

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)

05092015

2 Total pages filed:

29

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR. ANTHONY

NICKNAME

LAST

SUFFIX

STEVE THORNTON

OFFICE USE ONLY

Date Received

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

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

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2308 WINTON TERRACE EAST FT WORTH TX 76109

(Residence or Business)

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

3 / 28 / 17

THROUGH

Month Day Year

4 / 26 / 17

11 ELECTION

ELECTION DATE

Month Day Year

05 / 06 / 17

ELECTION TYPE

☐ Primary

☐ Runoff

☐ 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

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

FT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT

COMMITTEE ADDRESS

3855 TULSA WAY FT WORTH TX 76107

COMMITTEE CAMPAIGN TREASURER NAME

KATSS, BRIAN

COMMITTEE CAMPAIGN TREASURER ADDRESS

3855 TULSA WAY FT 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)

\$ 57,540.79

EXPENDITURE
TOTALS

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

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$ 14,918.56

CONTRIBUTION
BALANCE

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

\$ 11,384.72

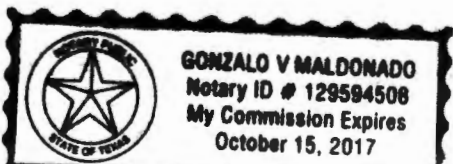
OUTSTANDING
LOAN TOTALS

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

\$

0

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 Anthony S Thornton, this the 27

day of April, 20 17, to certify which, witness my hand and seal of office.

Gonzalo V Maldonado

Signature of officer administering oath

Gonzalo V Maldonado

Printed name of officer administering oath

Notary ID 129594508

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME THORNTON. ANTHONY | | 20 Filer ID (Ethics Commission Filers) 0509 2015 |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 20,370 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 37,170.74 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 14918.56 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

3-28-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES MELLOTT

6 Contributor address;

City; State; Zip Code

6404 FRESH WATER LN FT WORTH TX 76179

7 Amount of contribution (\$)

\$ 100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-17

Full name of contributor

☐ out-of-state PAC (ID#:

PALETERIA LA MEXICANA

Contributor address;

City; State; Zip Code

3307 AZLE AVE FT WORTH TX 76106

Amount of contribution (\$)

\$ 20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-17

Full name of contributor

☐ out-of-state PAC (ID#:

RODEO EXCHANGE

Contributor address;

City; State; Zip Code

221 W. EXCHANGE AVE FT WORTH TX 76104

Amount of contribution (\$)

\$ 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-17

Full name of contributor

☐ out-of-state PAC (ID#:

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV

Contributor address;

City; State; Zip Code

3555 TULSA WAY FT WORTH TX 76107

Amount of contribution (\$)

\$ 10,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

THORNDEN ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

4-26-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

FT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV

6 Contributor address;

City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

7 Amount of contribution (\$)

\$ 10,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

0

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

0

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

0

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: **4**

2 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **37,170.74**

5 Date

4-26-17

6 Full name of contributor ☐ out-of-state PAC (ID#:

FT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV

7 Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

8 Amount of Contribution \$

2582.35

9 In-kind contribution description

COMPUTERS

☐ 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

4-26-17

Full name of contributor ☐ out-of-state PAC (ID#:

FT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV

Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

Amount of Contribution \$

6546.48

In-kind contribution description

LABOR

☐ 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **4**

2 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 37,170.74

5 Date

4-26-17

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

FT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

7 Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

8 Amount of Contribution \$

1225.39

9 In-kind contribution description

MERCHANDISE

☐ 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

4-26-17

Full name of contributor ☐ out-of-state PAC (ID#: _____)

FT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

Amount of Contribution \$

25,704.36

In-kind contribution description

PRINTING

☐ 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4

2 FILER NAME
THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)
0509 2015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 37,170.74

| | | | |
|--|--|---|---|
| 5 Date 4-24-17 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FORT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV | 8 Amount of Contribution \$ \$ 552.16 | 9 In-kind contribution description MILEAGE REIMBURSEMENT |
| 7 Contributor address; City; State; Zip Code 3855 TULSA WAY FT WORTH TX 76107 | | <input type="checkbox"/> 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 4-22-17 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THE DRUNKEN GRAB | Amount of Contribution \$ \$ 160 | In-kind contribution description FOOD / BEVERAGE |
| Contributor address; City; State; Zip Code 2423 CLINTON AVE. FT WORTH TX 76104 | | <input type="checkbox"/> 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 4

