

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| CAMPAIG | IN FINANCE REPORT | · · | COVER SHEET PG T | | | |
|---|---|---------------------------------------|---|--|--|--|
| The C/OH Instruction (| Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | |
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS/MRS/MR FIRST MAX | MI 5 | OFFICE USE ONLY | | | |
| TVAIVLE | NICKNAME LAST STRIKE | SUFFIX | Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CO | ETTY; STATE; ZIP CODE, | RECEIVED APR - 6 2011 OITY OF FORT WORTH OITY SECRETARY | | | |
| Change of Address | | 76/37 | CITY OF FOR SECRETARY | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (877) 262-075 | EXTENSION | Date Hand-delivered or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST MAX | MI . | Receipt # Amount \$ | | | |
| NAME | NICKNAME LAST | Date Processed | | | | |
| | STRIKE | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | TELL DEBLAMENT APT / SU | | ZIP CODE 1, TX 76137 | | | |
| (ricolacinos er Bacinoss) | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (8(7) 262-079 | EXTENSION | 3 | | | |
| n g | | | A | | | |
| 9 REPORT TYPE | January 15 30th day before ele | ection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | | |
| | July 15 8th day before elect | tion Exceeded \$500 limit | Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month Day Year 61 / 20 / 2017 | THROUGH 03/ | Day Year / 17 / 2017 | | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary | ELECTION TYPE Runoff Other | | | | |
| , | Month Day Year Frimary 5/6/2017 General | Description Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) PORT WOR | TACITY contine | | | |
| | | DIS | TRICTY CONCIL | | | |
| GO TO PAGE 2 | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | MAR | 3. SMIKEK 15 FIL | ler ID (Ethics Commission Filers) | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITI SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE | | | | | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | |
| | SPECIFIC | | | | | | | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL F | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ Ø | | | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 701.00 | | | | | | |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED | \$ | | | | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 1,083.72 | | | | | | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD | \$ 90.64 | | | | | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ 724.26 | | | | | | |
| 18 AFFIDAVIT | VIJOLETA Notary STATE OF My Comm. Eng ID# 1308 | Public under Title 15, Election Code. | on required to be reported by me | | | | | | |
| AFFIX NOTARY STAMI Sworn to and subscr | | by the said Max Johnstriker | _, this the | | | | | | |
| day of Dri | | to certify which, witness my hand and seal of office. | | | | | | | |
| Signature of officer as | Model Marketing of the | Printed bame of officer administering oath | MOTORY Title of officer administering oath | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| MAX J. STRIKE | nission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ | 457.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ | 250.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ | . |
| 4. SCHEDULE E: LOANS \$ | 724.75 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ | 461.36 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ | 3 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ | |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ | |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ | 622.36 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ | |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ | |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |

| MONE | TARY POLITICAL CONTRIBUTI | IONS | SCHEDULE A1 | | | | |
|--|---|---------------------|---------------------------------------|--|--|--|--|
| The | Instruction Guide explains how to complete this form. | 2.5 | 1 Total pages Schedule A1: | | | | |
| 2 FILER NAME | MAX J. SMIKER | | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | | | | |
| 3-4-17 | 6 Contributor address; City; State; Zip Co | | 7,00 | | | | |
| 0.01.1 | 13 promost DR TROPHICOUS | | | | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Empl | loyer (See Instruct | lions) | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | | | | |
| 3-6-17 | Contributor address; City; State; Zip Co | | 30.00 | | | | |
| | 3901 GATWICK CINUT, PTW | 18155 | | | | | |
| Principal occup | eation / Job title (See Instructions) Emplo | oyer (See Instructi | ions) | | | | |
| 'Date | Full name of contributor | | Amount of contribution (\$) | | | | |
| 3-4-17 | Contributor address; City; State; Zip Co | 5,00 | | | | | |
| Principal conv | 1212 WINDFARD, MT Z, orkingt | DIN 16012 | - | | | | |
| Filicipal occup | ation / Job title (See Instructions) Emplo | oyer (See Instructi | ions) | | | | |
| Date | Full name of contributor | | Amount of contribution (\$) | | | | |
| 3-6-17 | Contributor address; City; State; Zip Coo | de | 100,00 | | | | |
| | 3504 MBREDWBROW DR POWER | EFATX 76103 | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) MAS J. STRIKER 7 Amount of contribution (\$) 15-00 Full name of contributor | out-of-state PAC (ID#:_____) CLVCK CUND (PR Contributor address; City; State; Zip Code Amount of contribution (\$) 14.00 2921 PORMES, PT WSMt R76116 ion / Job title (See Instructions) Employer (See Instru Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 10,00 Amount of contribution (\$) Contributor address; City; State; Zip Code 3504 MBNDOWBNON DR 76103 70.00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor | out-of-state PAC (ID#: | WMK SCOTT | out-of-state PAC (ID#: | SCOTT | Out-of-state PAC (ID#: 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) CHRIS WIGGINS Contributor address; City; State; Zip Code 2822 TWNBOWY W MULLS TOWN 76006 Principal occupation / Job title (See Instructions) Employer (See Instru Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code 9041 TKOY DK, PT with 76123 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_____ Amount of contribution (\$) MMO MMCGLOWA Contributor address; City; State; Zip Code 75/2 wmc MoROUGH, FT worth AX 76/34 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| MONE | TARY POLITICAL CONTR | SCHEDULE A1 | | | | | |
|--|--|----------------------------|---------------------------------------|--|--|--|--|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: | | | | |
| 2 FILER NAME | MAX STRIKE | | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date | 5 Full name of contributor out-of-state PA | C (ID#;) | 7 Amount of contribution (\$) | | | | |
| 3-11-17 | 6 Contributor address; City; State | e; Zip Code | 5,00 | | | | |
| | 2327 S. 1047 ENE | NUSTOK, 74129 | | | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) | | | | |
| Date | Full name of contributor out-of-state PA | | Amount of contribution (\$) | | | | |
| 3-11-17 | Contributor address; City; State A 195th St WW WMWY | e; Zip Code TA . 50/6// | 10,00 | | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) | | | | |
| Date | | C (ID#:) | Amount of contribution (\$) | | | | |
| 3-11-17 | MMM 3 LOTT Contributor address; City; State | 100.00 | | | | | |
| Principal occur | 3000 FLOUR STO, PT WAT | Employer (See Instruct | lanel | | | | |
| · ····opai oooq | and the coordinate of the coor | Employer (Gee Instituti | iuris) | | | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | | | | |
| Contributor address; City; State; Zip Code | | | | | | | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | ions) | | | | |
| | | | | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instruction Guide explains how to complete this for | rm. 1 Total pages Schedule A2: | | |
|---|---|--|--|
| FILER NAME MAR STRIKER | 3 Filer ID (Ethics Commission Filers) | | |
| TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI | IBUTIONS \$ 150.00 | | |
| Date 6 Full name of contributor out-of-state PAC (ID#: | | | |
| 2 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | | |
| 4 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| 6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date Full name of contributor out-of-state PAC (ID#: | 7 7 | | |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) | | |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | |
| Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instru Law firm of contributor's spouse (if any) (FOR JUDICIAL) THIS SCHEDULE AS NEEDED | | |

| LOANS | | | SCHEDULE E | | | |
|--------------------------------------|---|--|---------------------------------------|--|--|--|
| The | Instruction Guide explains how to compl | 1 Total pages Schedule E: | | | | |
| 2 FILER NAME | MAT: 51 | MIKA | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ | | | |
| 5 Date of loan | 7 Name of lender out-of-state F | PAC (ID#:) | 9 Loan Amount (\$) | | | |
| 2-24-17 | MAR 39174KO | ~~ | 51.96 | | | |
| 6 Is lender a financial | 8 Lender address; City; S | State; Zip Code | 10 Interest rate | | | |
| Institution? | 2511 DESK PARKE | TWORTH, TX | 11 Maturity date | | | |
| Y (N) | 7516 DEER PARKE | 76137 | NA | | | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | | | | |
| ATTO | TRW37 | LAW OPPICES OF | MAX 3. STRINGE | | | |
| 14 Description of Coll | ateral | 15 Check if personal funds were account (See Instructions) | deposited into political | | | |
| none | 47 Name of manufacture | | | | | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) | | | |
| not applicable 20 Principal Occupat | | | | | | |
| | | 21 Employer (See Instructions) | | | | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) | | | |
| 3-17-17 | MAX 5. SM | 2 KBX | 129.90 | | | |
| ls lender a financial | Lender address; City; S | tate; Zip Code | Interest rate | | | |
| Institution? | 7516 28BR RMK, | Ft. WORTH, TR - 76137 | Maturity date | | | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | | | | |
| AT | ME WEST | LAW OPPICES | FMBZ 3. SPRINGE | | | |
| Description of Collateral | | Check if personal funds were deposited into political account (See Instructions) | | | | |
| none | | | | | | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) | | | |
| | Guarantor address; City; S | tate; Zip Code | | | | |
| not applicable | | | | | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | | | | |
| If le | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | |

| LOANS | | | SCHEDULE E | | |
|---|--|--|---------------------------------------|--|--|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: | | |
| 2 FILER NAME | MAR STRIKE | R | 3 Filer ID (Ethics Commission Filers) | | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ | | |
| 5 Date of loan | 7 Name of lender ut-of-state F | PAC (ID#:) | 9 Loan Amount (\$) | | |
| 1-23-17 | MAX 3. STRIV | COR | 100.00 | | |
| 6 Is lender a financial Institution? | †·_· · · · · · · · · · · · · · · · · · · | State; Zip Code | 10 Interest rate | | |
| Y N | 1516 X001-11111 | 76137 | 11 Maturity date | | |
| 12 Principal occupati | on / Job title (See Instructions) | 13 Employer (See Instructions) | IV/P | | |
| A | 170RN81 | LAW OPPRIE OF M | MAX J. STRIKER | | |
| 14 Description of Coll | lateral | 15 Check if personal funds were account (See Instructions) | | | |
| 16 GUARANTOR INFORMATION | NTOR 17 Name of guarantor | | 19 Amount Guaranteed (\$) | | |
| not applicable | 300 | | | | |
| 20 Principal Occupat | tion (See Instructions) | 21 Employer (See Instructions) | · | | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) | | |
| 1-24-17 | MAX 5- 9 | TRIKOK | 1.00 | | |
| Is lender a financial | | State; Zip Code | Interest rate | | |
| Institution? | 7576 DBEN PMI | 76137 | Maturity date | | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | | | |
| 1770 | NO NOY | um office of | MAX 3. SMINOR | | |
| Description of Collateral | | Check if personal funds were deposited into political account (See Instructions) | | | |
| GUARANTOR INFORMATION | Name of guarantor | Amount Guaranteed (\$) | | | |
| | | | | | |
| not applicable | | | | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | |

| LOANS | | | SCHEDULE E | | | | |
|---|---|--|---------------------------------------|--|--|--|--|
| The | Instruction Guide explains how to compl | lete this form. | 1 Total pages Schedule E: | | | | |
| 2 FILER NAME | MM 3. STN | (KOK | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ | | | | |
| 5 Date of loan | 7 Name of lender out-of-state | PAC (ID#:) | 9 Loan Amount (\$) | | | | |
| 3-25-17 | MAR 3. SMI | KOR | 129.90 | | | | |
| 6 Is lender a financial Institution? | | State; Zip Code | 10 Interest rate | | | | |
| Y N | 7516 DOBERAMIL | 76137 | 11 Maturity date | | | | |
| 12 Principal occupati | on / Job title (See Instructions) | 13 Employer (See Instructions) | | | | | |
| MTTBRN | 187 | Chu of CE of | MAX 3. SMULTE | | | | |
| 14 Description of Coll | lateral | 15 Check if personal funds were account (See Instructions) | deposited into political | | | | |
| 16 GUARANTOR INFORMATION 17 Name of guarantor | | L | 19 Amount Guaranteed (\$) | | | | |
| not applicable | 18 Guarantor address; City; S | | | | | | |
| 20 Principal Occupat | tion (See Instructions) | 21 Employer (See Instructions) | | | | | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) | | | | |
| 3-20 | M MX 3. 9 | MIKER | 311.50 | | | | |
| Is lender a financial Institution? | | State; Zip Code | Interest rate | | | | |
| Y N | 7516 2800 PMLK | 16137 | Maturity date | | | | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | | | | | |
| Description of Collateral | | Check if personal funds were of account (See Instructions) | deposited into political | | | | |
| GUARANTOR Name of guarantor INFORMATION | | | Amount Guaranteed (\$) | | | | |
| | Guarantor address; City; S | | | | | | |
| not applicable | | | | | | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | | | | | |
| If le | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Candidate/Officeholder/Politic Credit Card Payment | | Vages/Contract Labor Other (enter a category not listed above) | | |
|--|--|--|--|--|
| 1 Total pages Schedule F1 | 2 FILER NAME MAY SMIKE | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 1-24-17 | 5 Payee name | WOKTH SPEKETMY'S OFFICE | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| 100 | 200 TBXAS ST, PORT | WONTH, TR 76102 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF | * other ces: | Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | APILING FEE | Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held | | |
| Date | Payee name | | | |
| 3-13-17 | PROST BANK | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 5.00 | 100 West HOUSTON S | J Sm moono, TX 78205 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | + MOUNTING/BOWKING | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | * SERVICE CAMBB | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held | | |
| Date | Payee name | | | |
| 3-14-17 | MLIED SHIRTS | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| 145.66 | 11550 STONEHOLLOW | DR pusimity 78788 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | 6(895/mm-95/ nearotine - | Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | CAMPAGEN T-SITIAS | L Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | | |
| | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

| Candidate/Officeholder/Politica Credit Card Payment | al Committee | Legal Servic | es | Salaries/W | /ages/Contract Labor | Other (enter a cate | egory not listed above) |
|--|--------------|------------------|------------------------------|----------------|----------------------|---------------------------|-------------------------|
| CleonCardrayment | | The Instr | uction Guide expl | lains how to c | omplete this form. | | |
| 1 Total pages Schedule F1: | 2 FILER N | NAME | Speil | CON | | 3 Filer ID (Eth | nics Commission Filers) |
| 4 Date 3-20-17 | 5 Payeen | name NM W | imi | | | - | |
| 6 Amount (\$) | 7 Payee a | address; | City; State; | Zip Code | 2 | | |
| 15.85 | 36 57 | pul | Bort Fu | Y, PT | WORTH, TO | 276111 | |
| 8 | 1 | | ies listed at the top of th | 0 0 | (b) Description | | |
| PURPOSE | I OP | Cicro | ver hand, | / | Check if travel o | outside of Texas. Complet | e Schedule T. |
| OF EXPENDITURE | A DI | | ver hand, | ful Baper | Check if Austin | in, TX, officeholder livi | ng expense |
| LALLIBITOTE | X OFT | Pice ? | Bullies | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | | idate / Officeh | iolder name | | Office sought | | Office held |
| Date | Payee na | ame | | | | | |
| 3-20-17 | 5 | HIRT | WBNX | | | | |
| Amount (\$) | Payee a | ıddress; | City; State; | Zip Code | | 725 | |
| (94.85 | 222 | 5 0 | west 1 | PMK | now DR, 1 | 1 hn 1550 | 1276013 |
| | | 4 | es listed at the top of th | • | Description | | 0 |
| PURPOSE | KG1873 | 2/ max | 25/ menus | expense | | tside of Texas. Complete | |
| OF EXPENDITURE | 11 | 9 | | | Check if Austin | ı, TX, officeholder livin | g expense |
| | 1 | or GN T- | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | date / Officeho | older name | | Office sought | | Office held |
| Date | Payee n | name | | | | | |
| | | | | | | × | 2 |
| Amount (\$) | Payee ad | ddress; | City; State; | Zip Code | | | |
| | | | | | | | |
| | Category | / (See Categorie | es listed at the top of this | s schedule) | Description | | |
| PURPOSE OF | | | | | | tside of Texas. Complete | |
| EXPENDITURE | | | | | Check if Austin, | , TX, officeholder living | expense |
| | | | | | | | |
| Complete ONLY if direct | Candid | date / Officeho | older name | | Office sought | | Office held |
| expenditure to benefit C/OH | | | | | Onice Scagn | | Office field |
| | AT | TACH ADDI | TIONAL COPIE | SOFTHISS | CHEDULE AS NEE | DED | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 2-24-17 6 Amount (\$) 7 Payee address; 729 GRAPEVING HYN. HORST, TX 76054 Reimbursement from political contributions (b) Description 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Office sought Office held PITE MATLROOM se address; City; State; Zip Code 3-17-17 Amount (\$) 729 GRAPBUINE HOW. HORST, TR 76054 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 3-25-17 Payee name Payee address; City; State; Zip Code Amount (\$) 729 GRAVBUING Hyw. Arrst, TR 76054 1,29.90 Reimbursement from Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Phinting Bx fonse: Ryons Candidate / Officeholder name EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses)

| Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services | | Salarie | s/Wages/Contract Labor | Other (enter a catego | |
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