	TE / OFFICEHOLDER N FINANCE REPORT	OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete this form.	Filer 1B (Etnics Commission Plans)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MUR. FIRST NICKNAME HOD ADDRESS / PO BOX: APT / SUITE #: P CITY:	SUFFIX	OFFICE USE ONLY
OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE/	AREA CODE PHONE NUMBER	JUS JA, JUI33 EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	NICKNAME LAST	MI SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE & 3920 Fitzhigh A Fint With MC	r; city; state; NU- NU-105	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (877) 655 - 2786	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 18 / 2017		Day Year 28/2017
11 ELECTION	ELECTION DATE Month Day Year Primary [5/6/17 Degreen [ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (11 any)	13 OFFICE SOUGHT (I KNOWN) City Cou	still 4
	go to pa	GE 2	
orms provided by Texas E	thics Commission www.ethics.stat	te tx us	Bevised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

	0	Aut			
14 C/OH NAME	mar	Ph 15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER. KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2350 5				
EXPENDITURE TOTALS					
4. TOTAL POLITICAL EXPENDITURES \$1,553 45					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 696,35				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT	<u> </u>				
SHOW SHE AND	MARY J. KAYSER				
	mm. Expires 01-11-2 Notary ID 3896065	2021	ate or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subso	ribed before me, I	by the said Raduch SAUP	this the		
day of april	2.2017.	to certify which, witness my hand and seal of office.			
Mata	ap	MARYTKayser	Cit Suntary		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us	Revised 9/8/2015		

Revised 9/8/2015

SUBTOTALS - C/OH		FORM C/OH SHEET PG 3		
19 FILER NAME, MARINE 2	Piler ID (Ethics Co	mmission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	i i i i i i i i i i i i i i i i i i i	\$2250-		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$155345		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	S	\$		
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS	\$		

Date 5 Full name of contributor Beut-of-state PAC (IDe:	te 5 Full name of contributor Bell 6 Contributor address; City; State; Zip Code	100^{m}
Br. Muthau Bell 6 Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Mayellas Hills; Contributor/address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (IDF: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (IDF: Mayer Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (IDF: Mayer Contributor address; City; State; Zip Code IW The state PAC (IDF: Principal occupation / Job title (See Instructions) Employer (See Instructions) IW The state PAC (IDF: Date Full name of centributor Out-of-state PAC (IDF: Amount of contribution (\$) Date Full name of centributor Out-of-state PAC (IDF: Amount of contribution (\$) Date Full name of	6 Contributor address; City; State; Zip Code	100^{m}
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	cipal occupation / Job title (See Instructions) Employer (See Inst	ructions)

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2 FILER NAME	SCHEDULE A1
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	

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Contributor address; City; State; Zip Code
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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	EXPENDITURES	ions	SCHEDULE G
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Offic Food/Beverage Expense Politi By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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6 Amount (\$) 7 8 4 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Cod	9	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 51500		de of Texas. Complete Schedule T. X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
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	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEL	DED
Forms provided by Texas E	thics Commission www.ethics.state	e.tx.us	Revised 9/8/201

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
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4 Date	5 Payee name			
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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