fee		Pro	C	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	Office held	d
		ODIEC CE TIVE	001150111 5 4 2 3		
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS I	MEEDED	

P.O. Box 12070

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation// Food/Beverage Expense Travel In Di Polling Expense Travel Out		Loan Repayment/Reimbursem Transportation Equipment & Re Contributions/Donations Made Candidate/Officeholder/Pol OTHER (enter a category not	elated Expense By itical Committee
	The Instruction Guide explains he	ow to complete this fo	rm.	~
1 Total pages Schedule F:	2 FILER NAME Rome Salter		3 ACCOUNT # (Ethics C	ommission Filers)
4 Date 4/16	5 Payer name			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de		
1.03				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(b) Description	(If travel outside of Texas, complete S	chedule T)
OF EXPENDITURE	Fee		Proc	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sough		e held
Date 4/16	Payee name ay Pa	·		
Amount (\$)	Payee address; City; State; Zip Co-	de		
1.03				
PURPOSE	Category (See categories listed at the top of this schedule) Description	(If travel outside of Texas, complete Se	chedule T)
OF EXPENDITURE	Fee		ro c	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ot Offic	e held
Date 4/16	Payee name Pay Pa			
Amount (\$)	Payee address; City; State; Zip Cod	de		
PURPOSE	Category (See categories listed at the top of this schedule) Description	(If travel outside of Texas, complete S	chedule T)
OF EXPENDITURE	Fee.	Pa	700	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	2.40	e held
Date 4/16	Payee name Pay pa			-
Amount (\$)	Payee address; City; State; Zip Coo	de		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description	(If travel outside of Texas, complete S	chedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	Offic	e held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Re Transportation Equip Contributions/Donati Candidate/Officel OTHER (enter a cate	oment & Related Expense
		explains how to complete this		
1 Total pages Schedule F:	2 FILER NAME Bernle 5th	ffly	3 ACCOUNT #	(Ethics Commission Filers)
4 Date 4/16	5 Payee name Puggal			
6 Amount (\$)	7 Payee address; City; State	e; Zip Code		
.59				
8 PURPOSE	(a) Category (See categories listed at the top of	f this schedule) (b) Description	on (If travel outside of Texas,	, complete Schedule T)
OF EXPENDITURE	tee	Kn	00	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ght	Office held
Date 4/16	Payee name Pay Pal			
Amount (\$)	Payee address; City; Stat	e; Zip Code		
3.20				
PURPOSE	Category (See categories listed at the top of	f this schedule) Description	on (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Fee	4	roc.	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ght	Office held
Date 4/16	Payee name Ray Da			
Amount (\$)	Payee address; City; State	e; Zip Code		
, 88				
PURPOSE	Category (See categories listed at the top of	f this schedule) Description	on (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	tee	-Kr	TOC.	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ght	Office held
Date 4/17	Payee name Pay 04			
Amount (\$)	Payee address; City; State	e; Zip Code		
.59				
PURPOSE OF	Category (See categories listed at the top of	(this schedule) Description	on (If travel outside of Texas,	complete Schedule T)
EXPENDITURE	ree	V	roc	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ght	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE A	SNEEDED	

P.O. Box 12070

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0		an Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Funda	aising Expense Tr	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		ontributions/Donations Made By
Event Expense Fees	Polling Expense Travel Out Of Di Printing Expense Office Overhead		Candidate/Officeholder/Political Committee
1 665		HOLDCIANS INCOME NO INCOME	THER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Bernie Schools		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/17	5 Payee name Pay DQ		-
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 t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fee	Proc	· .
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/17	Payee name Pay pa		
Amount (\$)	Payee address; Eity; State; Zip Code		
,59			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fee	Pro	_
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
		Office sought	Office held
expenditure to benefit C/C	Н	Office sought	Office held
Date 4 17	Payee name Pay Pa	Office sought	Office held
Date 4 17	Payee name Pay Pa		Office held ravel outside of Texas, complete Schedule T)
Date 4 17 Amount (\$)	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule)	Description (III)	
Date 4 7 Amount (\$) PURPOSE OF	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) FREE Candidate / Officeholder name	Description (III)	ravel outside of Texas, complete Schedule T)
Date 417 Amount (\$) PURPOSE OF EXPENDITURE Complete QNLY if direct	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) FREE Candidate / Officeholder name	Description (III	ravel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE Complete QNLY 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) Fee Candidate / Officeholder name	Description (III	ravel outside of Texas, complete Schedule T)
Date 4 7 Amount (\$) 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) Fee Candidate / Officeholder name H Payee name Payee name	Description (III	ravel outside of Texas, complete Schedule T)
Date 4 7 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 4 7 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Fee Candidate / Officeholder name H Payee name Payee name	Description (III to Office sought	ravel outside of Texas, complete Schedule T)
Date 417 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 477 Amount (\$) PURPOSE OF OF	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name H Payee name Payee address; City; State; Zip Code	Description (III to Office sought	ravel outside of Texas, complete Schedule T) Office held
Date 4 7 Amount (\$) PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/C Date 4 7 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Payee address; City; State; Zip Code 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 Description (If the property of	ravel outside of Texas, complete Schedule T) Office held ravel outside of Texas, complete Schedule T)
Date 417 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 477 Amount (\$) PURPOSE OF OF	Payee name Payee address; City; State; Zip Code 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) Candidate / Officeholder name	Description (III to Office sought	ravel outside of Texas, complete Schedule T) Office held

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR E	3OX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract L		Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Exp		sportation Equipment & Relate	d Expense
Event Expense	Polling Expense	Travel In District Travel Out Of District		tributions/Donations Made By Candidate/Officeholder/Political	Committee
Fees	Printing Expense	Office Overhead/Rental Ex		IER (enter a category not lister	
		e explains how to comple	,	and the same of th	- 400.07
1 Total pages Schedule F:	2 FILER NAME	C 00		3 ACCOUNT # (Ethics Comm	ission Filers)
, seem pages damages .	Berne	Schiffer		7.000011 # (241100 001111	113310111111013)
4 Date 4/17	5 Payee name				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	_		
1.03					
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) D	escription (If Irav	vel outside of Texas, complete Sched	ule T)
OF EXPENDITURE	Fee		Proc		
9 Complete ONLY if direct	Candidate / Officeholder name	Off	fice sought	Office he	eld
expenditure to benefit C/C	DH				
Date /	Payee name \(\)				
4/18	Can Va				
Amount (\$)	Payee address; City; St	ate; Zip Code			
175					
1,15					
PURPOSE	Category (See categories listed at the to	o of this schedule)	escription (If trav	vel outside of Texas, complete Schedu	ıle T)
OF EXPENDITURE	Fee		froc.		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Off	fice sought	Office he	ld
Data	Payes name O a				
Date 4/18	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
V ()					
100					
PURPOSE	Category (See categories listed at the to	o of this schedule)	escription (If trav	vel outside of Texas, complete Sched	ule T)
OF EXPENDITURE	Fee		Proc		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Off	fice sought	Office he	eld
D-1- 1					
Date 4/18	Payee name Pay Da				
Amount (\$)	Payee address; City; St	ate; Zip Code			
,59					
PURPOSE	Category (See categories listed at the to	o of this schedule) De	escription (If trav	vel outside of Texas, complete Sched	ule T)
OF EXPENDITURE	Fee		Proc		
Complete CMIV if disast	Candidate / Officeholder name	Of	fice sought	Office he	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/		O.		S55 He	orest

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITUR Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES Salaries/Wages/Ci Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor Loi ising Expense Tra Co trict	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee
1 663	The Instruction Guid			HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	FFLIT	complete this form.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/8 6 Amount (\$)	5 Payee name	State; Zip Code		
159	7 Fayee address, City, C	State, Zip Code		
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule)	(b) Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fee.		Pr	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	ne	Office sought	Office held
Date 4/19	Payeename Pay Pa			
Amount (\$)	Payee address; City; S	State; Zip Code		
1,03				
PURPOSE	Category (See categories listed at the t	top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fee		Proc	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam H	е	Office sought	Office held
Date 4/19	Payee name	-		
Amount (\$)	Payee address; City; S	State; Zip Code		
1.75				
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fee		Pro	C.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder nam PH	e	Office sought	Office held
Date 4/19	Payee name Pa			
Amount (\$) 1.75	Payee address; City; S	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	ree		Q.	DC.
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nam DH	e	Office sought	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NE	EDED

	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District	ontract Labor	Loan Repayme Transportation I	nt/Reimbursement Equipment & Related Expense onations Made By
Event Expense	Polling Expense	Travel Out Of Dis			fficeholder/Political Committee
Fees	Printing Expense	Office Overhead/F	- •		a category not listed above)
	The Instruction Guide	explains how to	complete this fo		
1 Total pages Schedule F:	Bernie Sch	ffler		3 ACCOL	JNT # (Ethics Commission Filers)
4 Date 4/21	5 Payee name	_			
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			
.59					
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	Fee		Po	00	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
expenditure to benefit C/C			omoo oougi		3 1100 11010
Date 1 /	Payee name				
4/23	Payla				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
4.65					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Proc Fee		R	roc-	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/C			.= 11 IAA = == 3		
Date 11	Payee name \Lambda				
4/24	Payla				
Amount (\$)	Payee address; City; Sta	ite; 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	FOO		0.		
	0 111111000	70		OC	06
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date /	Payee name		-		
4/24	PayPal	<u> </u>			
Amount (\$)	Payee address; City; Sta	ate; 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	F00		Dan.		
	Candidate / Officeholder a		Office 22117	ht	Office held
Complete QNLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sough		Office neid
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense	Legal Services	Salaries/Wages/Co Solicitation/Fundra Travel In District	ising Expense Tra	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By			
Event Expense	New SPS COM	Travel Out Of Dist		Candidate/Officeholder/Political Committee			
Fees	- 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Office Overhead/R	25 52 505 605 50	HER (enter a category not listed above)			
	The Instruction Guide e	explains how to	complete this form.				
1 Total pages Schedule F:	2 FILER NAME Sernie Sow	flu		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 4/24	5 Payee name						
6 Amount (\$)	7 Payee address; City; State	e; Zip Code					
.59							
8 PURPOSE	(a) Category (See categories listed at the top o	f this schedule)	(b) Description (If tr	avel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Fee-		Proc				
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held			
expenditure to benefit C/C							
Date 4/25	Payee name Puyla						
Amount (\$)	Payee address; City; State	e; Zip Code					
,59							
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Fee-		Drn	C			
Control of the contro	Candidate / Officeholder rema		Office country	Office held			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought				
Date 4/25	Payee name Pay Pal						
Amount (\$)	Payee address; City; State	e; Zip Code					
,59							
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Tee.		Pr	DC			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held			
Date 4/28	Payee name Pay Pa	-					
Amount (\$)	Payee address; City; State	e; Zip Code					
,59							
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Fee-		400				
Complete <u>ONLY</u> if direct expenditure to benefit C/s	Candidate / Officeholder name		Office sought	Office held			
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED			

	EXPENDITURE CA	ATEGORIES FOR	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tra Polling Expense Tra	alaries/Wages/Contract olicitation/Fundraising E avel In District avel Out Of District	Labor Loan xpense Tran Cont	n Repayment/Reimbursement isportation Equipment & Relati tributions/Donations Made By candidate/Officeholder/Politica	Committee
Fees	Printing Expense Of The Instruction Guide expense	fice Overhead/Rental &		HER (enter a category not liste	ed above)
1 Total pages Schedule F:	2 FILER NAME	plains now to compl	lete tills form.	3 ACCOUNT # (Ethics Comm	mission Filers)
	Barnie Sch	Her		3 ACCOUNT # (Ethics Conn	mission riters)
4/24/2014	5 Payee name Modern Postcard				
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
1304.56	Carlsbad, CA 9200	8			
8 PURPOSE	(a) Category (See categories listed at the top of the	nis schedule) (b) [Description (If trav	vel outside of Texas, complete Sched	dule T)
OF EXPENDITURE	Advertising Expens	e	Posto	card Printing	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	0	Office sought	Office h	eld
Daté	Payee name				
4/25/2014	United States Posts	l ferice			
Amount (\$)	Payee address; City; State;	Zip Code			
1470,					
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (If trav	vel outside of Texas, complete Scheo	dule T)
OF EXPENDITURE	Advertising Expense		Post	ige	
Complete ONLY if direct	Candidate / Officeholder name	0	Office sought	Office h	eld
expenditure to benefit C/C	ЭН				
Date /	Payee name				
4/26	The Big Pictur	2			
Amount (\$)	Payee address; City; State;	Zip Code			
82 36	614 Hemph. 11	= 2 1 = 1 (
031.30	Fort Worth TX	. 76104			
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description (If trav	vel cutside of Texas, complete Scheo	tule T)
OF EXPENDITURE	Advertising Expe	use	Yard S	isas	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	0	Office sought	Office h	eld
Date	Payee name		_		
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE	Category (See categories listed at the top of the	ns schedule)	Description (If trav	vel outside of Texas, complete Sched	lule T)
OF EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	0	Office sought	Office h	eld
	ATTACH ADDITIONAL COP	IES OF THIS SCHE	DULE AS NEE	DED	