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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	0509 2015	OFFICE USE ONLY
NAME	Me. ANTHONY NICKNAME LAST STEVE THORNTO	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		STATE; ZIP CODE	RECEIVED RECEIVED RECEIVED RECEIVED RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 925 - 6100	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST PHILLIP NICKNAME LAST LANCARTE	M1	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 2308 WINTON TERRACE	_	•
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) (24 - 435)	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical July 15 Sth day before electrical States and		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3/28/17	THROUGH Honth	Day Year 26 / 17
11 ELECTION	BLECTION DATE Month Day Year □ Primary □ General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FORT WORTH C	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME THO	ornion	ANTHONY	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CA	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND NDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THITURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	FT WORTH FIREFIGHTERS COMMITTEE FOR	ACSPORTABLE GOVERNMENT
		3855 TULSA WAY ET WE	ath TX 76107
Additional Pages		KRASS, BRZAN	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		3855 TULSA WAY FT WORTH TX	76107
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$57,540.79
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14, 918.56
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 11,384.72
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$
8 AFFIDAVIT			
GON NO.	ZALO V MALDONADO	true and correct and includes all info	erjury, that the accompanying report is ormation required to be reported by me
T (My	Commission Expires October 15, 2017	Anthon Sto	hante
AFFIX NOTARY STAM	P/SEALABOVE	Signature of Cano	didate or Officeholder
	ribed before me,	by the said ANTHONY S Thornt	this the
day of Agri/	, 20 //,	to certify which, witness my hand and seal of office.	
Morsalo V	Moldmade	Gunzalo V Maldonado	Notary ID 1295945
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME THORNTON. ANTHONY 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	20 Filer ID (Ethics Co	SUBTOT AMOUN	AL
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	0509 20	SUBTOT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		AMOUN	
		•2-2-	
2 CONEDUIT FACE MONTARDY (IN KIND) POLITICAL CONTRIBUTIONS		\$30,37	70
SCHEDOLE AZ: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$37,170	٢, ٥
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	O
4. SCHEDULE E: LOANS		\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 14918	1.56
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			æ
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			ø
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			er
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	0
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			ø

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: / The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) THORNTON ANTHONY 0509 2015 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) JAMES MELLOTT 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) PALETERIA LA MEXICAVA Contributor address; City; State; Zip Code 3-28-17 3307 AZLE AVE FT WOILTH TX TGICG Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 250 221 W. EXCHANGE AVE FT WORTH TX 7G164 Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) FONT WONTH FIRE PIGTERS COMMITTEE FOR RESOURDALE COU 4-3-17 10,000 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) FT WOILTH TX 76107 Employer (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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAM	E ON ANTHONY	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4-26-17	FT WORTH FIREFICIENS COMPITITÉ FOR RESEMBRICE GOV 6 Contributor address; City; State; Zip Code 3855 TULSA WY FT WORTH TY 76107	\$ 10,000
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	8
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	Ø
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	

SCHEDULE A2

т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAME THORNTON ANTHONY		3 Filer ID (Ethics Commission Filers) 0509 2015	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 37, 170.74
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution description
4-26-17	FT WORTH FIREFIGIES COMMITTEE FOR RESIDUAL 7 Contributor address; City; State; Zip Coo		2582. 35 (OMPUTERS
	3955 TULSA WY FT WORTH TX	76107	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	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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 U out-of-state PAC (ID#:)	Amount of In-kind contribution description
426-17	Contributor address; City; State; Zip Cod		6546148 LABOR
	· ·	77.07	
	3855 TULLA WY FT WORTH TX	76107	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL) (See Instructions)
		Employe	
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL) (See Instructions)
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL)	Employe	r (FOR NON-JUDICIAL) (See Instructions) tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Employe	r (FOR NON-JUDICIAL) (See Instructions) tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Employe	r (FOR NON-JUDICIAL) (See Instructions) tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Employe	r (FOR NON-JUDICIAL) (See Instructions) tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Employe	r (FOR NON-JUDICIAL) (See Instructions) tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Employe	r (FOR NON-JUDICIAL) (See Instructions) tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	Employe	r (FOR NON-JUDICIAL) (See Instructions) tor's job title (FOR JUDICIAL) (See Instructions)

SCHEDULE A2

CONTRIBUTIONS		SCHEDULE AZ
The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAME THORUTON ANTHONY		3 Filer ID (Ethics Commission Filers) 0509 2015
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 37, 170.74
5 Date 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description 1225.39 MERCHANDASE
3855 TULSA WY FT WORTH	TX 76107	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	itor'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#: 4-26-17 Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Co	de	Amount of Contribution \$ In-kind contribution description 25, 764.36 PRZNTZNG
3855 TULSA WY FT WORTH TX	76107	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor'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)		

SCHEDULE A2

CONT	TRIBUTIONS		SCHEDULE AZ
Т	The Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	WION ANTHONY		3 Filer ID (Ethics Commission Filers) 0500 2015
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 37, 170.74
5 Date	6 Full name of contributor uut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description
4-24-17	FORT WORTH FIRE FIGURES: Committee for Research 7 Contributor address; City; State; Zip Con		\$ 552.16 MILEAGE REZMANISEMENT
	3855 TULSA WY FT WORTH 1	X76107	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	utor'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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 4-22-17	Full name of contributor out-of-state PAC (ID#: THE DRUNKEN CRATS Contributor address; City; State; Zip Co 2423 CUNTON AVE. FT WORTH T		Amount of Contribution \$\text{In-kind contribution description}\$ \$\text{\$\left(\beta\beta)\$} \text{\$\left(\beta\beta)\$} \text{\$\left(\beta\beta)\$} \text{\$\left(\beta\beta)\$} \text{\$\left(\beta)\$} \text{\$\left(\beta\beta)\$} \text{\$\left(\beta)\$} \$\left(\beta
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A2

CONT	RIBUTIONS		
Т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 4
2 FILER NAM	NON ANTHONY		3 Filer ID (Ethics Commission Filers) 0509 2015
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 37, 170.74
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of . 9 In-kind contribution Contribution \$ description
422-17	Bublet Auto Collasson (ENTER 7 Contributor address; City; State; Zip Coo	de	\$ 460 FEWD/ BEVERAGE
	2211 N. MAN ST FT WORTH TX	76106	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	ntor'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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor'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)		
40911			
	, =		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Accounting/Banking Fees Food/Beverage Expense Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense

Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment 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 THORNEU ANTHONY 4 Date 5 Payee name 3-26-17 BUZLD A 6 Amount (\$) 97 11 11525 A STONE HALLOW DR AUSTIN TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE ADVERTISENG Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-28-17 10 LIANG Amount (\$) Payee address; City; State; Zip Code 1420 1701 LEE AVE FT WORTH IN 76164 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE ABOR Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 3-28-17 DERICO GUNZALES

vee address; City; State; Zip Code Amount (\$) Payee address; 1 200 2704 LINCOLN AVE 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** Check if Austin, TX, officeholder living expense EXPENDITURE ABOR Office held Candidate / Officeholder name Office sought Complete ONLY if direct

Revised 9/8/2015

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Expense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer
20	THORNTON ANTHONY	OS09 2015
4 Date	5 Payee name	
3-28-17	DIANA MENKINS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 200	005	MONTH TX 76106
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
	LABOR	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3-29-17	SIXTY + BETTER	
Amount (\$)	Payee address; City; State; Zip Code	1.
Amount (\$)	rayee address, Oity, Glate, Zip Cods	er ***
1300	1100 NW 16th ST FERT	WORTH 76104
``	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin. TX, officeholder living expense
EXPENDITURE		
	CONTRIBUTION	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
Date	Payee name	
3-29-17	MIKAELA GONZALES	
Amount (\$)	Payee address; City; State; Zip Code	
100	4220 HARRY ST ET LIN	
160	CIDAO HARDY ST FT WO	DRITH + 1 7 6 10C
,	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
-AT LITOTIONE	1 . 2	,
	LABOR	
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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORNTON ANTHONY 5 Payee name 3-29-17 ELIANA PALACTO 6 Amount (\$) 7 Pavee address: \$ 210 2810 ROSEN AVE FT WORTH TX 76106 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-29-17 MARIA CHAZA RILETA ayee address; City; State; Zip Code Amount (\$) 1 552 119 NW 25th ST. FORT WORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 3-29-17 FLIZ ABETH REYES Payee address; City; State; Zip Code Amount (\$) 1504 2610 ROSEN AVE FT WORTH TX 70106 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORNTON ANTHONY 4 Date 5 Payee name ALL SATUTS CATHOLIC CHURCH City; State; Zip Code 6 Amount (\$) 7 Pavee address: 214 NW 20th ST FORT WORTH TX 700 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE (UNTILIBUTION) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-30-17 GONZALO MALDANADO ayee address; City; State; Zip Code 670 HARWOOD RD BEDFORD TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-31-17 PROSPERETY BANK ayee address; City; State; Zip Code Amount (\$) 2626 N. MAZN FT WORTH TX TOLGH Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE BANKING Candidate / Officeholder name Office sought Office held 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting Expense Travel In District Polling Expense Gift/Awards/Memorials Expense Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 THORNTON ANTHONY 5 Payee name 4 Date HOME 7 Payee address; 6 Amount (\$) City; State; Zip Code 9509 WHITE SETTLEMENT RD WHITE STITLEMENT TX 26.99 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE OFFICE OVERHEAD Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 4-3-17 FACE BOOK Amount (\$) 119,29 HACKER WY MENLO PARK CA Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE ADVERTISING Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date ELTZABETH REYES ee address; City; State; Zip Code 4-3-17 Amount (\$) Payee address; 52.51 ROSEN AVE FTWORTH TX 76106 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE KEIMBURSMENT Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORNTON 4 Date 5 Payee name DERICO GONZALES 6 Amount (\$) 7 Payee address; 200 2704 LINCOLN AVE FT WORTH TX 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE -ABOR Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-4-17 WALGREEUS Amount (\$) City; State; Zip Code Payee address; 29.40 108 N.E 26th STREET Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense OFFICE OVERHEAD Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 4-5-17 Amount (\$)

Candidate / Officeholder name expenditure to benefit C/OH

Office sought

Office held

76164

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURPOSE OF

EXPENDITURE

Complete ONLY if direct

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, , , , , , ,	/ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers) C509 2015
4 Date	5 Payee name HIS PANO EXITO	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1250	2200 NE 28+1 ST FT	WORTH TX 76106
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE		CHECK II Austili, 1A, Universide iiving expense
	CONTRABUTAONS	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4-6-17	CVS PHARMACY	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 11.91	3614 CAMP BOWSE BLVD. I	FT WORTH TX 76107
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		L Check if Austin. TX, officeholder living expense
	OFFICE OVERHEAD	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4-6-17	MIKAFLA GONZALES	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 220	420 HARDY ST FT WO	NTH TX 76106
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	LABOR	
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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) THORNTON ANTHONY 2015 0509 5 Payee name ELIANA 6 Amount (\$) 7 Pavee address: 2810 ROSEN ST 76106 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-7-17 DIRECT Amount (\$) City; State; Zip Code \$ 139.64 660896 DALLAS TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE OFFICE OVERHEAD Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) 87.76 HARWOOD RD BEDFOLD TA 76162 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE REIMBURSEMENT Candidate / Officeholder name Office sought Office held 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 Giff/Award/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		Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	
1 Total pages Schedule F1	2 FILER NAME THORNTON ANTHONY	3 Filer ID (Ethics Commission Filers) 0509 2015
Date 4-7-17	5 Payee name GONZALO MALDANADO	
6 Amount (\$)	7 Payee address; City; State; Zip Code	7x 76162
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
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
410-17	CHUYITOS	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 77.99	1521 N. MAZN ST FT WO	14 76164
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Foo D / 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/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4-11-17	GONZALO MALDANADO	·
Amount (\$)	Payee address; City; State; Zip Code	
1 100	2912 HARWOOD RD BEDFORD	7x 76162
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY W. III	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OF		Onice hald
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 0509 2015 THORNTON MUTHONY 5 Payee name 4 Date 4-11-17 MARTIA CHAZA NZETA 6 Amount (\$) 7 Payee address; City; State; Zip Code 119 NW 25th ST FT WORTH TA (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE ABOIL Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-13-17 DJANA MENKANS City; State; Zip Code Amount (\$) Payee address; 1 230 HANNA AVE FT WORTH TX 76106 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 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 OLGA NARANJO Payee address; City; State; Zip Code 4-13-17 Amount (\$) 2200 NE 28+7 ST FORT WORTH TX 1200 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 EXPENDITURE REIMBURGEMENT/ EDOD Candidate / Officeholder name Office sought Office held 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 Gitt/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 Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers) 0509 2015
4 Date 4-13-17	5 Payee name ELIANA PALACTO		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 240	2810 ROSEN AUE FT WO	PATH TX	76106
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
	LABOR		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-14-17	MIKAELA GONZALES	•	
Amount (\$)	Payee address; City; State; Zip Code		1.
\$220	4220 HARDY ST FORT W	OITH TX	76106
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
	LAROR		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-14-17	TEXAS CUSTOM PRZA	as.	
Amount (\$)	Payee address; City; State; Zip Code	113	
606.20	9241 RENEE CIR FTWO	auth TX	76116
•	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		[side of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
	ADVERTISANG		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) THORNTON ANTHONY 05092015 4 Date 5 Payee name GONZALO MALDANADO 6 Amount (\$) City; State; Zip Code 2912 HARNESS RD BEDFORD TX Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE LABOIL Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date GONZALO MALDANADO vee address; City; State; Zip Code HARMOOD RD BEDFORD TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** REIM BURSEMENT Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4-17-17 Amount (\$) LEE AVE FT WORTH TX 76164 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORNTON ANTHONY 4 Date 5 Payee name ELIZABETH REYES 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date ELIZABETH REYES Amount (\$) ROSEN AVE ET WORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-17-17 DERTICO Amount (\$) Payee address; City; State; Zip Code 2704 WONTH TX 76164 LINCOLN AVE FT Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** LABOR

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME THORNTON 05092015 ANTHONY 4 Date AFFORD - A - BOUNCE vee address; City; State; Zip Code 6 Amount (\$) 6900 S. FREEWAY STE A-10 (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 EXPENDITURE EVENT EXPENSE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4-19-17 MARIA CHAZARRETA City; State; Zip Code Amount (\$) 119 NW 25th ST. FORT WONTH Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE AROP Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-20-17 Amount (\$) City; State; Zip Code T+ 70164 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 EXPENDITURE ABOR Candidate / Officeholder name Office sought Office held 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 THORNTON ANTHONY 5 Payee name 4-20-17 ELIANA PALACIO 6 Amount (\$) 7 Payee address; City; State; Zip Code 195 2810 ROSEN AVE FT WORTH 11 (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 EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4-20-17 MIKAELA GONZALES City; State; Zip Code Amount (\$) HARDY ST FT WORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 4-20-17 Amount (\$) Payee address; FT WORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

ADVERTISTING
Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME THORUTON ANTHONY		3 Filer ID (Ethics Commission Filers)		
4 Date 41-20-17	5 Payee name DIANA MENKIN	US			
6 Amount (\$)	7 Payee address; City; State; Zip				
230	2950 HANNA AUE	ET WORTH TX	76106		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-21-17	SAMS CLUB				
Amount (\$)	Payee address; City; State; Zip	Code	1,		
361.64	6760 WESTWORTH BLI	EN PLESTING CIN	WAGEL TX 76114		
PURPOSE OF EXPENDITURE	EUENT Fees / Beverau	Check if travel out Check if Austin.	side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
4-21-17	GONZALO MALDAN	APO			
Amount (\$)	Payee address; City; State; Zip	Code			
\$600 2912 HARMOOD RD BEDFORD TX 70162					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel out	side 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 NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Poor Gift/Awards/Memorials Expense Pri	nan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME THORNTON ANTHOM		3 Filer ID (Ethics Commission Filers) OSO9 2015		
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 500	2912 HARWED RD B	SEDFORD TX	76162		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REAMBURSEMENT / EVENT EXPENDING	Check if travel out	iside of Texas. Complete Schedule T. TX, officeholder living expense		
Gomplete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-21-17	GONZALO MALDANADO				
Amount (\$)	Payee address; City; State; Zip Co	ode	١, .		
03/	ED 2912 HARWOOD RD BEDFOILD TX 76162				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense		
	REINDURSEMENT / TRAVEL IN D		O#: -		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	10-114-115-11-11-11-11-11-11-11-11-11-11-11-11			
4-24-17	WALMART				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$ 2254	2245 JACKS 75000 Howy.	FORT WORTH	74 76114		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Factor / Beverabe	Check if travel outs	ide 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 NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Nages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
4 Date 4-24-17	5 Payee name REGUIS LIQUOR				
\$ 40.04	7 Payee address; City; State; Zip Code	WATH TX 76114			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) feed / Beverage	(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	Payee name				
4-24-17	TAQUERIA ACAPULOCO				
Amount (\$)	Payee address; City; State; Zip Code				
89.85	ISIS N. MAIN FT WORTH	TX 70164			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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				
424-17	AFFORD-A- BOUNCE				
Amount (\$)	Payee address; City; State; Zip Code				
185.00	6900 S. FREEWAY FT WORTH TX 761341				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EUENT PAPENSE	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 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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1	THORNON ANTHOM		3 Filer ID (Ethics Commission Filers)	
4 Date LI-2LI-17	5 Payee name			
Amount (\$)	7 Payee address; City; State; Zip Code			
4 11. 12	PO BON 53GIG ATLANTA GA	30353		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin, TX, officeholder living expense		
	OFFICE OVERHEAD			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
4-24-17	TAYLORS RENTAL			
Amount (\$)	Payee address; City; State; Zip Code		1	
¥ 147.77	220 N. UNTUERSITT OR.	ft worth	1 14 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tide of Texas. Complete Schedule T.	
	EVENT EXPENSE			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4-24-17	ELIZABETH REYES	,		
Amount (\$)	Payee address; City; State; Zip Code			
1 55.09	2610 ROSEN AVE F	T WORTH	1X 76106	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense	
	REZMBURSEMENT / FOOD BEVERAGE		000	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Legal Services

Office Overhead/Rental Expense Polling Expense Travel In District Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORNTON 4 Date 5 Payee name 4-24-17 ELIZABETH 6 Amount (\$) 7 Payee address; 2610 ROSEN AUE FT WORTH TX (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** LABOR Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4-25-17 MURPHY EXPRESS
ayee address; City; State; Zip Code HWY. FORT WORTH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE TOESTREE WE JAVANT Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 4-25-17 DERTICO City; State; Zip Code Amount (\$) Pavee address: 2704 LINCOLN AVE FT WORTH FX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** -ARGIL Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED