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)	2 Total pages file	49
3 CANDIDATE / OFFICEHOLDER NAME	MR ANTHONY NICKNAME LAST	MI	OFFICE	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #:	CITY: STATE: ZIP CODE CIGU EXTENSION	RECEI APR - C CITY OF FOI CITY SEC	RT WORTH RETARY
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR PHILLIP NICKNAME LAST LANCARTE	MI SUFFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 308 WANTON TERM FORT WORTH TX		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(SIT) GAG- U3	EXTENSION 56		
9 REPORT TYPE	July 15 30th day before elec		15th day after treasurer app (Officeholder t	pintment
10 PERIOD COVERED	Month Day Year	THROUGH 3	Day Year	
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 6 / 300 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFIGE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN)	C7TY (OUDICAC	03
	GO ТО I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	10.8 (2.7.15		15 Filer ID (Ethics Commission Filers)	
THORNTON	ANTHON	Y	0509 2015	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	☐ SPECIFIC	COMMITTEE ADDRESS	PERTERS COMMITTEE	
		COMMITTEE CAMPAIGN TREASURER NAME	WORTH TX 76112	
Additional Pages		CILBREATH , CECELTA COMMITTEE CAMPAIGN TREASURER ADDRESS		
		ICH TERME 22 ET AMETT IN	76112	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
	(III) (I) T/1/1/17	POLITICAL CONTRIBUTIONS 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	4. TOTAL POLITICAL EXPENDITURES		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	s 5,933,29	
OUTSTANDING LOAN TOTALS	6. TOTAL F	THE \$		
18 AFFIDAVIT		and an decade a horse for any or	a de la companya del companya de la companya del companya de la co	
	IONZALO V MALDONA Notery ID # 1295945 My Commission Expir October 15, 2017	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is permation required to be reported by me	
ANG N		Signature of Cano	didate or Officeholder	
AFFIX NOTARY STAM		on the said ANTHORY S THORNTON	2.24	
Sworn to and subsci	ribed before me, b	by the said / / ///#ofby > / Hoxio70 N	, this the	
day of APfil	, 20_17,	to certify which, witness my hand and seal of office.		
Monzo V N	aldonado	Gonzalo v Maldonado	Notary Public # 129594508	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15			15 Filer ID	(Ethics Commission Filers)
		Thornton, Anthor	ny		05092015
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTR NDIDATE / OFFICEHOLDER. TH CONSENT. CANDIDATES AND OF	RIBUTIONS ACCEPTED OR POLITICAL EXPENI HESE EXPENDITURES MAY HAVE BEEN MADE IN OFFICEHOLDERS ARE REQUIRED TO REPORT T	WITHOUT THE C	ANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME			
	✓ GENERAL	Fort Wo	orth Firefighters Committee for	Resp <u>onsi</u>	ble Government
	SPECIFIC	COMMITTEE ADDRESS	COMMITTEE ADDRESS		
l			Way Fort Worth Texas 7610	7	***************************************
	1	COMMITTEE CAMPAIGN	TREASURER NAME		
Additional Pages	!		Kriss, Brian		
		COMMITTEE CAMPAIGN	I TREASURER ADDRESS		
		3855 Tulsa	a Way Fort Worth Texas 7610	17	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUT	TIONS OF \$50 OR LESS (OTHER TH INTEES OF LOANS), UNLESS ITEM!	IAN ¢	0
		POLITICAL CONTRIB	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	46,172.73
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$	0
	4. TOTAL POLITICAL EXPENDITURES \$ 1			17,166,79	
CONTRIBUTION BALANCE	_	POLITICAL CONTRIBUTION	IONS MAINTAINED AS OF THE LAST	DAY \$	5933.29
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF T PERIOD	THE \$	0
18 AFFIDAVIT			I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
			Signature of Can	didate or Of	ficeholder
AFFIX NOTARY STAMP	'/SEALABOVE				
Sworn to and subscri	ibed before me, b	y the said		, this	s the
day of	, 20, t	o certify which, witne	ess my hand and seal of office.		
Signature of officer ad	Iministering oath	Printed name of	f officer administering oath	Title of o	officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

└	·			
19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
	THORNTON ANTHONY	050920	15	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6	23,245
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ {	22,927,73
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4.	SCHEDULE E: LOANS		\$	D
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ /	7, 166, 79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	D
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ü
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os .	\$	e)
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$	Ü
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	A
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS	\$	2

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 05092015 THORNTON ANTHONY 5 Full name of contributor ____ out-of-state PAC (ID#:____ 4 Date 7 Amount of contribution (\$) FT WOLTH FZLEFZGNTEILS (OMMITTEE FOR RESSONSIBLE GOV. 6 Contributor address; City; State; Zip Code 1-25-17 \$ 5,000 3855 TULSA Wy FT WOUTH TX 76167 | sation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 2-10-17 1,000 2103 G+ AVE WORTH TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) ILENE Mユルカルウモ Contributor address; City; State; Zip Code 2-24-17 \$ 50 1412 PARSONS LN FT WORTH TX 76106 | Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 2-24-17 2019 CLINTON AVE FILWORTH IX 76164 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)
THORA	UTON ANTHONY	0509 2015
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2-24-17	TERESTIA BANDA 6 Contributor address; City; State; Zip Code 3505 CLARY AVE FT WORTH TX 76111	\$10
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor Out-of-state PAC (ID#:) GENALD RODRIGUEZ	Amount of contribution (\$)
2-24-17	Contributor address; City; State; Zip Code	\$ 20
Principal occup	pation / Job title (See Instructions) FT WOLTH TX 7GIGH Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
2.24-17	ANN LOPEZ Contributor address; City; State; Zip Code	\$ 100
	3107 N HARDANG FT WOLTH TX 76106	•
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-24-17	Contributor address; City; State; Zip Code	\$ 20
	1205 LYRE DR FT WORTH TX 76134	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)

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		3 Filer ID (Ethics Commission Filers)
THORA	NON ANTHONY	0509 2015
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2-24-17	LYDAA CERVANTEZ 6 Contributor address; City; State; Zip Code 162 LEE AVE FT WORTH TX 76164	\$ 25
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date ,	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-24-1	NICOLE CERVANTEZ Contributor address; City; State; Zip Code (612 LEE AVE FT WORTH TX 76164)	\$ 410
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
2-24-17	MICHAEL VALDEZ Contributor address; City; State; Zip Code	\$ 100
	1103 PARK ST FTWORTH TX 76164	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributoroút-of-state PAC (ID#:)	Amount of contribution (\$)
2-24-17	CHRIS GARCIA Contributor address; City; State; Zip Code 2709 MANORWOOD THE FT WORTH TX 76109	\$ 250
Principal occupa	tion / Job title (See Instructions) Employer (See Instructions)	ons)

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORNTON ANTHONY 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ TSABEL GARCIA 6 Contributor address; City; State; Zip Code 2-24-17 20 EOU GRAND AVE FT WORTH TX 76164 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) HITLDA SANTANA 2-24-17 Contributor address; City; State; Zip Code 3810 N. CRUMP FRWEATH TX 76106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) HAROLD WHITTLEY Contributor address; City; State; Zip Code \$ 60 3216 MCKINLEY AVE FT WONTH TX 76106 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Jo€ GovEA Contributor address; City; State; Zip Code 12-24-17 \$50 5316 WEDDANGTON CT ST WORTH IN 76113 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORUSON ANTHONY 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ ANNE GONZALES 6 Contributor address; City; State; Zip Code 2-24-17 3008 LEE AVE FT WORTH TX 76164 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) MARY CHAVARDIA 224-17 3060 HUTCHAUSON ST FT WORTH TX 76106 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) -lope Rod Rizeuee Contributor address; City; State; Zip Code 2-24-17 2005 CLINTON AVE FT WORTH TX 76164 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ IRMA HERNANDEZ 2-24-17 Contributor address; City; State; Zip Code BELMONT AVE ココ FT WORTH TX 70164 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.

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 05092015 THORNTON ANTHONY 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ 6 Contributor address; City; State; Zip Code 2-24-17 10 3014 MARRINE CT W. FT WOLTH TX 76106 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) SAM LISEWBE Contributor address; City; State; Zip Code 20 2-24-1 2019 CLEWION AVE FI WORTH IX 76164 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Tava VALS Contributor address; City; State; Zip Code 2-24-17 3616 FENTON AVE FT WORTH TX 76113 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) DENNAS 2-24-17 Contributor address; City; State; Zip Code 652g WORE DE FT WORTH TX 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

Tł	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	IE	3 Filer ID (Ethics Commission Filers)
THORA	U JON ANTHONY	05 09 2015
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2-24-17	TZM Hoららら 6 Contributor address; City; State; Zip Code	\$ 100
	2910 FLARLESS RO# 107 BEORNS TX 76021	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2-24-17	Make Scott Contributor address; City; State; Zip Code	\$ 100
	136 SOUTHWANDS OR WEATHERFORD TX 76067	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
2-24-17	Contributor address; City; State; Zip Code	\$20
	2320 HALLCREST FT WORTH TX 76107	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (ID#:) OLGA NARANJO	Amount of contribution (\$)
2-24-17	Contributor address; City; State; Zip Code	\$ 200
	2200 NE 28th ST FORT WORTH TX 76106	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THORNTON ANTHONY 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) FSPARZA 6 Contributor address; City; State; Zip Code 7-24-17 50 4001 WAND DANCE CZIR PLAND TX 75024 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOV 3-2-17 Contributor address; City; State; Zip Code 3855 TULSA WY FT WORTH TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) MICHAEL STAILK Contributor address; City; State; Zip Code 9664 LEA SHORE ST FOR WORTH TX 76 ITA Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code 3-9-17 2470 CR SI3 HAMSETON TX 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 0509 2015 THURNTON ANTHONY 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 3-10-17 ROBERT FRAZIER 6 Contributor address; City; State; Zip Code POBOX S24 LILIANTX 76061 ation / lob title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) ANA FLORES Contributor address; City; State; Zip Code 3-10-17 5125 Raver rock ro Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor address; City; State; Zip Code UZOI SPANDLETREE LN Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 3-10-17 3501 SCHADT ST ET WORTH TX 76166 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0509 2015 THURNTON ANTHONY 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:___ A TALLAH ZITOON 6 Contributor address; City; State; Zip Code 3-10-17 \$ 200 4632 MOSS ROSE OR AT WORTH TX 76137 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) TSABEL REYES Contributor address; City; State; Zip Code 3-10-17 120 1204 15th PL FORT WORTH IX Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) FT WORTH FZREF16+1813 + WZ DOW COMMATTE Contributor address; City; State; Zip Code 3-10-17 2000 1617 THERNEY RD FT WORTH TX 76112 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ____ out-of-state PAC (ID#:____ Amount of contribution (\$) JOSE RAMFILEZ Contributor address; City; State; Zip Code 3-10-17 10. 1605 NE 28th ST FTWORTH TX | Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) US 09 2015 THORN TON ANTHONY 4 Date 5 Full name of contributor ___ out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:____ Date Amount of contribution (\$) BERNARDA GABRIEL 3-10-17 Contributor address; City; State; Zip Code 2409 LINCOLN AVE FT WORTH TX 76164 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:____ Amount of contribution (\$) DEBORAH GALLARDO Contributor address; City; State; Zip Code 2019 NW 29th ST FORTWORTH 1x 76106 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_____ Amount of contribution (\$) 3-17-17 HAROLD PARKEY Contributor address; City; State; Zip Code 100 G213 N. RZOGE RD FT WORTH TX 76135 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 0509 2015 THORNTON ANTHONY 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ EFRAIN PALACIO 6 Contributor address; City; State; Zip Code \$ 100 3403 GROVER AUE FT WORTH TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Et month ususded Esyletschilens + missing committee 3-22-17 8000 Contributor address; City; State; Zip Code 1617 TJERNEY RD FT WORTH IX 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

		V		
т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
2 FILER NAM	UTON, ANTHONY		3 Filer ID (Ethics Commission Filers) OSO92015	
ı	PF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 22, 927.73	
5 Date	6 Full name of contributor uut-of-state PAC (ID#:)	8 Amount of . 9 In-kind contribution Contribution \$. description	
2-21-17	7 Contributor address; Committee For Rese	qe sinalite (bo)	5,775.14 PRINTING	
	3855 TULSA WY FT WORTH TX	76107	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description	
2-21-17	FT WONTH FAREFICIELS COMMATTEE FOR RESERVENCES CITY; State; Zip Coc	1	JUETULA9 63 PR21	
	3855 TULSA WY FT WORTH IN	16107	Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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 TH	IIS SCHEDUL	E AS NEEDED	

SCHEDULE A2

CON	TRIBUTIONS		2 - 1 - 1 - 1 - 1 - 1 - 1
	The Instruction Guide explains how to complete this fo	1 Total pages Schedule A2: 5	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
THOS	WIOW, ANTHONY		05092015
	OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS	\$22, 927, 73
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description
2-27-16	FT WORTH FIRE FIGHTERS COMMITTEE FOR RES		5,000 REMAL EXPENSE
	3855 TULSA WY FT WORTH TX	76107	Check if travel outside of Texas. Complete Schedule T
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
3-1-17	FT WOTH FAREFACTERS COMMARKEE FOR RESERVES AND CONTRIBUTOR address; City; State; Zip Con	t t	1785,09 REMAL EXPENSE
	3855 TULSA WY FT WORTH IN-	14167	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or'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 CODIES OF TH	IIC COLIEDUI	EACNEEDED

SCHEDULE A2

CON	TRIBUTIONS		
	The Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A2: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
THOR	lutou, ANTHONY	*	05092015
4 TOTAL (OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 22,927.73
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description
3-9-17	FT WORTH FIRE FIGHTERS COMMITTEE FOR RESE 7 Contributor address; City; State; Zip Co.		\$350 RENTAL EXPENSE
	3855 TULSA WY FT WORTH TX	76107	Check if travel outside of Texas. Complete Schedule
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
3-14-17	FT WONTH FAREFICIES WAMATTEE FOR RESERVES DU Contributor address; City; State; Zip Coo		\$578.38 AOVERTASANG
	3855 TULSA WY ET WORTH TH	4107	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or'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)		
			7
ACCOUNTY OF THE PARTY OF THE PA			

SCHEDULE A2

CON	TRIBUTIONS		
	The Instruction Guide explains how to complete this for	1 Total pages Schedule A2:	
2 FILER NA	ME RUTON, ANTHONY	3 Filer ID (Ethics Commission Filers) 05092015	
1	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 22, 927 73
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description
3-17-17	FT WORTH FIRE FIGHTERS COMMITTEE FOR RESE 7 Contributor address; City; State; Zip Co.		\$97.43 PRINTING
	3855 TULSA WY FT WORTH TX	76107	Check if travel outside of Texas. Complete Schedule T
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL) (See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description
3-17-17	FT WORTH FAREFACTERS WAMATTEE FOR RESPONSABLE Contributor address; City; State; Zip Cod	1.	\$ 539.46 PRINTING
	3855 TULSA WY ET WORTH THI	4107	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribute	or'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)		
	/A-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		

SCHEDULE A2

CON	IRIBUTIONS		OOHEDDEE TE
	The Instruction Guide explains how to complete this fo	1 Total pages Schedule A2:	
2 FILER NA THO	ME WTOW, ANTHONY	3 Filer ID (Ethics Commission Filers) 05092015	
	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 22 927.73
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description
3-17-17	FT WORTH FIRE FIGHTERS COMMITTEE FOR RESO 7 Contributor address; City; State; Zip Co		\$ 1212.40 PRINTING
	3855 TULSA WY FT WORTH TX	76107	Check if travel outside of Texas. Complete Schedule T
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description
3-21-17	ET WONTH FRAFFRETERS COMMERTEE FOR RESPUNSABLE Contributor address; City; State; Zip Cod		\$ 5900. ~ AOVERTASING
	3855 TULSA WY ET WORTH TH	14167	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or'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)		
		Ç	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Thornton, Anthony 05092015 4 Date 5 Payee name 1-24-17 (2TY UF FT WORTH 7 Payee address; City; State; Zip Code 200 TEXAS ST. FORT WORTH 80 76102 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** FEES Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 127-17 TATA Payee address; City; State; Zip Code Amount (\$) 53616 BOX ATLANTA GA Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office Overhead/Rental Expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1-27-17 Amount (\$) Payee address; City; State; Zip Code \O.63 PO BOX 53616 ATLANTA GA 30353 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** OFFICE OVERHEAD Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Thornton, Anthony 05092015 4 Date 5 Payee name 1-30-17 A+B CLASS 7 Payee address; City; State; 6 Amount (\$) 2 806 AZLE AVE. FT WORTH TX Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** OFFICE OVERHEAD Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date NTACH 1-30-17 City; State; Zip Code Amount (\$) 100 2016 N MAZU ST FT WORTH TX 76164 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** DONATION Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 1-30-17 250FABTUE OFT City; State; Zip Code Amount (\$) 2015 N. MAIN ST FORT WORTH TA 76164 Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** DUNATION Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Thornton, Anthony 4 Date 5 Payee name (SCNZALO MALDONADO 7 Payee address; City; State; Zip Code \$500 2912 HARWOOD RD (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1-31-17 PROSPERITY BANK ayee address; City; State; Zip Code Amount (\$) 2626 N. MAZN ST ET WORTH TX 76164 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** FEES Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 2-2-17 WALGREENS Amount (\$) 100 3425 Sycamore School RD FT WORTH TX 76132 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE DONATION Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food Gift/A	l Expense /Beverage Expense wards/Memorials Expense Services	Office Over Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment	The	Instruction Guide explain	s how to ce	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Thornton, Anth	ony			3 Filer ID (Ethic 05092015	s Commission Filers)
4 Date	5 Payee name	MART				
6 Amount (\$)	7 Payee address		p Code			
43,26	8480	BENBROOK BU	N)	BENBROK	_	76126
8 PURPOSE OF EXPENDITURE		ategories listed at the top of this so	**************************************		tside of Texas. Complete S	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	officeholder name		Office sought		Office held
Date	Payee name				**************************************	M. A.
2-6-17	ACA	DEMY SPO	RTS			
Amount (\$)	Payee address					
9264	G101 :	IN 20 FC	ont y	JORTH TX	76	32
PURPOSE OF EXPENDITURE		ategories listed at the top of this sc	hedule)		side of Texas. Complete Sc TX, officeholder living e	
	Candidata (O	fficeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH		menolder flame				
Date	Payee name					
2-6-17	ESPER	ANZAS				
Amount (\$)	Payee address;	City; State; Zip	Code			
33,19	2122	1 MAIN S	T Fo	nt wollth	TX	76164
PURPOSE OF EXPENDITURE		ategories listed at the top of this sch	- ANALYS		ide of Texas. Complete Sc TX, officeholder living e	
		S BEVERACE	<u> </u>	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	fficeholder name		Office sought		Onice neid
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing	depayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/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	o complete this form.		
1 Total pages Schedule F1:	J .		3 Filer ID (Ethics Commission Filers)	
4 26 <u></u>	Thornton, Anthony		05092015	
4 Date 2-6-17		OCAN		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$ 600	2912 HARMOOD RD BED	DEOND TX	76021	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	1		outside of Texas. Complete Schedule T.	
OF EXPENDITURE	f - Company	Check if Ausur	in, TX, officeholder living expense	
	LABOR	- - - - -		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2-8-17	BEST BUY			
Amount (\$)	Payee address; City; State; Zip Code			
43.29	6750 WEST FREEWAY FT WO		76116	
	Category (See Categories listed at the top of this schedule)	Description	· -·	
PURPOSE OF			rtside of Texas. Complete Schedule T.	
EXPENDITURE		L_J Check ii Ausiiii,	, TX, officeholder living expense	
	OFFICE / OVERHEAD			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		!	
2-8-17		INTS		
Amount (\$)	Payee address; City; State; Zip Code			
100001			1	
\$362.64		TWORTH	TX 76116	
V V	9241 RENEE CIR F- Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Description Check if travel outs	tside of Texas. Complete Schedule T.	
V V	Category (See Categories listed at the top of this schedule)	Description Check if travel outs		
PURPOSE OF		Description Check if travel outs	tside of Texas. Complete Schedule T.	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outs	tside of Texas. Complete Schedule T.	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing ical Committee Legal Services Salaries	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out OI District Other (enter a calegory not listed above)	
	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule F1	1		3 Filer ID (Ethics Commission Filers)	
4 20 4 Date	Thornton, Anthony 5 Payee name		05092015	
2-9-17	1 -	JT (
6 Amount (\$)	TEXAS (USIOM DIZA 7 Payee address; City; State; Zip Code	2 J		
#196	9241 RENEE CIA PT L	JORTH TI	76116	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE			utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
	ADVERTISING			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name	The state of the s		
2-13-17	GONZALO MALDA	NADO		
Amount (\$)	Payee address; City; State; Zip Code			
\$ 600	2912 HARNOGO RO BER	Drozo TX	76021	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		1 [side of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin,	TX, officeholder living expense	
	LABOIL			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2-13-17	AMILOS IN 30 Payee address; City; State; Zip Code	STNESS		
Amount (\$)	Payee address; City; State; Zip Code			
\$325	PO BOX 123706 FT W	NT HING	76121	
	Category (See Categories listed at the top of this schedule)	Description	=	
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense	
	ADVERTISING			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 28	Thornton, Anthony		05092015
4 Date	5 Payee name		
2-13-17	TEXAS COSTOM PIT 7 Payee address; City; State; Zip Code	LIMITS	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
326.64	9241 RENEE CIR FT	WORTH T	x 76116
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
	4		
	ADVERTISING		O''' - 1 - 1 1
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-13-17	AT4T		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 97.43	PO BOX 53616 ATLA	NIA GA	30353
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE			side of Texas. Complete Schedule T,
OF EXPENDITURE		L Check if Austin,	TX, officeholder living expense
	OFFICE /OUERHEAD		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-14-17	TAILLET		
Amount (\$)	Payee address; City; State; Zip Code		
207.83	301 CARROLL ST FT	WOATH TX	76107
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outsi	ide of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
	MECHIE MITTONICAD		
2 In ONIV II direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Onicendider name	Oliice adugin	Office field
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 05092015 Thornton, Anthony 4 Date 5 Payee name 2-14-17 WALMAR 6 Amount (\$) 7 Payee address; 2245 JACKS BORD HUY FT WORTH (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** EVENT EXPENSE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date M40 STATION GRILL 2-14-17 CARROLL ST FT MOSTH 76107 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder fiving expense **EXPENDITURE** BEVERAGE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 2-14-17 LINCOLN AVE FT WORTH XT Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** LABOR Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gitt/Awards/Memorials Expense cal Committee 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)		
Credit Card Payment	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
4 28	Thornton, Anthony		05092015		
4 Date 2-16-17	5 Payee name TEXAS CUSTOM	PRINTS			
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
1195.71	9241 RENEE CIR	ft worlth t	x 76116		
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description			
PURPOSE OF			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
EXPENDITURE		Uncox a ride	., ТХ, описелониет нушу ехропос		
	ADVER TISING				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2-17-17	MULTIOLIAND Co	usion Im	1 PRZWTS		
Amount (\$)	Payee address; City; State; Zip C	Code			
\$ 290	1332 N. MAIN ST	ft worth	1 TX 76164		
	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE			side of Texas. Complete Schedule T.		
OF EXPENDITURE		L Check II Austin,	TX, officeholder living expense		
	ADVERTISING				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
T					
Date	Payee name				
2-17-17		ANADO			
Amount (\$)	Payee address; City; State; Zip C	ode			
\$ 600	2912 HARWOOD RD	BEDFORD TY	76162		
	Category (See Categories listed at the top of this schedu	dute) Description			
PURPOSE OF			ide of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T	TX, officeholder living expense		
	LABOR				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEG	ONIES FOR BOX 6(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politicedit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4			2 Files ID (Fibine Commission Filess)
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
4	Thornton, Anthony		05092015
4 Date	5 Payee name		
1 2-21-17	WALMART		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	** ** ** ** ** ** ** ** ** ** ** ** **
\$21.52	6770 WESTWORTH B	LUD. WESTLUCK	TH VALLAGE TX 76114
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF		Check if Austin	n, TX, officeholder living expense
EXPENDITURE			
	EVENT EXPENSE		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2-22-17	BLUE HOST. CO.	M	
Amount (\$)	Payee address; City; State; Zip		
118.80	560 TZMPANOGOS PA	HKWAY ORFM	UT 84097
	Category (See Categories listed at the top of this sche	dule) Description	·
PURPOSE		Check if travel out:	side of Texas, Complete Schedule T.
OF		Check if Austin.	TX, officeholder living expense
EXPENDITURE			
	ADVERTISING		
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH		Office Sought	· · · ·
Date	Payee name		
2-22-17	RICO GONZALES		
Amount (\$)	Payee address; City; State; Zip C		
\$ 200	2704 LINCOLN AUE	FT WORTH	TX 76164
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE		Check if travel outs	ide of Texas. Complete Schedule T.
OF		Check if Austin,	TX, officeholder living expense
EXPENDITURE			
	LABOR		
	0 1111 / 0/5-111	O#:	000 - 1-11
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 Thornton, Anthony 4 Date 5 Payee name OFFICE 7 Payee address; 6 Amount (\$) 6800 WEST FREEWAY ET WONTH TX (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** OFFICE / OUERHEAD Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2-24-1 GONZALO MALDANADO 600 RD BEDFORD TX Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense LABOR Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date ESPERANZAS City; State; Zip Code Amount (\$) 212 N. MAZNST. FTWORTH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Pollina Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 Thornton, Anthony 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; PO BOX 53616 ATLANTA (b) Description (a) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE OFFICE OVERHEAD Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name PICO GONZALES vee address; City; State; Zip Code 2-27-17 2704 LINCOLN AVE WORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 Thornton, Anthony 4 Date 5 Payee name PROSPELITY BANK 7 Payee address; City; State; Zip Code 2-26-17 6 Amount (\$) 2626 N. MAZW ST FT WOITH TX 76164 (a) Category (See Categories listed at the top of this schedule) (b) Description □ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3-1-17 FACE BOOK Payee address; City; State; Zip Code HACKER WAY MENLO PAIK CA Category (See Categories listed at the top of this schedule) Description 94025 __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** ADVERTASAMG Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date PHILLIP BERMEJO 150 1955 COLUMBUS AVE FT WORTH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME
4 Thornton, Ant 3 Filer ID (Ethics Commission Filers) 05092015 Thornton, Anthony 4 Date 5 Payee name 2912 HARWOOD RD BEDFORD (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** LABOR Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3-6-17 WALMART City; State; Zip Code 2245 JACKS BORD HWY FT WORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** OFFICE / OUE IL-HEAD
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date KILO GONZALES City; State; Zip Code Amount (\$) 2704 LINCOLN AVE WORTH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Awards/Memorials Expense Printin	g Expense ig Expense es/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule F	1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
14 28	Thornton, Anthony		05092015
4 Date	5 Payee name		
3-7-17	TARGET		
6 Amount (\$)	7 Payee address; City; State; Zip Code	3	
# 0 -	,		
125.09	GOO CARROLL ST ET	WORTH Th	76164
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel of	outside of Texas. Complete Schedule T.
OF		Check if Aust	in, TX, officeholder living expense
EXPENDITURE		İ	
	EVENT/EXPENSE		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
~ 7 17			
3-1-11	JOSTE MANTINES		•
Amount (\$)	Payee address; City; State; Zip Code		
# 0 -			
4250	317 E DREW ST FT	WORTH TX	76110
	Category (See Categories listed at the top of this schedule)	Description	76110
PURPOSE		<u> </u>	tside of Texas. Complete Schedule T.
OF		Check if Austin	, TX, officeholder living expense
EXPENDITURE			
	LABOR		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date			
3-8-17	WALMART		
Amount (\$)	Payee address; City; State; Zip Code		
11 _	•		
121.00	1836 S. MAZW WEAT	HERFORD T	× 76600
· ·	Category (See Categories listed at the top of this schedule)	Description	x 760ec
PURPOSE		<u> </u>	side of Texas. Complete Schedule T.
OF		<u> </u>	TX, officeholder living expense
EXPENDITURE			Ç
	ADVENTISING		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIEC OF THE	COHEDINE ACARE	DED
	ATTACH ADDITIONAL COPIES OF THIS	SUMEDULE AS NEE	טבט

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)				
	Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Office Ove Polling Exp Printing Ex Salaries/W		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a calegory not listed above)			
1 Total pages Schedule F1	. D EILED N				3 Filer ID (Ethics Commission Filers)			
4 28	1				05092015			
4 Date		Thornton, Anthony 05092015 5 Payee name						
3-8-17	A	ATWOODS						
6 Amount (\$)	7 Payee ad		ip Code					
§ 72.42	(a) Category	LAKE (JOZTH) (See Categories listed at the top of this s	I	(b) Description	TH TX 76135			
PURPOSE					tside of Texas. Complete Schedule T.			
OF EXPENDITURE				Cneck if Austin	, TX, officeholder living expense			
	(7)=1	FICE / OVERHO	45					
Complete ONLY if direct expenditure to benefit C/OF	Candida	tte / Officeholder name		Office sought	Office held			
Date	Payee nan	ne						
3-9-17	AC	P TIOUT UX	uerby					
Amount (\$)	Payee address; City; State; Zip Code							
\$59.32	PO	BOX 6608,96	, [DALLAS TX	75266			
	Category (See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF					ide of Texas. Complete Schedule T.			
EXPENDITURE				Check ii Austin,	TX, officeholder living expense			
	OFF	ICE OVERHEAD						
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	Office held			
Date	Payee nam	ne						
3-9-17	(201	JZALO MALO	G A V AC	0.0				
Amount (\$)	Payee add							
\$ 45	3912	HARWOOD RD	PEDE	ord tx	76162			
PURPOSE OF EXPENDITURE	Category (t	See Categories listed at the top of this sch	hedule)		de of Texas. Complete Schedule T. TX, officeholder living expense			
		SPOILTATION						
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder name	~~~	Office sought	Office held			
	ATTA	CH ADDITIONAL COPIES O	F THIS SC	CHEDULEASNEED	DED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Thornton, Anthony 05092015 4 Date 5 Payee name 3-10-17 AMTGOS JN BUSINESS 7 Payee address; City; State; Zip Code 6 Amount (\$) PO BOX 125706 FT WORTH TX 76121 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense ADVERTASING Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3-10-17 CESAR CHAVEZ Amount (\$) City; State; Zip Code 2203 V. GRENSPOINT IT APLINGTON TX ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-16-17 Amount (\$) 641.63 HARWAD RD BEDFORD Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)					
		·					
1 Total pages Schedule F1	1	3 Filer ID (Ethics Commission Filers)					
4 20	Thornton, Anthony 05092015						
4 Date	5 Payee name						
3-13-17	WALMART						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$ 37.89	2245 JACKSPONO HUY FT	(b) Description					
8	(a) Category (See Categories listed at the top of this schedule)	↓` `					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Check if Austin, TX, officeholder living expense					
	EVENT EXPENSE						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
3-13-17	Payee address; City; State; Zip Code	·					
Amount (\$)	Payee address; City; State; Zip Code						
\$ 200	2704 LINCOLN AVE 1	ET WORTH TX 76/64					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF		Check if Austin, TX, officeholder living expense					
EXPENDITURE	1 00 10						
	LABOR						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
3-13-17	MARIA FELIX (HAZA	- UILETA					
Amount (\$)	Payee address; City; State; Zip Code						
\$ 185	119 NW 25th FORT	WATH TX 76164					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Check if Austin, TX, officeholder living expense					
LAFENDITURE	1 12 20						
	LABOR						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Salaries/	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed about	ve)
4 Tables - October 14 Tables	T	ue explains now to	complete this form.	2 Files ID (Files Ossision)	mu
1 Total pages Schedule F1:				3 Filer ID (Ethics Commission I	Filers)
4 '& O 4 Date	Thornton, Anthony 5 Payee name			05092015	
3-14-17		2 4			
6 Amount (\$)	ELIANA PALA				
ο Amount (\$)	7 Payee address; City;	State; Zip Code			
\$ 210	2010 ROSEN	AVE FORT	WORTH TY	76106	
8	(a) Category (See Categories listed at the		(b) Description		
PURPOSE			Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE			Check if Austin	, TX, officeholder living expense	
EXPENDITURE	1.00=3				
	LABOR				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name		,		
3-14-17	TEXAS CUS	TON PIL	TUTS	-	
Amount (\$)	Payee address; City; S	State; Zip Code			
- ···	9241 RENEE CZ	R FT (2012TH 7	x 76116	
	Category (See Categories listed at the t		Description	,	
PURPOSE			Check if travel outs	ide of Texas. Complete Schedule T.	
OF EXPENDITURE			Check if Austin,	TX, officeholder living expense	
EXTENSIONE					
	ADVERTASANG				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
3,15-17	MT OLIVET	E/ @076			
Amount (\$)		ate; Zip Code		WWW	
Amount (\$)	Payee address, City, Si	ate, Zip Code			
\$99.97	2301 N. STLV	ANJA AVE	FT u	ORTH IX 76	111 .
9	Category (See Categories listed at the to	op of this schedule)	Description		
PURPOSE			Check if travel outsi	de of Texas. Complete Schedule T.	
OF EXPENDITURE			Check if Austin, 1	X, officeholder living expense	
	MEMORIALS EX	PENSE			
Complete ONLY if direct	Candidate / Officeholder name	-0,035	Office sought	Office held	
expenditure to benefit C/OH				Sinds field	
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NEED	ED	

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made i Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense	Office Ove Polling Ex Printing Ex Salaries/M		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Cabadule E1	. a cu co N				ompiete tino form.	3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1 4 28	Thornton,					05092015		
4 Date	5 Payee na					103032013		
3-15-17		JOSTE MARTINEZ						
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$ 260	317	E DREW	TZ	Ecan =	Woilty T	x 76 110		
<u>"</u> В		(See Categories listed at			(b) Description	X / 4 110		
PURPOSE OF EXPENDITURE	(a) Gallegery	_			Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	LAB	or						
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder na	me		Office sought	Office held		
Date	Payee nan	ne						
3-15-17	KKA	+ Cons	OLTIN	(s				
Amount (\$)	Payee add		State; Zip					
\$ 1000	Po Bo	///		∪ oπ _†	TH TX	76110		
PURPOSE OF	Category (See Categories listed at t	he top of this sch	nedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
EXPENDITURE	(ons	SULTING						
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder nan	ne		Office sought	Office held		
Date	Payee nam	ne						
3-15-17	MA	RIA FE	レチメ	CHA	ZANTETA			
Amount (\$)	Payee add	ress; City;	State; Zip	Code				
\$ 300	119 N	~ 25th s	J S	- - 027	WORTH.	TX 76164		
PURPOSE OF EXPENDITURE	Category (s	See Categories listed at th	e top of this sch	edule)		side of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder nar	ne		Office sought	Office held		
	ATTA	CHADDITIONAL	COPIES O	F THIS SO	CHEDULE AS NEE	DED		

				ES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	Office se Pollir Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	nent & Related Expense		
Credit Card Payment The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4 26	Thornton,	Anthony		05092015				
4 Date	5 Payee nar							
3-15-17		1FW	State; Zip Cod		war			
6 Amount (\$)	7 Payee add	ress; City;	State; Zip Coo	e				
\$ 200	1100/	vw 18th	ST FT	WORTH 7	6164			
8	(a) Category	See Categories listed at t	he top of this schedule)	(b) Description				
PURPOSE					utside of Texas. Complete Schi			
OF EXPENDITURE				Check if Austin	n, TX, officeholder living ex	pense		
	Con	ITRIBUTIO	N					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder nar		Office sought	0	ffice held		
Date	Payee nam	e						
			<u>ب</u>					
3-15-17		KAELA (-			
Amount (\$)	Payee address; City; State; Zip Code							
\$ 225	4220	HARDY	STREET	FORT WOR	LTH TX	76106		
1			J . 1-0 0 1	1014 -01		14106		
		See Categories listed at th		Description		14106		
PURPOSE				Description	side of Texas. Complete Scheo			
OF				Description Check if travel out		dule T.		
T .	Category (s			Description Check if travel out	side of Texas. Complete Sched	dule T.		
OF	Category (s	See Categories listed at th	e top of this schedule)	Description Check if travel out	side of Texas. Complete Schec	dule T.		
OF EXPENDITURE Complete ONLY if direct	Category (s	See Categories listed at th	e top of this schedule)	Description Check if travel out	side of Texas. Complete Schec	dule T. ense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (s	See Categories listed at the Categories listed	e top of this schedule)	Description Check if travel out	side of Texas. Complete Schec	dule T. ense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Category (s	See Categories listed at the Source of Officeholder name	e top of this schedule)	Description Check if travel out Check if Austin, Offlice sought	side of Texas. Complete Schec	dule T. ense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3 - 16-17	Category (S LAP Candidate Payee nam Payee addre	See Categories listed at the	ne State; Zip Code	Description Check if travel out Check if Austin, Offlice sought	side of Texas. Complete Schec TX, officeholder living exp Of	dule T. ense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3 - 16-17 Amount (\$)	Category (s LAP Candidate Payee nam BES Payee addr	See Categories listed at the Soft Ref of Officeholder name Research Researc	e top of this schedule) The State; Zip Code	Description Check if travel out Check if Austin, Office sought	side of Texas. Complete Schec TX, officeholder living exp Of	dule T. ense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3 - 16-17 Amount (\$)	Category (s LAP Candidate Payee nam BES Payee addr	See Categories listed at the Communication of the C	e top of this schedule) The State; Zip Code	Description Check if travel out Check if Austin, Office sought Description	side of Texas. Complete Schec TX, officeholder living exp Of	dule T. ense fice held		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3-16-17 Amount (\$) PURPOSE OF	Category (s LAP Candidate Payee nam BES Payee addr	See Categories listed at the Communication of the C	e top of this schedule) The State; Zip Code	Description Check if travel out Check if Austin, Office sought Description Check if travel outs	side of Texas. Complete Scheo TX, officeholder living exp Of	dule T. ense fice held ule T.		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3-16-17 Amount (\$) PURPOSE	Category (S Candidate Payee nam Payee addre Category (S	See Categories listed at the SOR of Officeholder name e SUY ess; City; WEST FREE ee Categories listed at the	State; Zip Code	Description Check if travel out Check if Austin, Office sought Description Check if travel outs	side of Texas. Complete Sched TX, officeholder living exp Of	dule T. ense fice held ule T.		
Complete ONLY if direct expenditure to benefit C/OH Date 3-16-17 Amount (\$) PURPOSE OF EXPENDITURE	Category (S Candidate Payee nam BES Payee addre Category (S	See Categories listed at the Communication of the C	State; Zip Code	Description Check if travel out Check if Austin, Office sought Description Check if travel outs	side of Texas. Complete Sched TX, officeholder living exp Of side of Texas. Complete Sched TX, officeholder living expe	dule T. ense fice held ule T.		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3-16-17 Amount (\$) PURPOSE OF	Category (S Candidate Payee nam BES Payee addre Category (S OFF Candidate	See Categories listed at the SOR of Officeholder name of SUY ess; City; STERE of Categories listed at the SUY officeholder name	State; Zip Code EWAT F e top of this schedule) FRHEAD	Description Check if travel out Check if Austin, Office sought Description Check if travel outs Check if Austin,	of the control of the	dule T. ense fice held ule T.		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 Thornton, Anthony 4 Date 5 Payee name 3-16-17 TETAS CUSTOM PRINTS 7 Payee address; City; State; Zip Code 6 Amount (\$) 9241 REVEE CIL FT WORTH TX (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE ADVELTASING Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3-17-17 Amount (\$) BUZED A SIGN COM Payee address; City; State; Zip Code 93,80 Category (See Categories listed at the top of this schedule) Description 78758 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** __ Check if Austin, TX, officeholder living expense EXPENDITURE ADVERTASTNO Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-17-17 WALMART City; State; Zip Code Amount (\$) Payee address; 3651 AJRPORT FREEWAY FT WORTH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE EVENT EXPENSE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

				- W			4
		EXPE	NDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expensions Fees Food/Bevera Gift/Awards/N Legal Service	ge Expense Memorials Expense	Office Ov Polling E Printing E		Travel In District Travel Out Of Di	quipment & Related Expense
Credit Card Payment		The Instru	uction Guide expla	ains how to	complete this form.		
1 Total pages Schedule F	1: 2 FILER NA					3 Filer ID (Et 05092015	hics Commission Filers)
4 Date	5 Payee nan						
3-17-17	Si	MOKE	759				
6 Amount (\$)	7 Payee add		City; State;	Zip Code	į.		
166.85 B	Q401 (a) Category (BELICNAP s listed at the top of this		(b) Description	outside of Texas. Comple	C
OF EXPENDITURE					Check if Aus	lin, TX, officeholder liv	ing expense
EXPENDITURE	EV	Food	/ BEUERA	eE			
9 Complete ONLY if direct expenditure to benefit C/O		e / Officeho	older name		Office sought		Office held
Date	Payee nam	e					
3-17-17	MI	SSICU	RESTAUR	ANT	SUPPY	-	
Amount (\$)	Payee addr		City; State;				
124.19	2616	WHIZ	TE SETTLE	MENT	FT war	TH TX	76107
(Category (5	See Categories	listed at the top of this	schedule)	Description		
PURPOSE OF						utside of Texas. Complete n, TX, officeholder livin	
EXPENDITURE					Officer if Adstill	i, TX, onicendiaei iiviii	å exherise
	EVER	TFY	PENCE				
Complete ONLY if direct expenditure to benefit C/OF	Candidate	e / Officehol			Office sought		Office held
Date	Payee nam	е				- 44	
3-17.17	(20)	u2AL	O MA	HLDAN	/AhO		
Amount (\$)	Payee addre		City; State; Z				
Co1.00	2912	Ha	ひといいる	(D	BEDFULD	Tx.	76021
			listed at the top of this	schedule)	Description	1./	
PURPOSE OF EXPENDITURE	LUAN	repay.	MENT			tside of Texas. Complete	

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Office held

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Pollina Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Thornton, Anthony 05092015 4 Date 5 Payee name 3-17-17 6 Amount (\$) 7 Payee address; HARWOOD RD BEDEOLD IN 76021 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date CITY OF FT WONTH Payee address; City; State; Zip Code 3-20-17 Amount (\$) \$ 180 4200 S. FREEWAY FT WORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date ELIANA PALACTO vee address; City; State; Zip Code 3-21-17 2810 ROSENST FTWORTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE LABOR Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made Candidate/Officeholder/Politi	cal Committee Legal Services	Loan Repayment/Reimburseme Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	se Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
Credit Card Payment	The Instruction Guide explain	s how to complete this form	n.					
1 Total pages Schedule F1	: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 28	Thornton, Anthony 05092015							
4 Date	5 Payee name							
6 Amount (\$)	MIKAELA GONZALEZ 7 Payee address; City; State; Zip Code							
1 220	4220 HARDY ST. 1	CONT WORTH	Tx 76106					
8	(a) Category (See Categories listed at the top of this s	1 []						
PURPOSE			ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense					
OF EXPENDITURE	LABOR	Check II	Abolit, TX, directions, amy expense					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held					
Date	Payee name							
75-22-17	JOSJE MARTZWEZ							
Amount (\$)	nount (\$) Payee address; City; State; Zip Code							
\$ 260	317 E DREWST F	T WORTH TX	76110					
	Category (See Categories listed at the top of this so	1 [
PURPOSE OF		F	avel outside of Texas. Complete Schedule T. Austin, TX, officeholder fiving expense					
EXPENDITURE		SIJSSK II V	,,					
	LABOL							
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sough	t Office held					
Date	Payee name							
3-23-17	MARIA FELIX CHA	ZART ETA						
Amount (\$)	Payee address; City; State; Zi							
1312	119 NW 25th ST	FT WORTH T	*					
7	Category (See Categories listed at the top of this so							
PURPOSE			evel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Check If A	Austin, TX, officeholder living expense					
	LABOR							
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sough	nt Office held					
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS	NEEDED					
Forms provided by Texas Eth	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 Thornton, Anthony 4 Date 5 Payee name SABJUE JARVAS LATTLE LEAGUE 7 Payee address; City; State; Zip Code 6 Amount (\$) \$300 3604 SCHWARTZ AUE (a) Category (See Categories listed at the top of this schedule) FT WOATH TX 76/06 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE CONTRABUTION Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 2-24-17 CRAPHICS LAND INC Payee address; City; State; Zip Code Amount (\$) 8061 W. 186 IN ST TIWLEY PARK IL GOYET Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** ADVERTASING Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-24-17 RICO GONZALES Amount (\$) 2704 LINCOLN AUE 200 FT WONTH IN Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE -ABOIL Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 Thornton, Anthony 5 Payee name 3-24-17 GUNZALU City; State; Zip Code 6 Amount (\$) 7 Payee address; 667.80 79162 HARWOOD RR BEDFORD IX (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-24-17 ELIZABETH REYES Amount (\$) Q 68 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE LABOR Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date ELIZABETH REYES 3-24-17 Pavee address; City; State; Zip Code Amount (\$) 2810 ROSEN AVE FT WORTH TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE JOSSA Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 05092015 Thornton, Anthony 5 Payee name 4 Date 7 Payee address; City; State; Zip Code 6 Amount (\$) † > 76126 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE ADUELTUSTNO Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-27-17 City; State; Zip Code Amount (\$) GA POBOX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office Overhead/Rental Expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED