CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR FIRST Mr. Bill	MI	OFFICE USE ONLY
NAME	1711. D111 	SUFFIX	Date Received
	Waybourn		TAR 2016 F ELECTION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	RANT C EB -1 F
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	D OUN
OFFICEHOLDER PHONE			Date Hand elivered of Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Ms. Taya	SUFFIX	Date Processed
	Kyle		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment
	July 15 8th day before eld	ection Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	01 / 01 / 2016	тняоидн 01/	21 / 2016
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	03 / 01 / 2016 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know	n)
	None	Sheriff	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			COVER SHEET PG 2
14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH DIMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS OURSE.	OUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		_
	SPECIFIC	COMMITTEE ADDRESS	TARRAN 2016 FEB - FRANK ELECTIONS
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	LED VI COUNTY -1 PM 2: 57 ADMINISTRATOR
		COMMITTEE CAMPAIGN TREASURER ADDRESS	NTY 2:57
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,009.20
EXPENDITURE TOTALS	1	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 344.59
	4. TOTAL	POLITICAL EXPENDITURES	\$ 36,958.39
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 57,493.94
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas My Commission Expires July 27, 2019 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said <u>Bill Waybourn</u> , this the <u>/st</u> day of <u>February</u> , 20 <u>/6</u> , to certify which, witness my hand and seal of office.			
Linda M	Clellard	Linda MClelland	notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer admiristering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19	FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,750
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,800
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36,613.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Bill Wayl			3 Filer ID (Ethics Commission Filers)
4 Date 1/1/2016	 5 Full name of contributor		7 Amount of contribution (\$) \$100.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
4 Date 1/1/2016	5 Full name of contributor Joshua Dickey 6 Contributor address; City; State 503 Cunningham Dr. Arlington T		7 Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
4 Date 1/2/2016	5 Full name of contributor Cynthia Miller 6 Contributor address; City; State 4301 Murwick Dr. Arlington TX		7 Amount of contribution (\$) \$25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
4 Date 1/3/2016	Craig Driskell 6 Contributor address; City; State		7 Amount of contribution (\$) \$500.00
8 Principal occu Attorney	ipation / Job title (See Instructions)	9 Employer (See Instruc CLEAT	tions)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	FILED TARRANT COUNTY 2016 FEB - 1 PM 2: 57 FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY:
	If contributor is out-of-state PAC, please see inst		1 '

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Bill Wayl	oourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
1/4/2016	6 Contributor address; City; State 812 Sabine Tr. Mansfield TX 760		\$100.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
4 Date		C (ID#:)	7 Amount of contribution (\$)
1/5/2016	Melvin Evans 6 Contributor address; City; State 598 N. Beach Street Fort Worth	•	\$500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions\
Owner	patient, too the (occ menucions)	Melvin Evans Pro	· ·
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)		7 Amount of contribution (\$)
1/6/2016	Alfred & Gloria Morgan 6 Contributor address; Cont		\$1,000.00
	2612 Lora King Ct. Arlington TX	76017	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
1/6/2016	Maurice & Faye Barksdale 6 Contributor address; City; State	; Żip Code	\$1,000.00
2400 Table Rock Ct. Arlington TX 76006			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES C	DE THIS SCHEDULE AS ME	TARRANT COUNTY 016 FEB - 1 PM 2: 57 FRANK PHILLIPS ECTIONS ADMINISTRATOR

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/8/2015

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1:
2 FILER NAME		3	Filer ID (Ethics Commission Filers)
Bill Wayb	ourn		
4 Date	5 Full name of contributorout-of-state PAC	'ID#: \ 7	Amount of contribution (\$)
	Ronald Carroll	, , ,	. (,,
1/6/2016			\$5,000.00
	6 Contributor address; City; State;	Zip Code	42,000.00
	1341 Hwy 287 South Mansfield TX	76063	
_	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instruction	ns)
Contractor		RJ Carroll Company	y
4 Date	5 Full name of contributor	(ID#:) 7	Amount of contribution (\$)
	Michael Matura	, , ,	(4)
1/7/2016			\$25.00
	6 Contributor address; City; State;	Zip Code	+
	3605 Shady Valley Dr., 200 Pantego	TX 76013	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Animal Co	ntrol		
4 Date			
4 Date	_	(ID#:) 7	Amount of contribution (\$)
1/8/2016	Janet & Glen Hahn		\$100.00
1, 0, 2010	6 Contributor address; City; State;	Zip Code	\$100.00
	2804 Heritage Hills Ct. Fort Worth	TX 76109	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
			,
4 Date	5 Full name of contributorout-of-state PAC (тон. 7	' Amount of contribution (\$)
	5 Full name of contributor Jason & Kimberly Ray	10#	, and an elementation (¢)
1/8/2016			\$100.00
	6 Contributor address; City; State;	Zip Code	Ψ100.00
	2703 Pin Oak Ln. Arlington TX 76	5012	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:
2 FILER NAME		700000	3 Filer ID (Ethics Commission Filers)
Bill Wayl	ourn		
4 Date	5 Full name of contributorout-of-state PAC (ID#:_)	7 Amount of contribution (\$)
	Isaih & Megan Johnson		, ,
1/8/2016		. , , ,	\$100.00
	6 Contributor address; City; State; Zip	Code	710000
	5804 River Meadows Pl. Fort Worth T	TX 76112	
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instructi	ons)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
)	/ Amount or contribution (4)
1/8/2016	Brian & Melva Birdwell		\$500.00
1, 0, 2020	6 Contributor address; City; State; Zig	Code	\$500.00
	1602 Catalina Bay Ct. Granbury TX 7	6048	
	1002 Catalilla Day Ct. Granoury 174 /	0040	
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instructi	ons)
4 Date			7
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/8/2016	Kara Green		4
1/8/2010	6 Contributor address; City; State; Zig	Code	\$100.00
	DOD coo Di i G i TIV 70	· / 20	
	P.O. Box 900 Dripping Springs TX 78	3620	
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instructi	ons)
4 Date			7 American of containing (6)
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)
1/8/2016	Mona Bailey		405000
1/0/2010	6 Contributor address; City; State; Zip	Code	\$250.00
	(200 Lake Wass N. Biobland Hile TV	76100	
	6200 Lake Way N. Richland Hils TX	70180	
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instructi	ions)
	1		8 ELE 20 7
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			TARRANT COUNTY 116 FEB - 1 PM 2: 5: ECTIONS ADMINISTRATO
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bill Wayl	oourn		,
4 Date	5 Full name of contributor	: (ID#:)	7 Amount of contribution (\$)
	Kerry & Raul Gonzalez	/	
1/8/2016			\$100.00
	6 Contributor address; City; State	; Zip Code	Ψ100.00
	2211 Woodmont Ct. Arlington TX	X 76017	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
4 Date	E Cull name of contributor		7 Amount of contribution (ft)
4 Date		(ID#:)	7 Amount of contribution (\$)
1/8/2016	Joshua Hamilton		
1/0/2010	6 Contributor address; City; State	; Zip Code	\$10,000.00
	D.O. D. 10250 I.I. TV 5555	,	
	P.O. Box 10370 Liberty TX 77576)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Baseball Pl	•	Texas Rangers	,
Buscoun T		1 CAAS RAIIGCIS	
4 Date	5 Full name of contributorout-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	RLT Associates		
1/8/2016	10 Octobritation Statement Company		\$2,500.00
	6 Contributor address; City; State	; ZIP Code	•
	1525 Merrimac Cir., Suite 104 Fort	Worth TX 76107	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
4 Date	5 Full name of contributorout-of-state PAC	(10.11	7 Amount of contribution (\$)
. 500		(ID#:)	/ Amount of contribution (\$\psi\$)
1/8/2016	Michael Perry		¢100 00
_, _,	6 Contributor address; City; State	; Zip Code	\$100.00
	404 Forest River Ct. Fort Worth	TX 76112	
***************************************		, V112	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
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			77 2016 ELEC
			TARRA 2016 FEB LECTIONS
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bill Wayb	ourn		,
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
	Jack Coons	,	
1/8/2016			\$250.00
-, -,	6 Contributor address; City; State	e; Zip Code	\$230.00
	5732 Redgum Dr. Keller TX 762	44	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Regional M	I anager	Sharp Electronics	5
4 Date	5 Full name of contributorout-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	Ronda Griffin		
1/8/2016	6 Contributor address; City; State	St. 7in Code	\$100.00
	8012 Ederville Cr. Fort Worth T	X 76120	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Librarian		Arlington I.S.D.	
4 Date	5 Full name of contributorout-of-state PA	C (ID#:)	7 Amount of contribution (\$)
- 10 1001	John Harvison		
1/8/2016	6 Contributor address; City; State	à: ' Zió Codé ' · · · · ·	\$100.00
	6 Contributor address, City, State	s, zip code	
A D::-:	The state of the s	A Francisco (See Instrue	tions)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	cions)
4 Date	5 Full name of contributorout-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	David & Mary Reiting	,	
1/9/2016		4	\$100.00
	6 Contributor address; City; State	e; Zip Code	\$100.00
	5849 Forest River Dr. Fort Worth	TX 76112	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	cuons)

		Market Control of the	в Г №
			TARRA 2016 FEB ELECTIONS BY:
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			NIST PRODU
			ED COUNT PM 2:1
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	If contributor is out-of-state PAC, please see ins		
l	ii contributor lo cut or cutto i rio, produce decimo		

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME Bill Wayb	ourn		3 Filer ID (Ethics Commission Filers)		
4 Date 1/11/2016	/2016 Craig Driskell		7 Amount of contribution (\$) \$250.00		
	6 Contributor address; City; State 2903 Burlwood Dr. Arlington TX	·			
8 Principal occup Attorney	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
4 Date	5 Full name of contributor Out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)		
1/13/2016	6 Contributor address; City; State	; Zip Code	\$250.00		
	1522 Highland Oaks Drive Keller	TX 76248			
8 Principal occur Attorney	pation / Job title (See Instructions)	9 Employer (See Instruc Self	tions)		
4 Date 1/13/2016	5 Full name of contributor D. Miles Brissette 6 Contributor address; City; State 201 Main St., Suite 801 Fort Worth		7 Amount of contribution (\$) \$100.00		
8 Principal occup Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction Law Office of D.			
4 Date 1/13/2016	Jordan & Christina Burton	76132	7 Amount of contribution (\$) \$50.00		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	8 E 2		
			FILED TARRANT COUNTY 116 FEB - I PM 2: 57 FRANK PHILLIPS ECTIONS ADMINISTRATOR Y:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bill Wayb	oourn		
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
	Jannette Kurban		
1/13/2016			\$100.00
-,,	6 Contributor address; City; State	; Zip Code	\$100.00
	101 Hideaway Dr., Unit 5 Strawn	TX 76475	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Owner		Kurban Chiropra	ctic
		A - 11 (A)	
4 Date	5 Full name of contributorout-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Mike Yaw		
1/13/2016			\$100.00
	6 Contributor address; City; State	; Zip Code	,
	3015 Woodside Dr. Arlington TX	76016	
	oois woodside Di. Timigion Th	70010	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Retired			
474			
4 Date	5 Full name of contributorout-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Craig Driskell		
1/13/2016			\$1,000.00
	6 Contributor address; City; State	; Zip Code ' ' ' ' '	42,000.00
	2903 Burlwood Dr. Arlington TX	76016	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Attorney		CLEAT	
, , , , , , , , , , , , , , , , , , , ,			A Committee of the Comm
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Michelle Brown		
1/13/2016			\$50.00
	6 Contributor address; City; State	e; Zip Code	70000
	7425 Jamie Renee Ln. N. Richland	Hills TX 76182	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Retired	,		
			FILED TARRANT COUNTY 1016 FEB - 1 PM 2: 5 FRANK PHILLIPS LECTIONS ADMINISTRATO 8Y:
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NO	FEDED 20
	If contributor is out-of-state PAC, please see inst		——— — .·

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Bill Wayb	ourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (7 Amount of contribution (\$)	
1/14/2016	6 Contributor address; City; State;		\$250.00
	5128 Golden Ln. Fort Worth TX 7	76123	
8 Principal occu President	pation / Job title (See Instructions)	Employer (See Instruct Nelrod Company	
4 Date	5 Full name of contributor Out-of-state PAC (Douglas Penland	ID#:)	7 Amount of contribution (\$)
1/14/2016	6 Contributor address; City; State;	Zip Code	\$100.00
	2109 Briarwood Blvd. Arlington T	X 76013	
8 Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1/15/2016	6 Contributor address; City; State;	Zip Code	\$750.00
	3702 Coral Sands Ct. Grandbury T	X 76049	
8 Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
4 Date	5 Full name of contributor	ID#:)	7 Amount of contribution (\$)
1/18/2016	Mona Bailey 6 Contributor address; City; State;	Zip Code	\$1,000.00
	6200 Lake Way N. Richland Hils T	°X 76180	
8 Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	tions)
			FILED TARRANT COUNTY DI6FEB - 1 PM 2: 57 FRANK PHILLIPS LECTIONS ADMINISTRATOR BY:
	ATTACH ADDITIONAL COPIES OF		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2:				
2 FILER NAME Bill Waybourn				3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU			IONS	\$ 3,800				
5 Date				8 Amount of 9 In-kind contribution Contribution \$ description				
1/8/2016	7 Contributor address, City, State, Elp Code			\$2,000	Event	Cont	ributio	ns
	404 Forest River Cir., Fort Worth, TX 76111		Check if travel out	side of Texas.	Comple	ete Schedu	le T.	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11		er (FOR NON-JUDIC		structi	ons)	
Owner				nwest Office Sys				
12 Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	utor's job title (FOR J	IUDICIAL) (S	ee Ins	structions))
14 Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n of contributor's spo	use (if any)	(FOR	JUDICIAL	<u>-</u>)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor)	Amount of Contribution \$	In-kind descri		ribution	
1/13/2016	Contributor address; City; State; Zip Co	de		\$1,800	Even	t Foo	od	
				Check if travel out	tside of Texas.	Comple	ete Schedu	le T.
Principal occi Owner	upation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL)(See Instructions) Bra-De Oil & Gas				
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See Instructions))	
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					PHONING SOCIAL S	
						***************************************		N 2.
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c		er (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Bill Waybourn	3 F	iler ID (Ethics Commission Filers)	
4 Date	5 Payee name			
1/4/2016				
	NE Tarrant Co Tea Party		the served deplace compared to the served depth and	
6 Amount (\$)	7 Payee address; City; State; Zip Code			
25.00	3617 Greenbriar Ct. Colleyville TX 7	6034		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Chack if travel outside of Taylas Complete Schedule T			
EXPENDITURE	Fees	Check if Austin, TX, o	officeholder living expense	
			•	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
4 Date	5 Payee name			
1/5/2016	Murphy Nasica			
1,5,2010	Tritiphy Nasica			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
10.05(.22	A . TOTAL			
19,256.33	815-A Brazos Austin TX 78701			
	(b) Category (See Categories listed at the top of this schedule)	Description	and the second s	
8	(b) Category (See Categories listed at the top of this schedule)	Description Check if travel sutside of	Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Adventising Evnenge Fauly Vete		·	
EXPERIENCE	Advertising Expense - Early Vote	Check if Austin, TX, o	fficeholder living expense	
	1			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	1		8 E 2	
4 Date	5 Payee name		=======================================	
1/5/2016	Cowtown Republican Club		CAN EB	
			× × × ×	
6 Amount (\$)	7 Payee address; City; State; Zip Code			
100.00				
8	(c) Category (See Categories listed at the top of this schedule)	Description	57 ×	
PURPOSE OF Check if travel outside of Texas. Complete Sched			exas. Complete Schedule T.	
EXPENDITURE	EXPENDITURE Fees Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	4			
	A MARKATAN AND A MARK	MANAGEMENT AND	A STATE OF THE STA	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	otal pages Schedule F1: 2 FILER NAME		ler ID (Ethics Commission Filers)		
	Bill Waybourn				
4 Date	5 Payee name				
1/6/2016	Constant Contact				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
85.12	www.constantcontact.com				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
4 Date	5 Payee name				
1/8/2016	Academy Sports				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
172.76	172.76 1101 W. Arbrook Blvd. Arlington TX 76015				
8	(b) Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
4 Date	5 Payee name				
1/11/2016	Murphy Nasica		TARRAN 7016 FEB : ELECTIONS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		SE B AT		
2,500.00	815-A Brazos Austin TX 78701		ADMILLI		
8	(c) Category (See Categories listed at the top of this schedule)	Description	STE		
PURPOSE OF EXPENDITURE	Consulting Expense		exas. Complete Scheddie T.		
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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Magac/Contract Leber Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bill Waybourn 4 Date 5 Payee name 1/8/2016 Glory House Catering 6 Amount (\$) 7 Payee address; City; State; Zip Code 1,455.96 109 S. Main St. Irving TX 75060 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF EXPENDITURE Event Expense** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH 4 Date 5 Payee name 1/11/2016 **TCGOP** 6 Amount (\$) 7 Pavee address: City; State; Zip Code 425.00 7524 Mosier View Ct. Fort Worth TX 76118 (b) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF EXPENDITURE** Event Expense Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 5 Payee name 4 Date 1/19/2016 **IHOP** 7 Payee address; 6 Amount (\$) City; State; Zip Code 57.31 317 E. State Hwy 114 Southlake TX 76092 (c) Category (See Categories listed at the top of this schedule) scription

Check if travel outside of Texas. Complete Sche 8 **PURPOSE OF EXPENDITURE** Food/Beverage Expense Check if Austin, TX, officeholder living expense 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)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	(Sine) a category for instead above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commiss			
	Bill Waybourn				
4 Date	5 Payee name				
1/19/2016	Murphy Nasica				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
6,835.91	815-A Brazos Austin TX 78701				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
4 Date	5 Payee name				
1/19/2016	Craig Ownby				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
1,000.00	815-A Brazos Austin TX 78701				
8	(b) Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
4 Date	5 Payee name	: 1	7016 1016		
1/20/2016	Murphy Nasica		TARRAN 1016 FEB - LECTIONS F		
6 Amount (\$)	7 Payee address; City; State; Zip Code		AP 1		
521.87	815-A Brazos Austin TX 78701		T COUL		
8	(c) Category (See Categories listed at the top of this schedule)	Description	18 2: 1		
PURPOSE OF EXPENDITURE	Printing Expense	1 —	of Texas. Compete Schedolly T.		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID ((Ethics Commission Filers)		
	Bill Waybourn				
4 Date	5 Payee name				
1/20/2016	Murphy Nasica				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
1,000.00	815-A Brazos Austin TX 78701				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
4 Date	5 Payee name				
1/20/2016	Murphy Nasica				
6 Amount (\$)	7 Payee address; City; State; Zip Code	-			
2,750.00	815-A Brazos Austin TX 78701				
8	(b) Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
4 Date	5 Payee name		And the state of t		
1/21/2016	Murphy Nasica	8Y:-	TARRAN 2016 FEB -		
6 Amount (\$)	7 Payee address; City; State; Zip Code		B RA		
428.54	815-A Brazos Austin TX 78701	Ž.			
8	(c) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Con			
PURPOSE OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Con Check if Austin, TX, officeholde	:		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
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