

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

0509 2015

2 Total pages filed:

22

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

ANTHONY

NICKNAME

LAST

SUFFIX

STEVE

THORNTON

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1701 LEE AVE

FT WORTH TX 76164

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817 )

925 6100

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

PHILLIP

NICKNAME

LAST

SUFFIX

LANCARTE

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2308 WINTON TERRACE EAST.

FORT WORTH TEXAS 76109

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817 )

626 - 4356

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

4 / 30 / 2015

THROUGH

Month

Day

Year

6 / 30 / 2015

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 9 / 2015

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FORT WORTH CITY COUNCIL D2

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

THORNTON, ANTHONY

15 Filer ID (Ethics Commission Filers)

0509 2015

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT

☐ SPECIFIC

COMMITTEE ADDRESS

3855 TULSA WAY  
FORT WORTH TX 76107

COMMITTEE CAMPAIGN TREASURER NAME

KREISS, BRIAN

COMMITTEE CAMPAIGN TREASURER ADDRESS

3855 TULSA WAY  
FORT WORTH TX 76107

☒ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$24723.79

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$34466.96

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

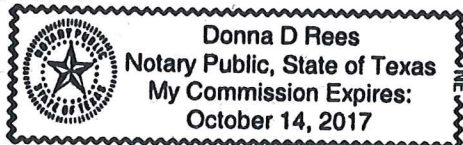
\$ 1632

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 5,100

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.

*Anthony Thornton*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of July 15, 2015, to certify which, witness my hand and seal of office.

*Donna D. Rees*

Signature of officer administering oath

DONNA D. REES

Printed name of officer administering oath

NOTARY

Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

THORNTON ANTHONY

15 Filer ID (Ethics Commission Filers)

0509 2015

16 NOTICE FROM  
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COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

FORT WORTH RETIRED FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVT.

☐ SPECIFIC

COMMITTEE ADDRESS

1617 TIERNAY RD

FT WORTH TX 76112

COMMITTEE CAMPAIGN TREASURER NAME

GILBREATH, CECELIA

COMMITTEE CAMPAIGN TREASURER ADDRESS

1617 TIERNAY RD

FORT WORTH TX 76112

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

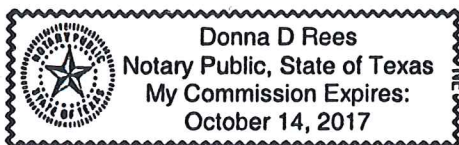
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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*Anthony Thornton*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of July 15, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

*Donna D. Rees*

DONNA D. REES

NOTARY



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

THORNTON ANTHONY

15 Filer ID (Ethics Commission Filers)

0509 2015

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

HOUSTON PROFESSIONAL FIREFIGHTERS ASSN. LOCAL 341 PAC

☐ SPECIFIC

COMMITTEE ADDRESS

1907 FREEMAN ST  
HOUSTON TX 77009

COMMITTEE CAMPAIGN TREASURER NAME

CAMPBELL, JAMES

COMMITTEE CAMPAIGN TREASURER ADDRESS

1907 FREE MAN ST  
HOUSTON TX 77009

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

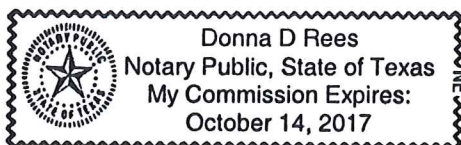
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

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*Anthony Thornton*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of July 15, 2015, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)****FORM C/OH  
ADDENDUM**

C/OH NAME

THORNTON ANTHONY

ACCOUNT # (Ethics Commission filers)

0509 2015

**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

FORT WORTH RETIRED FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVT.

COMMITTEE ADDRESS

1617 TIERNEY RD

FORT WORTH TX 76112

COMMITTEE CAMPAIGN  
TREASURER NAME

GILBREATH, CELESTA

COMMITTEE CAMPAIGN  
TREASURER ADDRESS1617 TIERNEY RD  
FORT WORTH TX 76112

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)****FORM C/OH  
ADDENDUM**

C/OH NAME

THORNTON ANTHONY

ACCOUNT # (Ethics Commission filers)

0509 2015

**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

HOUSTON PROFESSIONAL FIRE FIGHTERS ASSN. LOCAL 341 PAC

☒ GENERAL

COMMITTEE ADDRESS

1907 FREEMAN ST  
HOUSTON TX 77009☐ SPECIFICCOMMITTEE CAMPAIGN  
TREASURER NAME

CAMPBELL, JAMES

COMMITTEE CAMPAIGN  
TREASURER ADDRESS

1907 FREEMAN ST. HOUSTON TX 77009

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>THORNTON ANTHONY</b>		20 Filer ID (Ethics Commission Filers) <b>05092015</b>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>9200</b>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>15523.79</b>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>0</b>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <b>0</b>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <b>33392.19</b>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <b>0</b>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ <b>0</b>
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ <b>1074.77</b>
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <b>0</b>
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>0</b>
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>0</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

5-1-15

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

FORT WORTH RETIRED FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOVT.

