OFFICIAL RECORD CITY SECRETARY FL WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MR ANTHONY NICKNAME LAST STEVE THOUNTON	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	3.0.0	CITY; STATE; ZIP CODE	JUL 15 2015 CITY OF FORT WORTH CITY SEGRETARY Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MR PHILLIP	МІ	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	LANCARTE		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI BOST WORTH TELAS	RACE EAST.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817)	EXTENSION	
9 REPORT TYPE	January 15 30th day before elections 30th da		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 30 / 2015	THROUGH 6	Day Year 30 / 2015
11 ELECTION	Month Day Year Primary 5 / 9 / 2015 Seneral	Runoff Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		FORT WORTH	CITY COUNCIL D2
	GO ТО І	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	MOTARO	ANTHONY	15 Filer ID (Ethics Commission Filer	s)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	ITURES MADE BY POLITICAL COMMITTEES	r's
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME FORT WORTH FIREFIGHTERS COMM COMMITTEE ADDRESS 3855 TULSA WAY FORT WORTH TX 76107 COMMITTEE CAMPAIGN TREASURER NAME KRISS BRIAN	INTEE FOR RESPONSIBLE GO.	JERNMENT
		COMMITTEE CAMPAIGN TREASURER ADDRESS 3955 TUCSA WAY FORT WOMN TX 76107		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$	0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$24723.79	9
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$	0
	4. TOTAL	POLITICAL EXPENDITURES	\$34466.90	0
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I DRTING PERIOD	DAY \$ 1632	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$5,106	
My C	Donna D Rees Public, State of Tommission Expir October 14, 2017	true and correct and includes all info	erjury, that the accompanying report in	
		Signature of Cand	didate or Officeholder	
Sworn to and subscri	ibed before me, b	,	, this the	
day of Hay	12.29/2) Kee	o certify which, witness my hand and seal of office.	NOTHRY	
Signature of officer ac	Iministering bath	Printed name of officer administering oath	Title of officer administering oa	.th

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	^ -		15 Filer ID (Ethics Commission Filers)
THORNTON	ANTHOUT		0909 2013
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WE DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	FORT WORTH RETIEND FIREFIGHTERS COMMO	TREE FOR RESPONSIBLE COUT.
		COMMITTEE ADDRESS	
	SPECIFIC	1617 TIELNEY RO	
		FT WORTH TX 76112	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		GILBREATH, CECELIA	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		14 17 TIENNEY 120	
		FORT WORTH TX 7612	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS), LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, STEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			·
	Donna D F Notary Public, Sta My Commissior October 14,	true and correct and includes all info under Title 15. Election Code.	erjury, that the accompanying report is ormation required to be reported by me didate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscr	ibed before me, b	y the said	, this the
day of	_	o certify which, witness my hand and seal of office.	
Alim	X d Xac	2 DONNAD. REPS	NOTARV
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)	
THORNTON	ANTHONY		0509 2015	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE V ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE	MITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	Dosuspa	33		
	GENERAL	COMMITTEE ADDRESS	was 341 PAC	
	SPECIFIC	1907 FREEMAN ST		
		COMMITTEE CAMPAIGN TREASURER NAME		
		CAMPBEU, JAMES		
Additional Pages		Chi (Sec) Shares		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		1907 FREE MW ST	1	
		Houston In 77000		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN SED \$	
	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		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$	
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				
Nota	Donna D Rees ary Public, State of		9	
	y Commission Ex	pires: \sqrt{n}		
October 14, 2017 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said, this the				
day of Why 15, 20 19, to certify which, witness my hand and seal of office.				
Warn	redl. De	y DONNAD, KEES	NOTHRY	
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer admi r fistering oath	

Austin, Texas 78711-2070 P.O.Box 12070 Texas Ethics Commission FORM C/OH **CANDIDATE / OFFICEHOLDER REPORT: ADDENDUM** NOTICE FROM POLITCAL COMMITTEE(S) ACCOUNT # (Ethics Commission filers) C/OH NAME 0509 2015 THORNTON ANTHONY .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may 17 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this **FROM** information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE FORT WONTH RETURN FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOUT COMMITTEE ADDRESS X GENERAL 1617 TX 76112 WOATH FORT SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME , CELELJA GJLBREATH COMMITTEE CAMPAIGN TREASURER ADDRESS ICIT TREASEY RO SOUT WORTH IN 76112

Austin, Texas 78711-2070 P.O.Box 12070 Texas Ethics Commission FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: **ADDENDUM** NOTICE FROM POLITCAL COMMITTEE(S) ACCOUNT # (Ethics Commission filers) C/OH NAME 2015 0509 THORNTON • 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 17 NOTICE FROM Information only If they receive notice of such expenditures. .. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE HOUSTON PROFESSIONS FIRE FAGHTERS ASSN. LOCAL 341 PAC COMMITTEE ADDRESS X GENERAL 1907 FREEMAN ST Housiau TX SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME CAMP BELL JAMES COMMITTEE CAMPAIGN TREASURER ADDRESS 14 77009 けいい だみ 1967 FREEMAN ST.

SUBTOTALS - COH

19	FILER NAME	20 Filer ID (Ethics	Commission Filers))
1	HOENTON ANTHONY	0509 201	5	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOT. AMOUN	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 920	Ò
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	rions	\$ 1552	3.79
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CON	TRIBUTIONS	\$33392	19
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ò
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CO	ONTRIBUTIONS	\$	0
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUND	os	\$ 1074.	77
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	ICAL CONTRIBUTIONS	\$	0
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	RIBUTIONS	\$	0

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) 2 FILER NAME 0509 2015 THORNTON ANTHONY 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ FORT WORTH RETTHER FAIRFIGHTHS COMMETTER FOR RESULVENCE GOVT 3*00*0 5-1-15 City; State; Zip Code 6 Contributor address; 1617 TIERNEY RD 76112 PT WORTH TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 8300 SAMORA CT FORT WORTH TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) FORT WORTH RETITED Frite Pruniers 1000 committee for responsible GOUT 529-15 Contributor address; City; State; Zip Code 1617 FIERNEY RD FT WORTH TX 76112 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ HOUSTON PREFERENCE FEREFRONTENS ASSN. LOCAL 341 PA 5000 City; State; Zip Code Contributor address; 1907 FREEMAN ST. HOUSEN TA 77009 Employer (See Instructions) 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

т	The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	ΛΕ		3 Filer ID (Ethics Commission Filers)
THORNI	ou Authous		0509 2015
4 TOTAL C	DF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor Out-of-state PAC (ID#:	TUD) 1161214	8 Amount of 9 In-kind contribution Contribution \$ description
5-12-15	7 Contributor address; City; State; Zip Cod		15523,79 LABOR
	3855 TOLSA WY PT WORTH TX 7	6107	Check if travel outside of Texas, complete Schedule T
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	and the second s	
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description .
	Contributor address; City; State; Zip Cod	de	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor'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 T	HIS SCHEDU	LE AS NEEDED

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

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

	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers) 0500 20 \5	
4 Date	THOLWTON ANTHONY 5 Payee name		0309 80 15	
4-30-15	DESIGNER GRAPHICS			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1491, 83	TYLER TX 75703			
	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Check if travel or	utside of Texas, complete Schedule T 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			
5-2-15	DALE'S DONUTS			
Amount (\$)	Payee address; City; State; Zip Code			
19.90	4455 CAMP BOWNE BLUD.			
/ 1 & 1 ·	FORT WORTH TX 76107			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE		tside of Texas, complete Schedule T 'X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5-4-15	AMERICAN DIFECTIONS			
Amount (\$)	Payee address; City; State; Zip Code	\$ 6- 0 \$		
257,50	1350 CONNETICUT AVE NW WARHINGTON DC 20036) STE 1102		
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADUERTISING EXPENSE		iside of Texas, complete Schedule T X, 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 S	CHEDULE AS NEED	ED	

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

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2112	THORNTON ANTHONY		0509 2015
4 Date	5 Payee name		
5-4-2015	WAL MART		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100	9500 CLIFFORD		
109.15	FORT WORTH TX 76108		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
l .		Check if travel	outside of Texas, complete Schedule T
PURPOSE OF	OFFICE OVERHEAD /	Check if Austin	, TX, officeholder living expense
EXPENDITURE			
	RENTAL EXPENSE		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Date	Payee name		
5-4-2015	METRO MAJLER		
Amount (\$)	Payee address; City; State; Zip Code	12000	
00 (10 - 10	5719 E ROSEDALE AVE		
<i>₱</i> 89.87	76117		
	Category (See categories listed at the top of this schedule)	Description	
	Category (See Categorics Issue at the top of the constant)		outside of Texas, complete Schedule T
PURPOSE OF	A. ELOENE	Check if Austin,	TX, officeholder living expense
EXPENDITURE	PRINTING EXPENSE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	₹		
Date	Payee name		
5-4-15	METRO MAJLER		
Amount (\$)	,,		
1472.92	5719 & RUCEDALE AVE		
1-100	FORT WORTH TX 76112		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE			utside of Texas, complete Schedule T
OF EXPENDITURE	PRINTING EXPENSE	L Check if Austin,	TX, officeholder living expense
	0	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field
	ATTACH ADDITIONAL COPIES OF THIS S	CUEDIII E AC NEEL	DED
	A LIACH ADDITIONAL COPIES OF THIS S	うついにこうしたい とう スカロ	ULU

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

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME THORNON ANTHONY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5-4-2015	HOME DEPOT		
6 Amount (\$)	7 Payee address; City; State; Zip Code 853 \ W 11218 SETTLEMENT 6	>	
131.25	WHITE SETTLEMENT TX 76108		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTLISTMG EAPENSE		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5-4-15	Los Asaderos		
Amount (\$)	Payee address; City; State; Zip Code		
50.14	1535 N MAZN ST FORT WORTH IX 70164		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVELAGE		outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-4-15	WETRO MAILER		
Amount (\$)	Payee address; City; State; Zip Code		
2096.02	5719 E RUSEDALE AVE FORT WORTH TX 76122		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTANO EXPENSE		outside of Texas, complete Schedule T 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 NEE!	DED

schedule F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee Legal Services The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME THOLN TON ANTHONY 4 Date 5 Payee name 5-4-15 6 Amount (\$) 7 Payee address; City; State; Zip Code 5719 E. ROSEDALE AVE FORT WORTH TH 76112 8 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE Contract Check if Austin, TX, officeholder living expense	mission Filers)
1 Total pages Schedule F1: 2 FILER NAME THORN TON ANTHONY 4 Date 5 Payee name METRO MATLER 6 Amount (\$) 7 Payee address; City; State; Zip Code 5719 E. Rosedale Ave FORT WORTH TX 76112 8 PURPOSE OF EXPENDITURE PRINTING EX PENSE Check if Austin, TX, officeholder living expense	15
THORN TON ANTHONY 4 Date 5 Payee name 5-4-15 6 Amount (\$) 7 Payee address; City; State; Zip Code 5719 E. ROSEDALE AVE FORT WORTH TX 76112 8 PURPOSE OF EXPENDITURE PRINTING FX PENSE PRINTING FX PENSE Check if travel outside of Texas, complete Sch	15
4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code 5719 E. ROSEDALE AVE FORT WORTH TX 76112 8 PURPOSE OF EXPENDITURE PRINTING EX PENSE Check if travel outside of Texas, complete Sch	
METRO MATLER 6 Amount (\$) 7 Payee address; City; State: Zip Code 5719 E. Rosedale ave FORT WORTH TX 76112 8 PURPOSE OF EXPENDITURE PRINTING EX PENSE (b) Description Check if travel outside of Texas, complete Sch	edule T
7 Payee address; City; State; Zip Code 5719 E. ROSEDALE AVE FORT WORTH TX 76112 8 PURPOSE OF EXPENDITURE PRIMITIAL PRIMITIAL FORT WORTH TX 76112 (a) Category (See categories listed at the top of this schedule) PRIMITIAL FX PENSE Check if Austin, TX, officeholder living expens	edule T
STIGE. ROSEDALE AVE FORT WORTH TX TO 112 (b) Description Check if travel outside of Texas, complete Schener Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder livin	edule T
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8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) FORT WOTH FX 1011X (b) Description Check if travel outside of Texas, complete Sch Check if Austin, TX, officeholder living expense	edule T
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	e.
Office sought Office	e held
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office sought	,,,,,,,
Date Payee name	
5-6-15 Cost co	
Amount (\$) Payee address; City; State; Zip Code	
193.88 5300 OVERTOU RIDGE BLVD	
FORT WORTH TX 76132	
Category (See categories listed at the top of this schedule) Description	
PURPOSE Check if travel outside of Texas, complete Sche	
OF EXPENDITURE FOOD BEVERAGE	
+ + + + + + + + + + + + + + + + + + +	
Candidate / Office holder name Office sought Office	held
Complete ONLY if direct Candidate / Officeholder name Office sought Office expenditure to benefit C/OH	Heid
experience to borrow eres.	
Date Payee name	
5-6-15 PAYPAL	
Amount (\$) Payee address; City; State; Zip Code	
A 2211 N. FRILST ST	
6.10 SAN JOSE CA 95131	
Category (See categories listed at the top of this schedule) Description	
PURPOSE Check if travel outside of Texas, complete Sche	edule T
OF Check if Austin, TX, officeholder living expense	
EXPENDITURE	
FEES	
	held
Ordinate / Office squabt Office	. 11010
	5 11010
Complete ONLY if direct Candidate / Officeholder name Office sought Office	, nord

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers) 0509 2015
4 Date 5-6-15	5 Payee name WB LIQUORS	
6 Amount (\$) イ フ. 39	7 Payee address; City; State; Zip Code 5310 OUER TON RADGE BLV	
	FORT WORTH TX 76132	(b) Description
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FCOD / BEVERAGE	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5-7-15	METRO MAILER	
Amount (\$)	Payee address; City; State; Zip Code 5719 E PUSEDALE AVE	
606.81	FORT WORTH TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTYMG EXPENSE	Description Check if travel outside of Texas, complete Schedule T 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	Payee name	
5-7-15	EACLES NEST	
Amount (\$) 250 6 91	Payee address; City; State; Zip Code 8455 BOAT CLUB FORT WORTH TX 76179	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE	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 S	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

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/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME THORNEN 0509 2015 ANTHONY 6/12 4 Date 5 Payee name 5-7-15 H4H DISTRUBUTING 7 Payee address; City; State; Zip Code 6 Amount (\$) BOX 3443 1144,00 FORT WORTH TX 76/13 (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense EXPENSE OF EXPENDITURE ADVER TISING Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 5-8-2015 OFFICE DEPOT Payee address; Amount (\$) City; State; Zip Code 401 CARROLL ST (a. 27 FORT WORTH TX 76107 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense OFFICE OVERHEAD PRONTAL EXPENSE EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5-8-2015 AMERICAN DIBECTIONS City; State; Zip Code Payee address; Amount (\$) CONN ET TOUT AVE NW STE. 1102 257.50 WASHINGTON DC 20036 Category (See categories listed at the top of this schedule) ___ Check if travel outside of Texas, complete Schedule T **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense ADUERTISING EXPENSE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 0509 2015 11/12 THORNTON ANTHONY 4 Date 5 Payee name 6-4-15 ATRAM ARRIOLA 7 Payee address; City; State; Zip Code 5021 CARAWAY DR 6 Amount (\$) 489 W FT WORTH TX 76123

(a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T PURPOSE ___ Check if Austin, TX, officeholder living expense SALANTES WAGES | CONTRACT LABOR OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name (0-9-15)DIANA MENKINS Payee address; City; State; Zip Code Amount (\$) 2950 HANNA AVE 180,00 FORT WORTH 13 76106

Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T **PURPOSE** SALARZES WAGES | CONTRACT LABOR Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name DERTICO GONZALES (0-12-15)Payee address; City; State; Zip Code Amount (\$) 1713 GRAND AVE 540. ~ FORTWORTH TX 76164 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** STLANTES WAGES) CONTRACT LABOR Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Contributions/Donations Made Candidate/Officeholder/Politic			Travel Out Of District Other (enter a category not listed above)
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1 Total pages Schedule F1	: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
13/12	THOEN TON ANTHONY	(2509 2015
4 Date	5 Payee name		
6-17-15	THORNION ANTHONY		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100	1761 LEE AVE		
10,000	FT WORTH TX 76164		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel ou	itside of Texas, complete Schedule T
OF EXPENDITURE	LONV REPAYMENT	Check if Austin, T	X, officeholder living expense
and the second s		055	06-1-1-1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
6-19-15	AIRAM ARIOUA		
	7,1,1,0,0,0,1		
Amount (\$)	Payee address; City; State; Zip Code 5021 CATAWAY DE		
216.00	SOUT CUTTON OF		
αιφ.	FT WORTH TX 76123		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE			side of Texas, complete Schedule T
OF EXPENDITURE	SALANJES WACES) CONTRACT LABOR	Check if Austin, TX	K, officeholder living expense
	Services & Copy live & console		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
6-4-15	WOSTHOSTANDS COROW	コットレンシング	7
Amount (\$)	Payee address; City; State; Zip Code		
705 14	PG BOX 161220		
505,24	FORT WORTH 70161		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outs	ide of Texas, complete Schedule T
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX	, officeholder living expense
	Operation (Official I	Office of the latest t	OK: F-14
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
,			
11/4/4/990004	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

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

Contributions/Donations Made E Candidate/Officeholder/Politic		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME THORNTON ANTHONY	;	3 Filer ID (Ethics Commission Filers)	
4 Date 5-9-15	PEARL SNAP KOLACHES			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
50. "	FORT WORTH TX 7616			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Рауее пате			
5-9-15	Coopers BBQ			
Amount (\$)	Payee address; City; State; Zip Code			
1595.74	301 STOCKYARDS BLUD FORT WORTH TX 76164			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE		side of Texas, complete Schedule T X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5-14-15	TARRANT CO. ELECTION	<u> </u>		
Amount (\$)	Payee address; City; State; Zip Code			
1500.00	2700 PREMIER ST			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES		side of Texas, complete Schedule T X, 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				

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 Gitt/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 0509 2015 8/12 THORNTON ANTHONY 5 Payee name 4 Date 5-20-15 MENKINS DIANA City; State; Zip Code 6 Amount (\$) 7 Payee address; 2950 HANNA AUG 924 76106 FORF WORTH TX (b) Description (a) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T SALARJES /WAGES / CONTRACT LABOR **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5-20-15 GONZALES DERICO City; State; Zip Code Payee address; Amount (\$) 1713 GRAND AVE 1098 FORT WORTH TX 76164 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T SALARJES / WAGES / CONTRACT LABOR PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5-20-15 REBECCA DENNISE City; State; Zip Code Amount (\$) Payee address; 1609 HOMAN AVE _ે (ું છે. છે FORT WORTH TX 76164 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** SALARTES /WAGES / CONTRACT LABOR Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Considerty/Officeholder/Bolitical 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

Candidate/Officeholder/Politic		/ages/ContractLabor	Other (enter a category not listed above)	
1 Total pages Schedule F1 9112 4 Date 5-22-15	2 FILER NAME THORNTON ANTHONY 5 Payee name CHUY1705		3 Filer ID (Ethics Commission Filers) 0500 2015	
6 Amount (\$) 93.19	7 Payee address; City; State; Zip Code 1521 N. MAIN ST FORT WORTH TX 76164 (a) Category (See categories listed at the top of this schedule)	(b) Description		
8 PURPOSE OF EXPENDITURE	FOOD BEVERACE	Check if travel	outside of Texas, complete Schedule T , TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
5-26	MARIA CHAZARRETA			
Amount (\$)	Payee address; City; State; Zip Code			
192. 00	FORT WORTH TX 76164			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALANZES WAVES CONTRACT LASSOIL	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	Payee name			
5-28-15	METRO MATLER			
Amount (\$)	Payee address; City; State; Zip Code			
1022,96	FT WORTH TX 76112			
	Category (See categories listed at the top of this schedule)	Description Check if travel of	outside of Texas, complete Schedule T	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	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				

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

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S-36-15		THORNTON ANTHONY		<u>0509 2015 </u>
Payee address; City: State: Zip Code Payer address; City: State: Zip Code Condition		5 Payee name		
STIGLE RESERVE AVE FORT WORTH TX 76/112	5-28-15	METRO MAJLER		
PURPOSE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office held	6 Amount (\$)			
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Amount (\$) Payee address; City; State; Zip Code PO BOX 892 FT WONTH TX 76101 Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name Cle N ELLMAN Amount (\$) Payee address; City; State; Zip Code PO BOX 126061 BENDRUK TX 76126 Category (See categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name Cle N ELLMAN Amount (\$) Payee address; City; State; Zip Code PO BOX 126061 BENDRUK TX 76126 Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	- · —		Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code PO BOX GCQ FT WORTH TX 76/01 Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Consultant EARENSE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Consultant ELLMAN Amount (\$) Payee address; City; State; Zip Code PO BOX 126061 BENDALL TY 76/126 Category (See categories listed at the top of this schedule) Payee address; City; State; Zip Code PO BOX 126061 BENDALL TY 76/126 Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held	Date	Payee name		
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Date Payee name CLEN ELLMAN Amount (\$) Payee address; City; State; Zip Code PO BON 126081 BENDAUK IX 76126 Category (See categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code PO BON 126081 BENDAUK IX 76126 Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule Tother in the complete of the complete on the co	Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C/OH	OF	A SUMPLE STATE EX DEA)CE		* *
expenditure to benefit C/OH	EXPENDITURE	HONEIGHT 197199 CYLCO 3C		- ·
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Candidate / Officeholder name	Office sought	Office held

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G	2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)		
2/3	THORNTON ANTHONY	0509 2015			
4 Date	5 Payee name				
5-2-15	ELITE Source Entert	THEM WENT			
6 Amount (\$)	7 Payee address; City; State; Zip Code	•			
Reimbursement from political contributions	2117 Hurley Duc. Port Worth, TX 76110				
political contributions intended		,			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	EVENT EXPENSE		side of Texas, complete Schedule T X, officeholder living expense		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
5-8-15	CENTRAL MARKET				
Amount (\$)	Payee address; City; State; Zip Code				
80	4651 W. FRWY				
Reimbursement from political contributions intended	FORT WORTH TX 76107				
	Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	GIFT / AWARD / MEMORIAL EXPENSE	Check if travel outside of Texas, complete Schedule T			
EXPENDITURE		Check if Austin, TX	, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
5-6-15	Mari Nava a	•			
Amount (\$)	MULHOUAND CUSTON IN Payee address; City; State; Zip Code	Priskty			
190,50	PO BOX 161220				
Reimbursement from political contributions intended	FT WONTY TX 76161				
PURPOSE	Category (See categories listed at the top of this schedule)	(b) Description			
OF	ADUTRISING EXPENSE		de of Texas, complete Schedule T		
EXPENDITURE	HONEKLIZZING EXBENZE	L Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name 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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) THORNTON ANTHONY 0509 2015 4 Date 5 Payee name 5-2-15 MARTINEZ RENTAL 6 Amount (\$) 7 Payee address; 2002 E. Lay AVE. 7606 Reimbursement from political contributions intended (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas, complete Schedule T EVENT EXPENSE **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 5-2-15 MARIACHI AGUILAS DE AMERICA Amount (\$) Payee address; City; State; Zip Code 601 West Northylde Dr. FortWorth, TX. 74164 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 EVENT EXPENSE EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 5-2-15 FEDERICO GONZALES

Payee address; City; State; Zip Code Amount (\$) 1713 Grand Due. Fort Worter, TX 76164 300 Reimbursement from political contributions intended (b) Description Category (See categories listed at the top of this schedule) **PURPOSE** __ Check if travel outside of Texas, complete Schedule T EUENT EXPENSE 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