2 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 37,170.74

5 Date

4-22-17

6 Full name of contributor ☐ out-of-state PAC (ID#:

BUDGET AVE COLLECTION CENTER

7 Contributor address; City; State; Zip Code

2211 N. MAIN ST FT WORTH TX 76106

8 Amount of Contribution \$

\$ 460

9 In-kind contribution description

FOOD / BEVERAGE

☐ 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | | | | | | | | | | |
|---|--|---|------------------------|--------------------------------------|-------------------------------------|-----------------------------|---|--|-------------------------------|--|---|--|--|--|
| 1 Total pages Schedule F1: 20 | 2 FILER NAME THOMSON ANTHONY | 3 Filer ID (Ethics Commission Filers) 0509 2015 | | | | | | | | | | | | |
| 4 Date 3-28-17 | 5 Payee name BUILD A SIGN | | | | | | | | | | | | | |
| 6 Amount (\$) 97.11 | 7 Payee address; City; State; Zip Code 11525thA STONE HOLLOW DR AUSTIN TX 78758 | | | | | | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | (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 | | | | | | | | | | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date 3-28-17</td> <td style="width:40%;">Payee name LU LIANG</td> <td style="width:40%;">Office sought Office held</td> </tr> <tr> <td>Amount (\$) \$420</td> <td colspan="2">Payee address; City; State; Zip Code 1701 LEE AVE FT WORTH TX 76164</td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) LABOR</td> <td>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="3">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> </table> | | | Date 3-28-17 | Payee name LU LIANG | Office sought Office held | Amount (\$) \$420 | Payee address; City; State; Zip Code 1701 LEE AVE FT WORTH TX 76164 | | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 3-28-17 | Payee name LU LIANG | Office sought Office held | | | | | | | | | | | | |
| Amount (\$) \$420 | Payee address; City; State; Zip Code 1701 LEE AVE FT WORTH TX 76164 | | | | | | | | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | | | | | | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:20%;">Date 3-28-17</td> <td style="width:40%;">Payee name DERICO GONZALES</td> <td style="width:40%;">Office sought Office held</td> </tr> <tr> <td>Amount (\$) \$200</td> <td colspan="2">Payee address; City; State; Zip Code 2704 LINCOLN AVE FORT WORTH TX 76104</td> </tr> <tr> <td>PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) LABOR</td> <td>Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="3">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> </table> | | | Date 3-28-17 | Payee name DERICO GONZALES | Office sought Office held | Amount (\$) \$200 | Payee address; City; State; Zip Code 2704 LINCOLN AVE FORT WORTH TX 76104 | | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 3-28-17 | Payee name DERICO GONZALES | Office sought Office held | | | | | | | | | | | | |
| Amount (\$) \$200 | Payee address; City; State; Zip Code 2704 LINCOLN AVE FORT WORTH TX 76104 | | | | | | | | | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | | | | | | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | 2 FILER NAME THORNTON ANTHONY | 3 Filer ID (Ethics Commission Filers) 0509 2015 |
| 4 Date 3-28-17 | 5 Payee name DIANA MENKINS | |
| 6 Amount (\$) \$ 200 | 7 Payee address; City; State; Zip Code 2950 HANNA AVE FT WORTH TX 76106 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

| | | |
|--|---|---|
| Date 3-29-17 | Payee name SIXTY + BETTER | |
| Amount (\$) \$ 300 | Payee address; City; State; Zip Code 1100 NW 18th ST FORT WORTH 76104 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONTRIBUTION | 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 3-29-17 | Payee name MIKAELA GONZALES | |
| Amount (\$) \$ 180 | Payee address; City; State; Zip Code 4220 HARDY ST FT WORTH TX 76106 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 <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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 0509 2015 | |
| 4 Date 3-29-17 | | 5 Payee name ELIANA PALACIO | | | |
| 6 Amount (\$) \$ 210 | | 7 Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 3-29-17 | | Payee name MARIA CHAZARRETA | | | |
| Amount (\$) \$ 552 | | Payee address; City; State; Zip Code 119 NW 25TH ST. FORT WORTH TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 3-29-17 | | Payee name ELIZABETH REYES | | | |
| Amount (\$) \$ 504 | | Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

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| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 0509 2015 | |
| 4 Date 3-30-17 | | 5 Payee name ALL SAINTS CATHOLIC CHURCH | | | |
| 6 Amount (\$) \$ 700 | | 7 Payee address; City; State; Zip Code 214 NW 20th ST FORT WORTH TX 76164 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTION | | (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 3-30-17 | | Payee name GONZALO MALDANADO | | | |
| Amount (\$) \$ 670 | | Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76102 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 3-31-17 | | Payee name PROSPERITY BANK | | | |
| Amount (\$) \$ 10 | | Payee address; City; State; Zip Code 2626 N. MAIN FT WORTH TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) BANKING | | 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

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| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 05092015 | |
| 4 Date 4-3-17 | | 5 Payee name HOME DEPOT | | | |
| 6 Amount (\$) 26.99 | | 7 Payee address; City; State; Zip Code 9509 WHITE SETTLEMENT RD. WHITE SETTLEMENT TX 76108 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD | | (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 4-3-17 | | Payee name FACE BOOK | | | |
| Amount (\$) 119.29 | | Payee address; City; State; Zip Code 1 HACKER WY MENLO PARK CA 94025 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) ADVERTISING | | 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 4-3-17 | | Payee name ELIZABETH REYES | | | |
| Amount (\$) 52.51 | | Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) REIMBURSEMENT | | 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

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| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 0509 2015 | |
| 4 Date 4-3-17 | | 5 Payee name DERICO GONZALES | | | |
| 6 Amount (\$) \$ 200 | | 7 Payee address; City; State; Zip Code 2704 LINCOLN AVE FT WORTH TX 76164 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-4-17 | | Payee name WALGREENS | | | |
| Amount (\$) 29.40 | | Payee address; City; State; Zip Code 108 N.E 28th STREET FT WORTH TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD | | 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 4-5-17 | | Payee name MARIA CHAZARRETA | | | |
| Amount (\$) \$ 372 | | Payee address; City; State; Zip Code 119 NW 25th ST FT WORTH TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

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| | | |
|--|--|---|
| 1 Total pages Schedule F1: 20 | 2 FILER NAME THORNTON ANTHONY | 3 Filer ID (Ethics Commission Filers) 0509 2015 |
| 4 Date 4-5-17 | 5 Payee name HISPAHO EXITO | |
| 6 Amount (\$) \$ 250 | 7 Payee address; City; State; Zip Code 2200 NE 28th ST FT WORTH TX 76106 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTIONS | (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 4-6-17 | Payee name CVS PHARMACY | |
| Amount (\$) \$ 11.91 | Payee address; City; State; Zip Code 3614 CAMP BOWTE BLVD FT WORTH TX 76107 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD | 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 4-6-17 | Payee name MIKAELA GONZALES | |
| Amount (\$) \$ 220 | Payee address; City; State; Zip Code 4220 HARDY ST FT WORTH TX 76106 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: <div style="font-size: 1.5em; font-weight: bold;">20</div> | 2 FILER NAME <div style="font-size: 1.2em; font-weight: bold;">THORNTON ANTHONY</div> | 3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em; font-weight: bold;">C509 2015</div> |
| 4 Date <div style="font-size: 1.2em; font-weight: bold;">4-6-17</div> | 5 Payee name <div style="font-size: 1.2em; font-weight: bold;">ELIANA PALACIO</div> | |
| 6 Amount (\$) <div style="font-size: 1.5em; font-weight: bold;">\$ 220</div> | 7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-weight: bold;">2810 ROSEN ST FT WORTH TX 76106</div> | |
| 8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div> | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-weight: bold;">LABOR</div> | (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 | | |
| Date <div style="font-size: 1.2em; font-weight: bold;">4-7-17</div> | Payee name <div style="font-size: 1.2em; font-weight: bold;">DIRECT ENERGY</div> | |
| Amount (\$) <div style="font-size: 1.5em; font-weight: bold;">\$ 139.64</div> | Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-weight: bold;">PO BOX 660896 DALLAS TX 75266</div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-weight: bold;">OFFICE OVERHEAD</div> | 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 | | |
| Date <div style="font-size: 1.2em; font-weight: bold;">4-7-17</div> | Payee name <div style="font-size: 1.2em; font-weight: bold;">GONZALO MALDANADO</div> | |
| Amount (\$) <div style="font-size: 1.5em; font-weight: bold;">87.76</div> | Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-weight: bold;">2912 HARWOOD RD BEDFORD TX 76102</div> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-weight: bold;">REIMBURSEMENT</div> | 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 | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: <div style="text-align: center; font-size: 1.5em;">20</div> | 2 FILER NAME <div style="text-align: center; font-size: 1.2em;">THORNTON ANTHONY</div> | 3 Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">0509 2015</div> |
| 4 Date <div style="text-align: center; font-size: 1.2em;">4-7-17</div> | 5 Payee name <div style="text-align: center; font-size: 1.2em;">GONZALO MALDANADO</div> | |
| 6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$ 600</div> | 7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2912 HARWOOD RD BEDFORD TX 76162</div> | |
| 8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div> | (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">LABOR</div> | (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 | | |
| <div style="text-align: center;">Date</div> <div style="text-align: center; font-size: 1.2em;">4-10-17</div> | <div style="text-align: center;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">CHUYITOS</div> | |
| <div style="text-align: center;">Amount (\$)</div> <div style="text-align: center; font-size: 1.2em;">\$ 77.99</div> | <div style="text-align: center;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">1521 N. MAIN ST FT WORTH TX 76164</div> | |
| <div style="text-align: center;">PURPOSE OF EXPENDITURE</div> | <div style="text-align: center;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">FOOD / BEVERAGE</div> | <div style="text-align: center;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |
| <div style="text-align: center;">Date</div> <div style="text-align: center; font-size: 1.2em;">4-11-17</div> | <div style="text-align: center;">Payee name</div> <div style="text-align: center; font-size: 1.2em;">GONZALO MALDANADO</div> | |
| <div style="text-align: center;">Amount (\$)</div> <div style="text-align: center; font-size: 1.2em;">\$ 100</div> | <div style="text-align: center;">Payee address; City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">2912 HARWOOD RD BEDFORD TX 76162</div> | |
| <div style="text-align: center;">PURPOSE OF EXPENDITURE</div> | <div style="text-align: center;">Category (See Categories listed at the top of this schedule)</div> <div style="text-align: center; font-size: 1.2em;">REIMBURSEMENT</div> | <div style="text-align: center;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

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| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 0509 2015 | |
| 4 Date 4-11-17 | | 5 Payee name MARIA CHAZAROTA | | | |
| 6 Amount (\$) \$ 372 | | 7 Payee address; City; State; Zip Code 119 NW 25th ST FT WORTH TX 76164 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-13-17 | | Payee name DIANA MENKINS | | | |
| Amount (\$) \$ 230 | | Payee address; City; State; Zip Code 2950 HANNA AVE FT WORTH TX 76106 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-13-17 | | Payee name OLGA NARANJO | | | |
| Amount (\$) \$ 200 | | Payee address; City; State; Zip Code 2200 NE 28th ST FONT WORTH TX 76106 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) REIMBURSEMENT / FOOD | | 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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Candidate/Officeholder/Political Committee
Credit Card Payment

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Food/Beverage Expense
Gift/Awards/Memorials Expense
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Office Overhead/Rental Expense
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Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
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Travel Out Of District
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| 1 Total pages Schedule F1: <div style="font-size: 1.5em; font-weight: bold;">20</div> | 2 FILER NAME <div style="font-size: 1.2em; font-weight: bold;">THORNTON ANTHONY</div> | 3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em; font-weight: bold;">0509 2015</div> |
| 4 Date <div style="font-size: 1.2em; font-weight: bold;">4-13-17</div> | 5 Payee name <div style="font-size: 1.2em; font-weight: bold;">ELIANA PALACIO</div> | |
| 6 Amount (\$) <div style="font-size: 1.5em; font-weight: bold;">\$240</div> | 7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-weight: bold;">2810 ROSEN AVE FT WORTH TX 76106</div> | |
| 8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div> | (a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-weight: bold;">LABOR</div> | (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 | | |
| <div style="font-size: 1.2em; font-weight: bold;">Date</div> <div style="font-size: 1.2em; font-weight: bold;">4-14-17</div> | <div style="font-size: 1.2em; font-weight: bold;">Payee name</div> <div style="font-size: 1.2em; font-weight: bold;">MIKAELA GONZALES</div> | |
| <div style="font-size: 1.2em; font-weight: bold;">Amount (\$)</div> <div style="font-size: 1.5em; font-weight: bold;">\$220</div> | <div style="font-size: 1.2em; font-weight: bold;">Payee address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-weight: bold;">4220 HARDY ST FORT WORTH TX 76106</div> | |
| <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div> | <div style="font-size: 1.2em; font-weight: bold;">Category (See Categories listed at the top of this schedule)</div> <div style="font-size: 1.5em; font-weight: bold;">LABOR</div> | <div style="font-size: 1.2em; font-weight: bold;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <div style="font-size: 1.2em; font-weight: bold;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> | | |
| <div style="font-size: 1.2em; font-weight: bold;">Date</div> <div style="font-size: 1.2em; font-weight: bold;">4-14-17</div> | <div style="font-size: 1.2em; font-weight: bold;">Payee name</div> <div style="font-size: 1.2em; font-weight: bold;">TEXAS CUSTOM PRINTS</div> | |
| <div style="font-size: 1.2em; font-weight: bold;">Amount (\$)</div> <div style="font-size: 1.5em; font-weight: bold;">\$606.20</div> | <div style="font-size: 1.2em; font-weight: bold;">Payee address; City; State; Zip Code</div> <div style="font-size: 1.2em; font-weight: bold;">9241 RENEE CIR FTWORTH TX 76116</div> | |
| <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div> | <div style="font-size: 1.2em; font-weight: bold;">Category (See Categories listed at the top of this schedule)</div> <div style="font-size: 1.5em; font-weight: bold;">ADVERTISING</div> | <div style="font-size: 1.2em; font-weight: bold;">Description</div> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <div style="font-size: 1.2em; font-weight: bold;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 05092015 | |
| 4 Date 4-14-17 | | 5 Payee name GONZALO MALDANADO | | | |
| 6 Amount (\$) \$ 600 | | 7 Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76162 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-14-17 | | Payee name GONZALO MALDANADO | | | |
| Amount (\$) \$ 123.40 | | Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76162 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) REIMBURSEMENT | | 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 4-17-17 | | Payee name LU LIANG | | | |
| Amount (\$) \$ 360 | | Payee address; City; State; Zip Code 1701 LEE AVE FT WORTH TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 0509 2015 | |
| 4 Date 4-17-17 | | 5 Payee name ELIZABETH REYES | | | |
| 6 Amount (\$) \$432 | | 7 Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 4-17-17 | | Payee name ELIZABETH REYES | | | |
| Amount (\$) \$456 | | Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 4-17-17 | | Payee name DERICO GONZALES | | | |
| Amount (\$) \$200 | | Payee address; City; State; Zip Code 2704 LINCOLN AVE FT WORTH TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 05092015 | |
| 4 Date 4-19-17 | | 5 Payee name AFFORD - A - BOUNCE | | | |
| 6 Amount (\$) \$ 25 | | 7 Payee address; City; State; Zip Code 6900 S. FREEWAY STE A-10 FT WORTH TX 76134 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) EVENT 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 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-19-17 | | Payee name MARIA CHAZARRETA | | | |
| Amount (\$) \$ 288 | | Payee address; City; State; Zip Code 119 NW 25th ST. FORT WORTH 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-20-17 | | Payee name LU LIANG | | | |
| Amount (\$) \$ 396 | | Payee address; City; State; Zip Code 1701 LEE AVE FT WORTH TX 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 05092015 | |
| 4 Date 4-20-17 | | 5 Payee name ELIANA PALACIO | | | |
| 6 Amount (\$) \$ 195 | | 7 Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-20-17 | | Payee name MIKAELA GONZALES | | | |
| Amount (\$) \$ 220 | | Payee address; City; State; Zip Code 41220 HARDY ST FT WORTH TX 76106 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-20-17 | | Payee name AMIGOS IN BUSINESS | | | |
| Amount (\$) \$ 325 | | Payee address; City; State; Zip Code PO BOX 123706 FT WORTH TX 76121 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) ADVERTISING | | 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 05092015 | |
| 4 Date 4-20-17 | | 5 Payee name DIANA MENKINS | | | |
| 6 Amount (\$) \$230 | | 7 Payee address; City; State; Zip Code 2950 HANNA AVE FT WORTH TX 76106 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-21-17 | | Payee name SAMS CLUB | | | |
| Amount (\$) \$361.64 | | Payee address; City; State; Zip Code 6760 WESTWORTH BLVD. WESTWORTH VILLAGE TX 76114 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) EVENT FOOD/BEVERAGE | | 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 4-21-17 | | Payee name GONZALO MALDANADO | | | |
| Amount (\$) \$600 | | Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76012 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) 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 <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | | 2 FILER NAME THORNTON ANTHONY | | 3 Filer ID (Ethics Commission Filers) 0509 2015 | |
| 4 Date 4-21-17 | | 5 Payee name GONZALO MALDANADO | | | |
| 6 Amount (\$) \$500 | | 7 Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76162 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT / EVENT 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 | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 4-21-17 | | Payee name GONZALO MALDANADO | | | |
| Amount (\$) \$80 | | Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76162 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) REIMBURSEMENT / TRAVEL IN DIST | | 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 4-24-17 | | Payee name WALMART | | | |
| Amount (\$) \$2254 | | Payee address; City; State; Zip Code 2245 JACKSON HWY. FORT WORTH TX 76114 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE | | 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | 2 FILER NAME THORNTON ANTHONY | 3 Filer ID (Ethics Commission Filers) 05092015 |
| 4 Date 4-24-17 | 5 Payee name REGGIS LIQUOR | |
| 6 Amount (\$) \$40.04 | 7 Payee address; City; State; Zip Code 2514 JACKSON HWY FT WORTH TX 76114 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

| | | |
|--|--|---|
| Date 4-24-17 | Payee name TAQUERIA ACAPULCOLO | |
| Amount (\$) \$89.85 | Payee address; City; State; Zip Code 1515 N. MAIN FT WORTH TX 76164 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE | 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 4-24-17 | Payee name AFFORD-A-BOUNCE | |
| Amount (\$) 185.00 | Payee address; City; State; Zip Code 6900 S. FREEWAY FT WORTH TX 76134 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT 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 <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20 | 2 FILER NAME THORNTON ANTHONY | 3 Filer ID (Ethics Commission Filers) OS092015 |
| 4 Date 4-24-17 | 5 Payee name AT + T | |
| 6 Amount (\$) \$ 97.43 | 7 Payee address; City; State; Zip Code PO BOX 53616 ATLANTA GA 30353 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD | (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 4-24-17 | Payee name TAYLORS RENTAL | |
| Amount (\$) \$ 147.77 | Payee address; City; State; Zip Code 220 N. UNIVERSITY DR. FT WORTH TX 76107 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

| | | |
|--|--|---|
| Date 4-24-17 | Payee name ELIZABETH REYES | |
| Amount (\$) \$ 55.09 | Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) REIMBURSEMENT / FOOD / BEVERAGE | 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: 20 | 2 FILER NAME THORNTON ANTHONY | 3 Filer ID (Ethics Commission Filers) 0509 2015 |
| 4 Date 4-24-17 | 5 Payee name ELIZABETH REYES | |
| 6 Amount (\$) \$ 216 | 7 Payee address; City; State; Zip Code 2810 ROSEN AVE FT WORTH TX 76106 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

| | | |
|--|---|---|
| Date 4-25-17 | Payee name MURPHY EXPRESS | |
| Amount (\$) \$ 54 | Payee address; City; State; Zip Code 2228 JACKS BORO HWY. FORT WORTH 76114 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT | 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 4-25-17 | Payee name DERICO GONZALES | |
| Amount (\$) \$ 200 | Payee address; City; State; Zip Code 2704 LINCOLN AVE FT WORTH TX 76164 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) 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 <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