6 Contributor address;

City; State; Zip Code

1617 TIERNEY RD FT WORTH TX 76112

7 Amount of contribution (\$)

3000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-6-15

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

JIMMY RISKY

Contributor address;

City; State; Zip Code

8300 SAMORA CT FORT WORTH TX 76135

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-29-15

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

FORT WORTH RETIRED FIRE FIGHTERS

COMMITTEE FOR RESPONSIBLE GOVT.

Contributor address;

City; State; Zip Code

1617 TIERNEY RD FT WORTH TX 76112

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-3-15

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

HOUSTON PROFESSIONAL FIRE FIGHTERS ASSN. LOCAL 341 PA

Contributor address;

City; State; Zip Code

1907 FREEMAN ST. HOUSTON TX 77009

Amount of contribution (\$)

5000

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

2 FILER NAME

**THORNTON ANTHONY**

3 Filer ID (Ethics Commission Filers)

**0509 2015**

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

**5-12-15**

6 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVT**

7 Contributor address; City; State; Zip Code

**3855 TULSA WY FT WORTH TX 76107**

8 Amount of Contribution \$

**15523.79**

9 In-kind contribution description

**LABOR**

☐ Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 1/2 2 FILER NAME THORNTON ANTHONY 3 Filer ID (Ethics Commission Filers) 0509 2015

4 Date 4-30-15 5 Payee name DESIGNER GRAPHICS

6 Amount (\$) 1491.93 7 Payee address; City; State; Zip Code 12404 FRANKSTON HWY TYLER TX 75703

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE (b) Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 5-2-15 Payee name DALE'S DONUTS

Amount (\$) 19.90 Payee address; City; State; Zip Code 4455 CAMP BOWIE BLVD. FORT WORTH TX 76107

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 5-4-15 Payee name AMERICAN DIRECTIONS

Amount (\$) 257.50 Payee address; City; State; Zip Code 1350 CONNECTICUT AVE NW STE 1102 WASHINGTON DC 20036

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE Description ☐ Check if travel outside of Texas, complete Schedule T ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>212</b>		2 FILER NAME <b>THORNTON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-4-2015</b>		5 Payee name <b>WAL MART</b>			
6 Amount (\$) <b>109.15</b>		7 Payee address; City; State; Zip Code <b>9500 CLIFFORD FORT WORTH TX 76108</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD / RENTAL EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-4-2015</b>		Payee name <b>METRO MAILER</b>			
Amount (\$) <b>2289.87</b>		Payee address; City; State; Zip Code <b>5719 E ROSEDALE AVE FORT WORTH TX 76112</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-4-15</b>		Payee name <b>METRO MAILER</b>			
Amount (\$) <b>1472.92</b>		Payee address; City; State; Zip Code <b>5719 E ROSEDALE AVE FORT WORTH TX 76112</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3/12</b>		2 FILER NAME <b>THORNBN ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-4-2015</b>		5 Payee name <b>HOME DEPOT</b>			
6 Amount (\$) <b>131.25</b>		7 Payee address; City; State; Zip Code <b>8521 WHITE SETTLEMENT RD WHITE SETTLEMENT TX 76108</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5-4-15</b>		Payee name <b>LOS ASADEROS</b>			
Amount (\$) <b>50.14</b>		Payee address; City; State; Zip Code <b>1535 N MAIN ST FORT WORTH TX 76164</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5-4-15</b>		Payee name <b>METRO MAILER</b>			
Amount (\$) <b>2096.02</b>		Payee address; City; State; Zip Code <b>5714 E ROSEDALE AVE FORT WORTH TX 76122</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4/12</b>		2 FILER NAME <b>THORNTON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-4-15</b>		5 Payee name <b>METRO MAILER</b>			
6 Amount (\$) <b>1291.49</b>		7 Payee address; City; State; Zip Code <b>5719 E. ROSEDALE AVE FORT WORTH TX 76112</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>5-6-15</b>		Payee name <b>COSTCO</b>			
Amount (\$) <b>143.88</b>		Payee address; City; State; Zip Code <b>5300 OVERTON RIDGE BLVD FORT WORTH TX 76132</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>5-6-15</b>		Payee name <b>PAYPAL</b>			
Amount (\$) <b>6.10</b>		Payee address; City; State; Zip Code <b>2211 N. FIRST ST SAN JOSE CA 95131</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5/12</b>		2 FILER NAME <b>THORN TON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-6-15</b>		5 Payee name <b>WB LIQUORS</b>			
6 Amount (\$) <b>97.39</b>		7 Payee address; City; State; Zip Code <b>5310 OVERTON RIDGE BLVD FORT WORTH TX 76132</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-7-15</b>		Payee name <b>METRO MAILER</b>			
Amount (\$) <b>606.81</b>		Payee address; City; State; Zip Code <b>5719 E ROSEDALE AVE FORT WORTH TX 76112</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-7-15</b>		Payee name <b>EAGLES NEST</b>			
Amount (\$) <b>250.91</b>		Payee address; City; State; Zip Code <b>8455 BOAT CLUB FORT WORTH TX 76179</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6/12</b>		2 FILER NAME <b>THORNBN ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-7-15</b>		5 Payee name <b>H + H DISTRIBUTING</b>			
6 Amount (\$) <b>1144.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 3443 FORT WORTH TX 76113</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-8-2015</b>		Payee name <b>OFFICE DEPOT</b>			
Amount (\$) <b>6.27</b>		Payee address; City; State; Zip Code <b>401 CARROLL ST FORT WORTH TX 76107</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD/RENTAL EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-8-2015</b>		Payee name <b>AMERICAN DIRECTIONS</b>			
Amount (\$) <b>257.50</b>		Payee address; City; State; Zip Code <b>1350 CONNELL AVE NW STE. 1102 WASHINGTON DC 20036</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11/12		2 FILER NAME THORNTON ANTHONY		3 Filer ID (Ethics Commission Filers) 0509 2015	
4 Date 6-4-15		5 Payee name AZRAM ARRIOLA			
6 Amount (\$) 489.00		7 Payee address; City; State; Zip Code 5021 CARAWAY DR FT WORTH TX 76123			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-9-15		Payee name DIANA MENKENS			
Amount (\$) 180.00		Payee address; City; State; Zip Code 2950 HANNA AVE FORT WORTH TX 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6-12-15		Payee name DERICO GONZALES			
Amount (\$) 540.00		Payee address; City; State; Zip Code 1713 GRAND AVE FORT WORTH TX 76164			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>12/12</b>		2 FILER NAME <b>THORN TON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0500 2015</b>	
4 Date <b>6-17-15</b>		5 Payee name <b>THORN TON ANTHONY</b>			
6 Amount (\$) <b>10,000</b>		7 Payee address; City; State; Zip Code <b>1701 LEE AVE FT WORTH TX 76164</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>LOAN REPAYMENT</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6-19-15</b>		Payee name <b>AIRAM ARIOLLA</b>			
Amount (\$) <b>216.00</b>		Payee address; City; State; Zip Code <b>5021 CARAWAY DR FT WORTH TX 76123</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SALARIES / WAGES / CONTRACT LABOR</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>6-4-15</b>		Payee name <b>MULLHOLLANDS CUSTOM IMPRINTS</b>			
Amount (\$) <b>305.24</b>		Payee address; City; State; Zip Code <b>PO BOX 161220 FORT WORTH TX 76161</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7/2</b>		2 FILER NAME <b>THORNTON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-9-15</b>		5 Payee name <b>PEARL SNAP KOLACHES</b>			
6 Amount (\$) <b>50.00</b>		7 Payee address; City; State; Zip Code <b>4006 WHITE SETTLEMENT RD FORT WORTH TX 76167</b>			
8 PURPOSE OF EXPENDITURE <b>FOOD BEVERAGE</b>		(a) Category (See categories listed at the top of this schedule)  (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5-9-15</b>		Payee name <b>COOPERS BBQ</b>			
Amount (\$) <b>1595.74</b>		Payee address; City; State; Zip Code <b>301 STOCKYARDS BLVD FORT WORTH TX 76164</b>			
PURPOSE OF EXPENDITURE <b>FOOD / BEVERAGE</b>		Category (See categories listed at the top of this schedule)  Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5-14-15</b>		Payee name <b>TARRANT CO. ELECTIONS</b>			
Amount (\$) <b>1500.00</b>		Payee address; City; State; Zip Code <b>2700 PREMIER ST FORT WORTH TX</b>			
PURPOSE OF EXPENDITURE <b>FEES</b>		Category (See categories listed at the top of this schedule)  Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8/12</b>		2 FILER NAME <b>THORNTON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-20-15</b>		5 Payee name <b>DIANA MENKINS</b>			
6 Amount (\$) <b>924</b>		7 Payee address; City; State; Zip Code <b>2950 HANNA AVE FORT WORTH TX 76106</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>SALARIES / WAGES / CONTRACT LABOR</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5-20-15</b>		Payee name <b>DERICO GONZALES</b>			
Amount (\$) <b>1098</b>		Payee address; City; State; Zip Code <b>1713 GRAND AVE FORT WORTH TX 76164</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SALARIES / WAGES / CONTRACT LABOR</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>5-20-15</b>		Payee name <b>REBECCA DENNIS SHENZ</b>			
Amount (\$) <b>360.00</b>		Payee address; City; State; Zip Code <b>1609 HOMER AVE FORT WORTH TX 76164</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>SALARIES / WAGES / CONTRACT LABOR</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9/12		2 FILER NAME THORNTON ANTHONY		3 Filer ID (Ethics Commission Filers) 0509 2015	
4 Date 5-22-15		5 Payee name CHUYITOS			
6 Amount (\$) 93.19		7 Payee address; City; State; Zip Code 1521 N. MAIN ST FORT WORTH TX 76164			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD / BEVERAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-26		Payee name MARIA CHAZARRETA			
Amount (\$) 192.00		Payee address; City; State; Zip Code 1701 LEE AVE FORT WORTH TX 76164			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES / WAGES / CONTRACT LABOR		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-28-15		Payee name METRO MATLER			
Amount (\$) 1022.96		Payee address; City; State; Zip Code 5719 E ROSEDALE AVE FT WORTH TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>10/12</b>		2 FILER NAME <b>THORNTON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-28-15</b>		5 Payee name <b>METRO MAPLER</b>			
6 Amount (\$) <b>2403.15</b>		7 Payee address; City; State; Zip Code <b>5714 E ROSEDALE AVE FORT WORTH TX 76112</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-29-15</b>		Payee name <b>LEE HENDERSON</b>			
Amount (\$) <b>500</b>		Payee address; City; State; Zip Code <b>PO BOX 892 FT WORTH TX 76101</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4-26-15</b>		Payee name <b>GLEN ELLMAN</b>			
Amount (\$) <b>150.00</b>		Payee address; City; State; Zip Code <b>PO BOX 126081 BENBROOK TX 76126</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# 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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2/3</b>		2 FILER NAME <b>THORNTON ANTHONY</b>		3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>	
4 Date <b>5-2-15</b>		5 Payee name <b>ELITE SOURCE ENTERTAINMENT</b>			
6 Amount (\$) <b>200</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>2117 Hurley Ave. Port Worth, TX 76110</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-8-15</b>		Payee name <b>CENTRAL MARKET</b>			
Amount (\$) <b>80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>4651 W. FRWY FORT WORTH TX 76107</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>GIFT / AWARD / MEMORIAL EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-8-15</b>		Payee name <b>MULHOLLAND CUSTOM IMPRINTS</b>			
Amount (\$) <b>190.52</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>PO BOX 161220 FT WORTH TX 76161</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3 1/3</b>	2 FILER NAME <b>THORNTON ANTHONY</b>	3 Filer ID (Ethics Commission Filers) <b>0509 2015</b>
4 Date <b>5-2-15</b>	5 Payee name <b>MARTINEZ PARTY RENTAL</b>	
6 Amount (\$) <b>80</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>2002 E. Long Ave. 76106</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>5-2-15</b>	Payee name <b>MARIACHI AGUILAS DE AMERICA</b>	
Amount (\$) <b>100</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>601 West Northside Dr. Fort Worth, TX. 76164</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>5-2-15</b>	Payee name <b>FEDERICO GONZALES</b>	
Amount (\$) <b>\$300</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1713 Grand Ave. Fort Worth, TX 76164</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED