


OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 0509 2015	2 Total pages filed: 49
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR ANTHONY NICKNAME LAST SUFFIX STEE THONTON		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1701 LEE AVE <input type="checkbox"/> Change of Address FORT WORTH TX 76164		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 925 6100		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR PHILLIP NICKNAME LAST SUFFIX LANCARTE		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2308 WINTON TERRACE EAST FORT WORTH TX 76109		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 626-4356		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 1 / 2014 THROUGH 3 / 27 / 17		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 6 / 2017 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) FORT WORTH CITY CLERK D 2	

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)

05092015

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

FORT WORTH RETIRED FIREFIGHTERS COMMITTEE

☐ SPECIFIC

COMMITTEE ADDRESS

1617 TIERNEY RD FT WORTH TX 76112

COMMITTEE CAMPAIGN TREASURER NAME

GILBREATH, CECELIA

COMMITTEE CAMPAIGN TREASURER ADDRESS

1617 TIERNEY RD FT WORTH TX 76112

☒ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 0

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

\$ 46,172.73

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 17,166.79

CONTRIBUTION
BALANCE

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

\$ 5,933.29

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 S 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 6th
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 Public #129594508
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <div style="text-align: center;">Thornton, Anthony</div>		15 Filer ID (Ethics Commission Filers) <div style="text-align: center;">05092015</div>	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <div style="text-align: center;">Fort Worth Firefighters Committee for Responsible Government</div>	
	COMMITTEE ADDRESS <div style="text-align: center;">3855 Tulsa Way Fort Worth Texas 76107</div>		
	COMMITTEE CAMPAIGN TREASURER NAME <div style="text-align: center;">Kriss, Brian</div>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS <div style="text-align: center;">3855 Tulsa Way Fort Worth Texas 76107</div>		
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	46,172.73
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$	17,166.79
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	5933.29
	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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME THORNTON ANTHONY		20 Filer ID (Ethics Commission Filers) 05092015
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,245
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 22,927.73
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	\$ 17,166.79
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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 Date

1-25-17

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 76167

7 Amount of contribution (\$)

\$ 5,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-10-17

Full name of contributor

☐ out-of-state PAC (ID#:

LOW BURNAM

Contributor address;

City; State; Zip Code

2103 Gth AVE FT WORTH TX 76110

Amount of contribution (\$)

\$ 1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#:

IRENE MIRANDE

Contributor address;

City; State; Zip Code

1412 PARSONS LN FT WORTH TX 76106

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#:

CYNTHIA SHANNON

Contributor address;

City; State; Zip Code

2019 CLINTON AVE FT WORTH TX 76164

Amount of contribution (\$)

\$ 20

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 Date

2-24-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TERESITA BANDA

6 Contributor address; City; State; Zip Code

3505 CLARY AVE FT WORTH TX 76111

7 Amount of contribution (\$)

\$10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GERARD RODRIGUEZ

Contributor address; City; State; Zip Code

1821 HIGHLANDS AV FT WORTH TX 76164

Amount of contribution (\$)

\$20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANN LOPEZ

Contributor address; City; State; Zip Code

3107 N HARDING FT WORTH TX 76106

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LUCY LOPEZ

Contributor address; City; State; Zip Code

1205 LYRRE DR FT WORTH TX 76134

Amount of contribution (\$)

\$20

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

2-24-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LYDIA CERVANTES

6 Contributor address;

City; State; Zip Code

1612 LEE AVE FT WORTH TX 76164

7 Amount of contribution (\$)

\$ 25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

NICOLE CERVANTES

Contributor address;

City; State; Zip Code

1612 LEE AVE FT WORTH TX 76164

Amount of contribution (\$)

\$ 410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MICHAEL VALDEZ

Contributor address;

City; State; Zip Code

1103 PARK ST FT WORTH TX 76164

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHRIS GARCIA

Contributor address;

City; State; Zip Code

2709 MANORWOOD TRL FT WORTH TX 76109

Amount of contribution (\$)

\$ 250

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

2-24-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ISABEL GARCIA

6 Contributor address;

City; State; Zip Code

804 GRAND AVE FT WORTH TX 76104

7 Amount of contribution (\$)

\$ 20

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HILDA SANTANA

Contributor address;

City; State; Zip Code

3810 N. CRUMP FT WORTH TX 76106

Amount of contribution (\$)

\$ 20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HAROLD WHITLEY

Contributor address;

City; State; Zip Code

3216 MCKINLEY AVE FT WORTH TX 76106

Amount of contribution (\$)

\$ 60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOE GOVEA

Contributor address;

City; State; Zip Code

5316 WEDDINGTON CT FT WORTH TX 76113

Amount of contribution (\$)

\$ 50

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

2-24-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANNE GONZALES

6 Contributor address;

City; State; Zip Code

3008 LEE AVE FT WORTH TX 76104

7 Amount of contribution (\$)

\$ 100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARY CHAVARRIA

Contributor address;

City; State; Zip Code

3060 HUTCHINSON ST FT WORTH TX 76106

Amount of contribution (\$)

\$ 5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HOPE RODRIGUEZ

Contributor address;

City; State; Zip Code

2005 CLINTON AVE FT WORTH TX 76164

Amount of contribution (\$)

\$ 40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

IRMA HERNANDEZ

Contributor address;

City; State; Zip Code

1717 BELMONT AVE FT WORTH TX 76164

Amount of contribution (\$)

\$ 20

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 Date

2-24-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROSA PATINO

6 Contributor address;

City; State; Zip Code

3014 MARINE CT W, FT WORTH TX 76106

7 Amount of contribution (\$)

\$ 10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SAM LISENBE

Contributor address;

City; State; Zip Code

2019 CLINTON AVE FT WORTH TX 76164

Amount of contribution (\$)

\$ 20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

TINA VALS

Contributor address;

City; State; Zip Code

3616 FENTON AVE FT WORTH TX 76113

Amount of contribution (\$)

\$ 25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DENNIS FLOYD

Contributor address;

City; State; Zip Code

8528 MUZZ DR FT WORTH TX 76244

Amount of contribution (\$)

\$ 40

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

05 09 2015

4 Date

2-24-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TIM HOBBS

6 Contributor address;

City; State; Zip Code

2910 HARWOOD RD # 107 BEDFORD TX 76021

7 Amount of contribution (\$)

\$ 100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MIKE SCOTT

Contributor address;

City; State; Zip Code

136 SOUTHWINDS DR WEATHERFORD TX 76067

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BOB JENKINS

Contributor address;

City; State; Zip Code

2320 HILLCREST FT WORTH TX 76107

Amount of contribution (\$)

\$ 20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

OLGA NARANJO

Contributor address;

City; State; Zip Code

2200 NE 28th ST FORT WORTH TX 76106

Amount of contribution (\$)

\$ 200

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

2-24-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

HUGO ESPARZA

6 Contributor address;

City; State; Zip Code

4001 WINDANCE CIR PLANO TX 75024

7 Amount of contribution (\$)

\$ 50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-2-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

Contributor address;

City; State; Zip Code

3855 TULSA WAY FT WORTH TX 76107

Amount of contribution (\$)

\$ 5000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-6-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MICHAEL STARK

Contributor address;

City; State; Zip Code

9664 LEA SHORE ST FORT WORTH TX 76119

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-9-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MICHAEL C LANGFORD

Contributor address;

City; State; Zip Code

2470 CR 513 HAMILTON TX 76531

Amount of contribution (\$)

\$ 50

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 Date

3-10-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROBERT FRAZZER

6 Contributor address;

City; State; Zip Code

PO BOX 524 LILIAN TX 76061

7 Amount of contribution (\$)

\$ 50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-10-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANA FLORES

Contributor address;

City; State; Zip Code

5125 RIVER ROCK RD

Amount of contribution (\$)

\$ 5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-10-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LAURIE VOIGHT

Contributor address;

City; State; Zip Code

4201 SPINDLE TREE LN

Amount of contribution (\$)

\$ 5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-10-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROBERTO RAMIREZ

Contributor address;

City; State; Zip Code

3501 SCHAFF ST FT WORTH TX 76106

Amount of contribution (\$)

\$ 25

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

0509 2015

4 Date

3-10-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

ATALLAH ZITOUN

6 Contributor address;

City; State; Zip Code

4632 MOSS ROSE DR FT WORTH TX 76137

7 Amount of contribution (\$)

\$ 200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-10-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ISABEL REYES

Contributor address;

City; State; Zip Code

1204 15th PL FORT WORTH TX

Amount of contribution (\$)

\$ 20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-10-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FT WORTH FIREFIGHTERS + WIDOW COMMITTEE

Contributor address;

City; State; Zip Code

1617 TIERNEY RD FT WORTH TX 76112

Amount of contribution (\$)

\$ 2000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-10-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOSE RAMIREZ

Contributor address;

City; State; Zip Code

1805 NE 28th ST FT WORTH TX

Amount of contribution (\$)

\$ 10

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

OS 09 2015

4 Date

3-10-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

EL METATE FOOD

6 Contributor address;

City; State; Zip Code

1705 NE 28th ST FT WORTH TX

7 Amount of contribution (\$)

\$ 10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-10-17

Full name of contributor

☐ out-of-state PAC (ID#:

BERNARDA GABRIEL

Contributor address;

City; State; Zip Code

2409 LINCOLN AVE FT WORTH TX 76164

Amount of contribution (\$)

\$ 5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-17-17

Full name of contributor

☐ out-of-state PAC (ID#:

DEBORAH GALLARDO

Contributor address;

City; State; Zip Code

2619 NW 29th ST FORTWORTH TX 76106

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-17-17

Full name of contributor

☐ out-of-state PAC (ID#:

HAROLD PARKEY

Contributor address;

City; State; Zip Code

6213 N. RIDGE RD FT WORTH TX 76135

Amount of contribution (\$)

\$ 100

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 FILER NAME

THORNTON ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 Date

3-22-17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

EFRAIN PALACIO

6 Contributor address;

City; State; Zip Code

3403 GROVER AVE FT WORTH TX

7 Amount of contribution (\$)

\$ 100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-22-17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FT WORTH RETIRED FIREFIGHTERS + WIDOWS COMMITTEE

Contributor address;

City; State; Zip Code

1617 TIERNEY RD FT WORTH TX 76112

Amount of contribution (\$)

\$ 8000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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: **5**

2 FILER NAME

THORNTON, ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 22,927.73

5 Date

2-21-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

7 Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

8 Amount of Contribution \$

5,775.14

9 In-kind contribution description

PRINTING

☐ 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

2-21-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

Amount of Contribution \$

1,689.63

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: **5**

2 FILER NAME

THORNTON, ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 22,927.73

5 Date

2-27-16

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

7 Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

8 Amount of Contribution \$

5,000

9 In-kind contribution description

RENTAL EXPENSE

☐ 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

3-1-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

Amount of Contribution \$

\$ 1785.09

In-kind contribution description

RENTAL EXPENSE

☐ 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: **5**

2 FILER NAME

THORNTON, ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **22,927.73**

5 Date

3-9-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

7 Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

8 Amount of Contribution \$

\$ 350

9 In-kind contribution description

RENTAL EXPENSE

☐ 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

3-14-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

Amount of Contribution \$

\$578.38

In-kind contribution description

ADVERTISING

☐ 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:

5

2 FILER NAME

THORNTON, ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 22,927.73

5 Date

3-17-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

7 Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

8 Amount of Contribution \$

\$97.43

9 In-kind contribution description

PRINTING

☐ 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

3-17-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

Amount of Contribution \$

\$539.46

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:

2 FILER NAME

THORNTON, ANTHONY

3 Filer ID (Ethics Commission Filers)

05092015

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 22,927.73

5 Date

3-17-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

7 Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

8 Amount of Contribution \$

\$ 122.40

9 In-kind contribution description

PRINTING

☐ 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

3-21-17

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

FT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOV.

Contributor address; City; State; Zip Code

3855 TULSA WY FT WORTH TX 76107

Amount of Contribution \$

\$ 5900.00

In-kind contribution description

ADVERTISING

☐ 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
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: 4 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 1-24-17		5 Payee name CITY OF FT WORTH			
6 Amount (\$) \$80		7 Payee address; City; State; Zip Code 200 TEXAS ST. FORT WORTH 76102			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 12-7-17		Candidate / Officeholder name AT&T			
Amount (\$) \$48.71		Payee address; City; State; Zip Code PO BOX 53616 ATLANTA GA 30353			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date 1-27-17		Candidate / Officeholder name AT&T			
Amount (\$) \$10.83		Payee address; City; State; Zip Code PO BOX 53616 ATLANTA GA 30353			
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 ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 1-30-17		5 Payee name A & B GLASS			
6 Amount (\$) \$324.75		7 Payee address; City; State; Zip Code 2806 AZLE AVE. FT WORTH TX 76106			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-30-17		Payee name NTACH			
Amount (\$) \$100		Payee address; City; State; Zip Code 2016 N MAIN ST FT WORTH TX 76164			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-30-17		Payee name J & D INTERIORS			
Amount (\$) \$100		Payee address; City; State; Zip Code 2015 N. MAIN ST FORT WORTH TX 76164			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 1-30-17		5 Payee name GONZALO MALDONADO			
6 Amount (\$) \$500		7 Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76021			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-31-17		Payee name PROSPERITY BANK			
Amount (\$) \$10		Payee address; City; State; Zip Code 2626 N. MAIN ST FT WORTH TX 76164			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-2-17		Payee name WALGREENS			
Amount (\$) \$100		Payee address; City; State; Zip Code 3425 SYCAMORE SCHOOL RD FT WORTH TX 76132			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: right;">28</div>	2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015
4 Date 2-6-17	5 Payee name WALMART		
6 Amount (\$) 43.20	7 Payee address; City; State; Zip Code 8480 BENBROOK BLVD BENBROOK TX 76126		
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
	<div style="display: flex; justify-content: space-between;"> <div>9 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>		
Date 2-6-17	Payee name ACADEMY SPORTS		
Amount (\$) 92.64	Payee address; City; State; Zip Code 6101 IH 20 FORT WORTH TX 76132		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION		Description <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>		
Date 2-6-17	Payee name ESPERANZA'S		
Amount (\$) 33.19	Payee address; City; State; Zip Code 2122 N. MAIN ST FORT 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
	<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>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 2-6-17		5 Payee name GONZALO MALDANADO			
6 Amount (\$) \$600		7 Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76021			
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 2-8-17		Payee name BEST BUY			
Amount (\$) 43.29		Payee address; City; State; Zip Code 6750 WEST FREEWAY FT WORTH TX 76116			
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 2-8-17		Payee name TEXAS CUSTOM PRINTS			
Amount (\$) \$362.64		Payee address; City; State; Zip Code 9241 RENEE CIR FT WORTH TX 76116			
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	

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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 2-9-17	5 Payee name TEXAS CUSTOM PRINTS	
6 Amount (\$) \$196	7 Payee address; City; State; Zip Code 9241 RENEE CIR FT WORTH TX 76116	
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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 2-13-17	Payee name GONZALO MALDANADO	
Amount (\$) \$600	Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76021	
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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 2-13-17	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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 28
2 FILER NAME: Thornton, Anthony
3 Filer ID (Ethics Commission Filers): 05092015

4 Date: 2-13-17
5 Payee name: TEXAS CUSTOM PRINTS

6 Amount (\$): \$326.64
7 Payee address; City; State; Zip Code: 9241 RENEE CIR FT WORTH TX 76116

8 PURPOSE OF EXPENDITURE: ADVERTISING
(a) Category (See Categories listed at the top of this schedule)
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

Date: 2-13-17
Payee name: AT&T

Amount (\$): \$97.43
Payee address; City; State; Zip Code: PO BOX 53616 ATLANTA GA 30353

PURPOSE OF EXPENDITURE: OFFICE / OVERHEAD
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: 2-14-17
Payee name: TARGET

Amount (\$): \$207.83
Payee address; City; State; Zip Code: 301 CARROLL ST FT WORTH TX 76107

PURPOSE OF EXPENDITURE: OFFICE OVERHEAD
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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 2-14-17		5 Payee name WALMART			
6 Amount (\$) \$64.69		7 Payee address; City; State; Zip Code 2245 JACKSON HWY FT WORTH TX 76114			
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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 2-14-17		Payee name M+O STATION GRILL			
Amount (\$) \$75.28		Payee address; City; State; Zip Code 200 CARROLL ST FT WORTH TX 76107			
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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 2-14-17		Payee name RICO 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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 2-16-17	5 Payee name TEXAS CUSTOM PRINTS	
6 Amount (\$) \$195.71	7 Payee address; City; State; Zip Code 9241 RENEE CIR FT WORTH TX 76116	
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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 2-17-17	Payee name MULHOLLAND CUSTOM IMPRINTS	
Amount (\$) \$290	Payee address; City; State; Zip Code 1332 N. MAIN ST FT WORTH TX 76164	
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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 2-17-17	Payee name GONZALO MALDANADO	
Amount (\$) \$600	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) LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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: 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 2-21-17		5 Payee name WALMART			
6 Amount (\$) \$21.52		7 Payee address; City; State; Zip Code 6770 WESTWORTH BLVD. WESTWORTH VILLAGE TX 76114			
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 2-22-17		Payee name BLUE HOST.COM			
Amount (\$) 118.80		Payee address; City; State; Zip Code 560 TIMPANOGOS PARKWAY OREM UT 84097			
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 2-22-17		Payee name RICO 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

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: 4		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 2-24-17		5 Payee name OFFICE DEPOT			
6 Amount (\$) \$69.24		7 Payee address; City; State; Zip Code 6800 WEST FREEWAY FT WORTH TX 76116			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 2-24-17		Payee name GONZALO MALDANADO			
Amount (\$) \$600		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) LABOR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 2-27-17		Payee name ESPERANZAS			
Amount (\$) \$43.63		Payee address; City; State; Zip Code 2212 N. MAIN ST. FT WORTH TX			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 2-27-17	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 2-27-17	Payee name RICO 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		

Date N/A	Payee name N/A	
Amount (\$) N/A	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) N/A	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: 4 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 2-28-17		5 Payee name PROSPERITY BANK			
6 Amount (\$) \$ 10		7 Payee address; City; State; Zip Code 2626 N. MAIN ST FT WORTH TX 76164			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) BANKING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-1-17		Payee name FACE BOOK			
Amount (\$) \$ 4.12		Payee address; City; State; Zip Code 1 HACKER WAY 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-1-17		Payee name PHILLIP BERMEJO			
Amount (\$) \$ 150		Payee address; City; State; Zip Code 1955 COLUMBUS 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-3-17	5 Payee name GONZALEZ 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 3-6-17	Payee name WALMART	
Amount (\$) \$ 97.71	Payee address; City; State; Zip Code 2245 JACKSON HWY FT WORTH TX 76114	
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 3-6-17	Payee name RICO 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

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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-7-17	5 Payee name TARGET	
6 Amount (\$) \$25.09	7 Payee address; City; State; Zip Code 600 CARROLL ST FT WORTH TX 76164	
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 3-7-17	Payee name JOSE MARTINEZ	
Amount (\$) \$250	Payee address; City; State; Zip Code 317 E DREW ST FT WORTH TX 76110	
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 3-8-17	Payee name WALMART	
Amount (\$) \$21.09	Payee address; City; State; Zip Code 1836 S MAIN WEATHERFORD TX 76086	
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		

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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-8-17	5 Payee name ATWOODS	
6 Amount (\$) \$72.42	7 Payee address; City; State; Zip Code 6001 LAKEWORTH BLVD FT WORTH TX 76135	
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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 3-9-17	Payee name ACH DIRECT ENERGY	
Amount (\$) \$59.32	Payee address; City; State; Zip Code PO BOX 660896 DALLAS TX 75266	
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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 3-9-17	Payee name GONZALO MALDANADO	
Amount (\$) \$45	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) TRANSPORTATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 3-10-17		5 Payee name AMIGOS IN BUSINESS			
6 Amount (\$) \$ 325		7 Payee address; City; State; Zip Code PO BOX 123706 FT WORTH TX 76121			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-10-17		Payee name CESAR CHAVEZ			
Amount (\$) \$ 125		Payee address; City; State; Zip Code 2203 V. GREENS POINT IT ARLINGTON TX 76001			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-16-17		Payee name GONZALO MALDANADO			
Amount (\$) 641.63		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-13-17	5 Payee name WALMART	
6 Amount (\$) \$ 37.89	7 Payee address; City; State; Zip Code 2245 JACKSON HWY FT WORTH TX 76114	
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 3-13-17	Payee name RICO 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

Date 3-13-17	Payee name MARIA FELIX CHABARRETA	
Amount (\$) \$ 185	Payee address; City; State; Zip Code 119 NW 25th 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 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	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: 4	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-14-17	5 Payee name ELIANA PALACIO	
6 Amount (\$) \$ 210	7 Payee address; City; State; Zip Code 2810 ROSEN AVE FORT 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 ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 3-14-17	Payee name TEXAS CUSTOM PRINTS	
Amount (\$) 151.55	Payee address; City; State; Zip Code 9241 RENEE CIR FT WORTH TX 76116	
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 ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 3.15.17	Payee name MT OLIVET FLORIST	
Amount (\$) \$99.97	Payee address; City; State; Zip Code 2301 N. SYLVANIA AVE FT WORTH TX 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMORIALS EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-15-17	5 Payee name JOSE MARTINEZ	
6 Amount (\$) \$ 260	7 Payee address; City; State; Zip Code 317 E DREW ST FORT WORTH TX 76110	
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3-15-17	Payee name KKA CONSULTING	
Amount (\$) \$ 1000	Payee address; City; State; Zip Code PO BOX 11585 FT WORTH TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 3-15-17	Payee name MARIA FELIX CHAZARRITA	
Amount (\$) \$ 300	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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 28
2 FILER NAME: Thornton, Anthony
3 Filer ID (Ethics Commission Filers): 05092015

4 Date: 3-15-17
5 Payee name: CDIFW

6 Amount (\$): \$200
7 Payee address; City; State; Zip Code: 1100 NW 18th ST FT WORTH 76164

8 PURPOSE OF EXPENDITURE: CONTRIBUTION
(a) Category (See Categories listed at the top of this schedule)
(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

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

Date: 3-15-17
Payee name: MIKAELA GONZALES

Amount (\$): \$225
Payee address; City; State; Zip Code: 4220 HANDY STREET FONT WORTH TX 76106

PURPOSE OF EXPENDITURE: LABOR
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: 3-16-17
Payee name: BEST BUY

Amount (\$): \$37.86
Payee address; City; State; Zip Code: WEST FREEWAY FT WORTH TX

PURPOSE OF EXPENDITURE: OFFICE / OVERHEAD
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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
---	-----------------------------------	---

4 Date 3-16-17	5 Payee name TEXAS CUSTOM PRINTS
--------------------------	--

6 Amount (\$) \$259.80	7 Payee address; City; State; Zip Code 9241 RENEE CIR FT WORTH TX 76116
----------------------------------	---

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	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3-17-17	Payee name BUILD A SIGN . COM
------------------------	---

Amount (\$) \$93.80	Payee address; City; State; Zip Code 11525 A. STONE HOLLOW DR AUSTIN TX 78758
-------------------------------	---

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 3-17-17	Payee name WALMART
------------------------	------------------------------

Amount (\$) \$67.85	Payee address; City; State; Zip Code 3851 AIRPORT FREEWAY FT WORTH TX 76111
-------------------------------	---

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
------------------------------	-----------------------------------	---

4 Date 3-17-17	5 Payee name SMOKE PIT
-------------------	---------------------------

6 Amount (\$) 186.85	7 Payee address; City; State; Zip Code 2401 E BELKNAP FT WORTH TX 76111
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EV FOOD / BEVERAGE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-----------------------------	--	---

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

Date 3-17-17	Payee name MISSION RESTAURANT SUPPLY
-----------------	---

Amount (\$) 24.19	Payee address; City; State; Zip Code 2616 WHITE SETTLEMENT 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3-17-17	Payee name GONZALO MALDANADO
-----------------	---------------------------------

Amount (\$) 61.00	Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76021
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
-------------------------------	-----------------------------------	---

4 Date 3-17-17	5 Payee name GONZALO MALDANADO
-------------------	-----------------------------------

6 Amount (\$) \$ 600	7 Payee address; City; State; Zip Code 2912 HARWOOD RD BEDFORD TX 76021
-------------------------	--

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

Date 3-20-17	Payee name CITY OF FT WORTH
-----------------	--------------------------------

Amount (\$) \$ 180	Payee address; City; State; Zip Code 4200 S. FREEWAY FT WORTH TX 76115
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	--	---

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

Date 3-21-17	Payee name ELIANA PALACIO
-----------------	------------------------------

Amount (\$) \$ 220	Payee address; City; State; Zip Code 2810 ROSEN 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-22-17	5 Payee name MIKAELA GONZALEZ	
6 Amount (\$) \$ 220	7 Payee address; City; State; Zip Code 4220 HARDY ST. FORT 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
	<div style="display: flex; justify-content: space-between;"> <div>9 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>	
Date 3-22-17	Payee name JOSIE MARTINEZ	
Amount (\$) \$ 260	Payee address; City; State; Zip Code 317 E DREW ST FT WORTH TX 76110	
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
	<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>	
Date 3-23-17	Payee name MARIA FELIX CHAZARRETA	
Amount (\$) \$ 312	Payee address; City; State; Zip Code 119 NW 25th ST FT WORTH TX	
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
	<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>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4 28	2 FILER NAME Thornton, Anthony	3 Filer ID (Ethics Commission Filers) 05092015
4 Date 3-23-17	5 Payee name SABINE JARVIS LITTLE LEAGUE	
6 Amount (\$) \$300	7 Payee address; City; State; Zip Code 3604 SCHWARTZ AVE FT WORTH TX 76106	
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 3-24-17	Payee name GRAPHICS LAND INC	
Amount (\$) \$94.89	Payee address; City; State; Zip Code 8061 W. 186th ST TWINLEY PARK IL 60487	
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 3-24-17	Payee name RICO 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

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: 28		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 3-24-17		5 Payee name GONZALO			
6 Amount (\$) \$667.80		7 Payee address; City; State; Zip Code 2912 HARWOOD RR 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 3-24-17		Payee name ELIZABETH REYES			
Amount (\$) \$288		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 Office held	

Date 3-24-17		Payee name ELIZABETH REYES			
Amount (\$) \$288		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 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	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: 4		2 FILER NAME Thornton, Anthony		3 Filer ID (Ethics Commission Filers) 05092015	
4 Date 3-27-17		5 Payee name GLEN EULMAN			
6 Amount (\$) \$225		7 Payee address; City; State; Zip Code PO BOX 126081 BENBROOK TX 76126			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-27-17		Payee name AT&T			
Amount (\$) \$97.43		Payee address; City; State; Zip Code PO BOX ATLANTA GA			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED