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 NAME	MS/MRS/MR FIRST Mr. Bi	TT .	OFFICE USE ONLY Date Received
	NICKNAME LAST Waybourn		7 20 ELE BY:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	ARRAI
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand #Reference of Pate Personal Pate P
6 CAMPAIGN TREASURER NAME	Mrs. Taya NICKNAME LAST Kyle	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); A	PT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE		efore election Runoff fore election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2015	THROUGH 12	Day Year 31 / 2015
11 ELECTION	Month Day Year X Po G	ELECTION TYPE rimary Runoff Other Description eneral Special	
12 OFFICE	None	13 OFFICE SOUGHT (if known) Sheriff	n)
	GO	TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
Bi	,		
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 RED VE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME	FRA A
	GENERAL		AN A
	SPECIFIC	COMMITTEE ADDRESS	ED COUNTY F COUNTY F PM 4: 3:
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	M 4: 32
		COMMITTEE CAMPAIGN TREASURER ADDRESS	·
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	1AN \$ 17,894.95
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,894.95 \$ 151,670.91
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, STEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 84,252.78
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	\$ 67,418.13
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ /
Iswear, 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. Notory Public. State of Texas My Commission Expires July 27, 2019 Signature of Cardinate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed before me, by the said Bill WAYBOURN, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.			
Linda McClellard Linda McClelland			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Co		mmission Filers)	
	Bill Waybourn			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 133,775.96	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 8,750.¢	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 20,000.00	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 84,252.18	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	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 FUN	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$	

FRANK PHIL CTIONS ADMI

FRANK PHILLIPS

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 Bill Waybourn 4 Date 5 Full name of contributor ___ out-of-state PAC (ID#:___ 7 Amount of contribution (\$) James Vardalis 7/23/2015 City; State; Zip Code 6 Contributor address; \$485.20 917 Joshua Court, Granbury, TX 76048 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) Craig Gentry Contributor address; 7/26/2015 City; State; Zip Code \$1,941.70 60 E. Rio Salado Prkwy #1012, Temple, AZ 85281 Principal occupation / Job title (See Instructions) Employer (See Instructions) Profesional Baseball Player **MLB** Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Patrick & Janice Tyler City; State; Zip Code 8/1/2015 Contributor address; \$125.00 3705 Pimlico Dr, Arlington, TX 76017 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Saljo Kolic Contributor address; \$500.00 City; State; Zip Code 8/1/2015 2229 W. Park Row Dr. Ste D, Pantego, TX 76013 Employer (See Instructions) Principal occupation / Job title (See Instructions) Saljo's Pizza **Business Owner**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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	D:II Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
8/17/2015	O Commedia assista	Zip Code	\$500.00
	2701 Kimbo Rd., Fort Worth, TX 761	9 Employer (See Instruct	tions)
8 Principal occu	pation / Job title (See Instructions)	g Employer (See Institute	iulia)
Date		(ID#:)	Amount of contribution (\$)
8/23/2015	Benjamin Arslanovski Contributor address; City; State; Zip Code 915 W. Debbie Lane, Mansfield, TX 76063		\$485.20
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
8/28/2015	Ed Speakmon Contributor address; City; State	; Zip Code	\$96.80
	1405 Briar Meadow Dr., Keller, TX	76248	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		; (ID#:)	Amount of contribution (\$)
08/28/2015		; Zip Code	\$200.00
Principal occu	3703 Dustin Trail, Arlington, TX 760 apation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	TARRANT COUNTY 2016 JAN 15 PM 4: 35 ELECTIONS ACHINISTRATES EEDED reporting requirements

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SCHEDULE A1

Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Bill Waybourn		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC	(iD#:)	7 Amount of contribution (\$)
Kelly Canon 6 Contributor address; City; State; Zip Code		\$100.00
	9 Employer (See Instruct	tions)
	(ID#:)	Amount of contribution (\$)
1	; Zip Code	\$100.00
5401 Hidden Valley Ct, Mansfield, T	X 76063	
pation / Job title (See Instructions)	Employer (See Instruct	ions)
	(ID#:)	Amount of contribution (\$)
	; Zip Code	\$100,00
509 Country Wood Ct., Arlington, TX	76011	
pation / Job title (See Instructions)	Employer (See Instruct	tions)
Full name of contributor □ out-of-state PAC Tracy Dodson	(ID#:)	Amount of contribution (\$)
Contributor address; City; State	; Zip Code	\$100.00
2705 Whisperwood TR., Arlington, 7	ΓX 76016	
pation / Job title (See Instructions)	Employer (See Instruct	tions)
ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instr		FRANT COUNTY B JAN 15 PM 4: 35 FRANK PHILLIPS FRANK ADMINISTRATOR FRANK ADMINISTRATOR
	Bill Waybourn 5 Full name of contributor	Bill Waybourn 5 Full name of contributor

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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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) Bill Waybourn 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Richard & Kathleen Riddle 6 Contributor address; City; State; Zip Code 8/28/15 \$200.00 1602 Stagecoach Dr, Pantego, TX 76013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Richard Morris Contributor address; 8/28/15 City; State; Zip Code \$150.00 2733 6th Avenue, Fort Worth, TX 76010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Vivian Lynn 8/28/15 Contributor address; City; State; Zip Code \$100 5840 Crystal Dr, Midlothian, TX 76065 Principal occupation / Job title (See Instructions) Employer (See Instructions) insurance State Farm Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Albert Martinez 8/28/15 Contributor address; City; State; Zip Code \$100.00 2000 Hill Country Ct., Arlington, TX 76012 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 Bill Waybourn 5 Full name of contributor 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Paul Hill \$500.00 City; State; Zip Code 6 Contributor address; 8/28/15 1604 Lillian Ave., Pantego, TX 76013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer Lockheed Martin Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Michelle Redden 8/28/15 City; State; Zip Code Contributor address: \$1000.00 2204 Raper Blvd., Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cowboy's Towing Owner Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Teresa Shaw Contributor address; City; State; Zip Code 8/28/15 \$200.00 2704 Sunset Ln, Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Scott O'Grady Contributor address; City; State; Zip Code 8/28/15 \$500.00 P.O. Box 12369, Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) Motivational Speaker Self

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	management added explains from the complete and		3 Filer ID (Ethics Commission Filers)
	Bill Waybourn		,
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Pamela Bassel		
8/28/15	6 Contributor address; City; State	; Zip Code	\$100.00
	5804 Forest Bend, Fort Worth, TX 76	5112	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
_	Full come of contributor	100	
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
0/20/15		; Zip Code	
8/28/15			\$1000.00
	907 Moore Road, Mansfield, TX 760		
Principal occup Loan Off	pation / Job title (See Instructions)	Employer (See Instruct Service First Mo	
- Louir Oil		Service i list ivio	rigage
Date		C (ID#:)	Amount of contribution (\$)
0/20/15	Roy Kurban		
8/28/15	Contributor address; City; State	·	\$300.00
	101 Hideaway #5, Strawn TX 76475		
Principal occu Retire	pation / Job title (See Instructions) ed	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Stephanie Springer		
8/28/15	Contributor address; City; State	e; Zip Code	\$150.00
	700 Buffalo Drive, Arlington, TX 76	5013	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			20 ELE BY
			TARRANT 15 2016 JAN 15 ECTIONS ACT
			RA RA
			출출 5 폭분
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED ST. P. CO
	If contributor is out-of-state PAC, please see inst		reporting requirements.
Forms provided by	Texas Ethics Commission www.ethics	.state.tx.us	Feetised 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) Bill Waybourn 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Theresa Mayser 8/28/15 \$100.00 6 Contributor address; City; State; Zip Code 1321 Brookfield Ln. Mansfield TX 76063 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Joan Lore 8/28/15 Contributor address; City; State; Zip Code \$100.00 3726 Danbury Dr., Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Sandra Beardsley Contributor address; 8/28/15 City; State; Zip Code \$200.00 2601 Roosevelt Drive, Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Bruce Southey Contributor address; 8/28/15 City; State; Zip Code \$200.00 4017 Patricia's Ridge, Fort Worth, TX 76126 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 lequirements.

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 Bill Waybourn 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ Howard & Judy Zuckerbrow 6 Contributor address; City; State; Zip Code 8/28/15 \$200.00 2804 Katherine Court, Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Date Kay King Contributor address; City; State; Zip Code Contributor address; \$200.00 8/28/15 4015 Shady Valley, Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Karen Schroeder Contributor address; City; State; Zip Code 8/28/15 \$150.00 P.O. Box 170053, Arlington, TX 76003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) J.E.Meek Contributor address; City; State; Zip Code 8/28/15 Contributor address; \$150.00 P.O. Box 150005, Arlington, TX 76015 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.

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-ol-state PAC	(ID#:)	7 Amount of contribution (\$)
8/28/15	Fred or Linda Davis 6 Contributor address; City: State: P.O. Box 13663, Arlington, TX 760		\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Re	etired		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/29/15	Daniel Blumberg Contributor address; City; State; Zip Code 2304 W. interstate 20, Ste 190, Arlington, TX 76017		\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
8/28/2015			\$486.25
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Student			,
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
8/28/15	Craig Driskell Contributor address; City; State		\$486.25
	2903 Burlwood Dr., Arlington, TX		
Attorne	pation / Job title (See Instructions) V	Employer (See Instruc	xions)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDUL F AS N	TARRANT COUNTY 2016 JAN 15 PM 4: 3 ELECTIONS ADMINISTRAT
	If contributor is out-of-state PAC, please see inst		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

		-	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
8/28/15	Kimberly Newcomer 8/28/15 6 Contributor address; City; State; Zip Code 709 E. Abrams Street, Arlington, TX 76010		\$1458.75
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Attorn	ney	Harris Cook,	LLP
Date		C (ID#:)	Amount of contribution (\$)
8/28/15	Roy Oliver Contributor address; City; State	e; Zip Code	\$97.25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	_	C (ID#:)	Amount of contribution (\$)
9/4/15	Gary Current Contributor address; City; State	•	\$100.00
	1123 TEn Box Rd., Sunset TX 76270)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
8/29/15	Clyde Ogle Contributor address; City; State	e; Zip Code	\$97.25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
	it contributor is out-of-state PAC, please see inst	ruction guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
9/4/15	Randy Reed		
) 15	6 Contributor address; City; State 1390 Apple Ln., Midlothian, TX 760	· ·	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
		, , ,	,
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
9/8/15	M. Stan Royal		
9/0/13	•	e; Zip Code	\$500.00
	5 Country Place Cir., Arlington, TX		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
9/14/15	William & Vera McKissic Contributor address; City; State	e; Zip Code	\$500.00
	2409 N. Pleasant Cir., Arlington, TX	X 76015	
·	pation / Job title (See Instructions)	Employer (See Instruct	·
I	Pastor	Cornerstone C	hurch
Date	Full name of contributor □ out-of-state PAC Larry Smith	C (ID#:)	Amount of contribution (\$)
9/17/15		·	\$96.20
	918 Valley Green, Arlington, TX	76017	\$70.20
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Retire	ed		
			TARRANT COUNT 2016 JAN 15 PM 4: FRANK PHILLIPS ELECTIONS ADMINISTRA
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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
9/21/15		e; Zip Code	\$96.20
	11701 Palm Lake Dr #1815, Jackson	nville, FL 32218	
8 Principal occu Coding Spe	pation / Job title (See Instructions) ecialist	9 Employer (See Instruct St. Vincents Med	•
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
9/29/15	Michele Byington Contributor address; City; State 1306 Dian St., Houston, TX 77008	e; Zip Code	\$482.20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Attorney	Walker & Bying	gton, PLLC
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
9/30/15	Contributor address; City; State 1330 Summit Avenue, Fort Wort	e; Zip Code h, TX 76102	\$1,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
9/30/15		e; Zip Code	\$2,000
	2800 Park Drive, Arlington, TX 76	5016	
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
11	urnbow Family Trust		
			TARRANT COUNTY 2016 JAN 15 PM 4: 3: ELECTIONS ADMINISTRATE BY:
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) Bill Waybourn 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Brenda Hayes 6 Contributor address; 10/11/15 City; State; Zip Code \$300.00 370 Cage Crow Rd., Mansfield, TX 76063 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Business Owner** Self Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) James Ashby 10/4/15 Contributor address; City; State; Zip Code \$964.70 604 W. Harwood Rd., Euless TX 76039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Mark Shelton 10/4/15 Contributor address; \$288.90 City; State; Zip Code 3318 Roosevelt Dr, Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Restaurant Owner Self Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Ty Tipton Contributor address: City; State; Zip Code \$240.95 10/8/15 P.O. Box 1622, Euless, TX 76039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales Timpton Insurance If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
10/12/15	John Copeland 6 Contributor address; City; State; Zip Code		\$964.70
8 Principal occu	1000 Cooper Canyon, Argyle TX 7	9 Employer (See Instruct	iono)
CEO		Kenneth Copeland	·
Date		C (ID#:)	Amount of contribution (\$)
10/13/15	Brandee Kelley Contributor address; City; State 1300 Canterbury Ct, Arlington, TX	· '	\$1,150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/13/15	Jeanette Hoddock Contributor address; City; State	; Zip Code	\$150.00
	1417 Country Club Rd., Arlington	1, TX 76013	·
Principal occu	I pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/6/15	Carol Lingard Trust Contributor address; City; State	e; Zip Code	\$150.00
	1409 Country Club Rd, Arlington,	ΓX 76013	
Principal occu	pation / Job title (See Instructions) Trustee	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O		

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 Bill Waybourn 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:____ Joseph Harmison 10/7/15 6 Contributor address; City; State; Zip Code \$300.00 P.O. Box 152643, Arlington, TX 76015 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Jan Bowerman 10/11/15 Contributor address; City; State; Zip Code \$150.00 1425 Country Club, Arlington, TX 76013 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) G.W. Winter Contributor address; City; State; Zip Code 10/7/15 \$300.00 1212 Canterbury Ct., Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Linda Davis 10/8/15 Contributor address; City; State; Zip Code \$100.00 P.O. Box 13663, Arlington, TX 76094 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired 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) Bill Waybourn 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Cable Johnson & Associates, LLC 10/8/15 6 Contributor address; City; State; Zip Code \$100.00 3903 Drake Elm Way, Arlington, TX 76005 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Apple Marketing \$500.00 City; State; Zip Code Contributor address; 10/13/15 2227 Michigan Ave., Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Marketing Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Charles Arnold Contributor address; City; State; Zip Code 10/12/15 \$300.00 1416 Country Club, Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Daniel & Kelly Mohore \$500.00 Contributor address; 10/12/15 City; State; Zip Code 2702 Mark Twain Cr, Arlington, TX 76006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Account Manager ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Goodman & Clark	C (ID#:)	7 Amount of contribution (\$)
10/16/15		; Zip Code	\$1,000,00
	5001 S. Cooper St., Suite 212, Arling	ton, TX 76017	
	pation / Job title (See Instructions) orney	9 Employer (See Instruct Goodman & Clar	<i>'</i>
Date		C (ID#:)	Amount of contribution (\$)
10/14/15	Sarah Ribniscky Contributor address; City; State	e; Zip Code	\$144.45
	1901 Longmeadow Drive, Arlington	, TX 76015	
Principal occup	etary	Employer (See Instruct Interquest Detec	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Robert benda		,,,
10/15/15	Contributor address; City; State	; Zip Code	\$482.20
	608 Paint Pony Trail North, Fort W	orth, TX 76108	· -
	pation / Job title (See Instructions)	Employer (See Instruct	lions)
Exec	cutive	Westwood Cont	ractors
Date	Full name of contributor ☐ out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/15/15	Contributor address; City; State	e; Zip Code	964.70
	704 Loch Lomond, Arlignton, TX	/6012	
	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Acco	ountant	Self	
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	TARRANT COUNTY 2016 JAN 15 PM 1: 30 ELECTIONS ADMINISTRATO BY:
	If contributor is out-of-state PAC, please see inst	ruction guide for additional	reporting requirements.

Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Bill Waybourn		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		\$144.45
pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
cilities Porter	Mercedes Benz Arl	lington
	(ID#:)	Amount of contribution (\$)
Contributor address; City; State	,	\$144.45
pation / Job title (See Instructions) Freelance Book Editor	Employer (See Instruct	ions)
Full name of contributor	(ID#:)	Amount of contribution (\$)
Jags Patel Contributor address; City; State	; Zip Code	97.17
2625 Johnson Rd., Southlake, TX 76	5092	
pation / Job title (See Instructions)	Employer (See Instruct	ions)
ness Man	Q Hotel	
	(ID#:)	Amount of contribution (\$)
Jerry & Valeria Dodson Contributor address; City; State; Zip Code		\$964.70
5900 Rosemont Ct., Arlington, TX	76017	
pation / Job title (See Instructions) Estate	Employer (See Instruct	ions)
	Bill Waybourn 5 Full name of contributor	S Full name of contributor

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 Bill Waybourn 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ Michael Bueschel 10/18/15 6 Contributor address: City; State; Zip Code \$144.45 6606 Angora Trail, Arlington, TX 76002 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pilot NetJets Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Ron Carrol Contributor address; City; State; Zip Code 10/19/15 \$4,824.70 1341 Highway 287 South, Mansfield, TX 76063 Employer (See Instructions) Principal occupation / Job title (See Instructions) R.J. Carrol Company Owner Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) **Greg Thomas** 10/19/15 Contributor address; City; State; Zip Code \$4,824,70 4016 Edgehill Rd., Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Delta Oil & Gas Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: Warren Norred 10/19/15 Contributor address; City; State; Zip Code \$144.45 2803 Zinfandel Lane, Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Norred Law Attorney

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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	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
10/20/15	Twanaha Rea 6 Contributor address; City; State	e; Zip Code	\$482.20
	P.O. Box 996, Keene, TX 76059		
8 Principal occi	upation / Job title (See Instructions) Retired	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/20/15	Contributor address; City; State	e; Zip Code	\$1,109/15
	200 E. Abrams St., Arlington, TX 7	6010	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Para	alegal	Norred Law	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/20/15	Delores Pell Contributor address; City; State	e; Zip Code	\$482.20
	3703 Dustin Trail, Arlington, TX 7	76016	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Busi	iness Owner	Electrotech S	Systems
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)
10/20/15	Dennis Cox Contributor address; City; State	e; Zip Code	\$288.90
	8008 Woodcreek Cir., Argyle TX 76	6226	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Retir	ed		
			ARRANT COUNTY ARRANT COUNTY 16 JAN 15 PM 4: 36 FRANK PHILLIPS ECTIONS ADMINISTRATOR Y:
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see ins		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	2 FILER NAME Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/21/15	Virginia Prewitt 6 Contributor address; City; State 4317 Vine Ridge, Arlington, TX 76	p; Zip Code	\$964.70
9 Dringing Coop			tion o \
8 Principal occup Builde	pation / Job title (See Instructions)	9 Employer (See Instruct Prewitt Building	
Builde	51	Flewitt Building	Corp.
Date	_	C (ID#:)	Amount of contribution (\$)
10/23/15	Rodney Gann Contributor address; City; State	e; Zip Code	\$2,411.60
	2411 Garden Lane, Arlington, TX 76	5015	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ilons)
Ret	tired		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/8/15	Jakey Saunders Contributor address; City; State; Zip Code		\$500.00
	1309 Hillary Lane, Arlington, TX 76	5012	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/15/15	Contributor address; City; State; Zip Code \$300.00		\$300.00
	5401 Hidden Valley Ct, Mansfield,	TX 76063	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	TARR 2016 JP ELECTION BY:
			ANT COUNTY IN 15 PH 4: 36 ANK PHILLIPS ANS ADMINISTRATOR
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			1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.		i Total pages outleddie AT.	
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Texas Law Shield	(ID#:)	7 Amount of contribution (\$)
10/19/15	6 Contributor address; City; State		\$10,000.00
	1020 Bay Area Blvd. Ste 200, Housto		
•	pation / Job title (See Instructions)	9 Employer (See Instruc	
Le	gal Insurance for CHL	Texas Law Shie	Id
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/21/15	Bill Bowerman Contributor address; City; State	e; Zip Code	\$500.00
	P.O. Box 171199, Arlington, TX 7600	03	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
10/21/15	David Dekeyser Contributor address; City; State	; Zip Code	\$300.00
	 pation / Job title (See Instructions) Builder	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/8/15	John Woodruff Contributor address; City; State	e; Zip Code	\$150.00
1004 Briarcreek, Arlington, TX 76012			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C	DF THIS SCHEDULE AS N	TARRANT COUNT 2016 JAN 15 PM 4: FRANK PHILLIPS: ELECTIONS ADMINISTRATE BY: BY: EDD reporting reporti
	ATTACH ADDITIONAL COPIES C	ruction guide for additional	reporting requirements

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/6/15	Craig Driskell 6 Contributor address; City; State	1	\$150.00
	2903 Burlwood, Arlington, TX 7601	5	
8 Principal occu	pation / Job title (See Instructions) Attorney	9 Employer (See Instruction CLEAT	tions)
Date		C (ID#:)	Amount of contribution (\$)
10/23	Sherry Piazza Contributor address; City; State	e; Zip Code	\$144.45
•	1225 Precinct Line #123, Hurst, TX	76053	
	oation / Job title (See Instructions) /ner	Employer (See Instruct C&S Publishing	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/10/15	Contributor address; City; State 441 Private Road 7124, Edgewood, T		\$250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
10/24/15	Alan Petsche Contributor address; City; State 3805 Bellaire Cir. Fort Worth, TX	e; Zip Code 76109	\$482.20
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Reti	red		B E 201
			FILED 6 JAN 15 PM 4: 36 FRANK PHILLIPS CTICHS ADMINISTRATOR
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see inst		•

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) Bill Waybourn 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Michael Higgins 10/8/15 6 Contributor address; City; State; Zip Code \$100.00 1304 Autry Lane, Crowley, TX 76036 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) David Woodruff Campaign Fund 10/9/15 Contributor address; City; State; Zip Code \$350.00 1134 Lone Ivory Trl., Arlington, TX 76005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Constable Tarrant County Preceinct 2 Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Carl Greer 10/8/15 City; State; Zip Code Contributor address; \$1,000.00 2110 Bay Club Drive, Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Law Office of Stephanie Foster 10/6/15 Contributor address; City; State; Zip Code \$1,000.00 4214 Little Rd., Suite 1000, Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Owner

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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) Bill Waybourn 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Sargent Investments, LLC 10/8/15 6 Contributor address; \$10,000.00 City; State; Zip Code 2714 Sherman St., Grand Prairie, TX 75051 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner Sargent Investments Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Randy & Sherry Reed 10/25/15 Contributor address; City; State; Zip Code \$288.90 1390 Apple Lane, Midlothian TX 76065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Police Officer North Lake College P.D. Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Victoria & Jaon Myers 288.90 City; State; Zip Code Contributor address; 10/25/15 1804 Park Highland Way, Arlingotn, TX 76012 Principal occupation / Job title (See Instructions) Employer (See Instructions) Southern Methodist Undiversity Education Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Elaine Dodson 10/25/15 Contributor address; City; State; Zip Code 964.70 1901 Woodridge Drive, Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Elaine Dodson Realtors Real Estate 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 WAYBOURN 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#: Guy Snodgrass 6 Contributor address; 10/25/15 City; State; Zip Code \$482.20 3506 Estates Dr, Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Jennifer Lee 10/25/15 Contributor address; City; State; Zip Code \$240.95 6051 Shady Oaks Lane, Midlothian, TX 76065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Lori Adams `0/26/15 Contributor address; City; State; Zip Code \$482.20 8008 Belchaise Way, Arlington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) SEnior Vice President Bank of Texas Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ Tom Chambders 10/26/15 Contributor address; City; State; Zip Code \$482/20 301 Commerce St. #3025, Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired 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) Bill Waybourn 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) ERIC & CHRISTINA 10/26/15 6 Contributor address; City; State; Zip Code \$288.90 907 MOORE RO, MANSFIELD TITOOGS 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) SERVICE FIRST MTG. LOAN OFFICER Date Amount of contribution (\$) 10/20/15 MOTY HADDAD Contributor address; City; State; Zip Code \$4,824.70 2500 NE GREEN OAKS \$200, ARL, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) CHS ARCHITECTS ARCHITECH Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) JAME CASHION Contributor address; City #964.70 City; State; Zip Code 10/26/15 204 LINKS CT., ALEDO TX 76008 Principal occupation / Job title (See Instructions) Employer (See Instructions) INVESTMENT CASHION INVESTINENTS Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) MARK MATHEWS Contributor address; City; State; Zip Code 440 MONARCH HILL, KELLER TX Principal occupation / Job title (See Instructions) Employer (See Instructions) CITY OF KELER MAYOR 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) BILL WAYBOURN 5 Full name of contributor ___ out-of-state PAC (ID#:___ 4 Date 7 Amount of contribution (\$) LORI DEANGELIS [0/27/15 6 Contributor address; City; State; Zip Code \$ 144.45 Amount of contribution (\$) 10/27/15 GEORGE GRIFF17H Contributor address; City; State; Zip Code 144 45 6517 REDSTONE, ARLINGTON TX 76001 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTORNEY out-of-state PAC (ID#:_____) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Page ANDREY YOUNG Contributor address; City; State; Zip Code 76/16 RevBrook Employer (See Instructions) Southwest Airwest Full name of contributor Date LAUREN LAUREN Contributor address; City; State; Zip Code SLOS SKYVIEW TELL, BANBROK, 76116 Principal occupation / Job title (See Instructions) R. N. Employer (See Instructions) HUGUCEY HOSPATAL out-of-state PAC (ID#:_____) Date Full name of contributor Amount of contribution (\$)

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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 BILL WAYBOURN 4 Date 7 Amount of contribution (\$) TONY ARBELAEZ 10/28/15 6 Contributor address; City; State; Zip Code 964.70 pation / Job title (See Instructions) ARLINGTON GUN 9 Employer (See Instructions) ARL. GUN ACADEMY 8 Principal occupation / Job title (See Instructions) Full name of contributor ___ out-of-state PAC (ID#:_____) Date Contributor address; City; State; Zip Code Amount of contribution (\$) 144.45 CASA LOMA, DALLAS TX 75014 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code 144.45 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Full name of contributor ___ out-of-state PAC (ID#:_____ Amount of contribution (\$) 192.70 Principal occupation / Job title (See Instructions) Busines owner Employer (See Instructions) Cuay Kecry.com ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Bill Way bourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID	0#:)	7 Amount of contribution (\$)
10/29/15	6 Contributor address; City; State;		144.45
	13907 MONTFORT, DALLAS	TX 75240	
•	pation / Job title (See Instructions) ACCOUNT MGT.	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)
10/22/15	Contributor address; City; State; 5005 GALLELIA OR., DAL	_	144.25
Principal occup	Accountant	Employer (See Instruct	
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
10/29/15	Contributor address; City; State;	Zip Code	482.90
	pation / Job title (See Instructions) 72 MAT	Employer (See Instruc	tions) VIRON MENTAL
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
10/29	Contributor address; City; State;	Zip Code	286.90
	P.O. Box 150005, ARL., Deation / Job title (See Instructions)	Tx 76015 Employer (See Instruc	tions)
Forms provided have	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc	tion guide for additional	reporting requirements.
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MONETARY POLITICAL CO	ONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule A1:
2 FILER NAME Bill Way be	ourn	3 Filer ID (Ethics Commission Filers)
	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address;		144.25
8 Principal occupation / Job title (See Instructions) ATTORNEY	9 Employer (See Instruc	ctions) F & BENN ETT
Date	out-of-state PAC (ID#:)	Amount of contribution (\$)
10/29/15 Contributor address;		144.45
Principal occupation / Job title (See Instructions)	Employer (See Instruction SELF	ctions)
Date Full name of contributor RASESH PAMANA	out-of-state PAC (ID#:)	Amount of contribution (\$)
19/29/15 Contributor address;	City; State; Zip Code	288.90
Principal occupation / Job title (See Instructions) SURGON	Employer (See Instruction SELF	ctions)
Date Full name of contributor MIKE JOHNSON	out-of-state PAC (ID#:)	Amount of contribution (\$)
19/29/15 Contributor address;	City; State; Zip Code ARL. Tx 76011	288.90
Principal occupation / Job title (See Instructions) TEXAS MARTIAL ARTS	Employer (See Instruc	Citions) BLACK BOLT ACADOMY
		E 2
		TARRANI 5 2016 JAN 15 ELECTIONS AD BY:
	L COPIES OF THIS SCHEDULE AS Nease see instruction guide for additiona	I reporting requirements.
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MONETA	RY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
	to complete this form	n.	Total pages Schedule A1:
The In	struction Guide explains how to complete this form	3	Filer ID (Ethics Commission Filers)
FILER NAME	Bill Waybourn		7 Amount of contribution (\$)
	Full name of contributor Jo TIBSELTS 6 Contributor address; City; State; 3316 HOLLOW CREEK, AL	zip Code	433.95
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Homemaken	D#:)	Amount of contribution (\$)
Date (0/29/15	LAULA CORA MOODY City; State;	Zip Code	144.45
,	1433 MEADOW LAKES, A pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	ALAN VANUINKLE Contributor address; City; State;		Amount of contribution (\$)
Principal occ	1433 MEADOWLAKES AZU Supation / Job title (See Instructions) ELECTRIC BLOKER	Employer (See Instru	ctions)
Date		(ID#:	Amount of contribution (\$)
10/30/15	Contributor address; City; State	e; Zip Code 76248 KALER	172.7
Principal of	cupation / Job title (See Instructions)	Employer (See Instr	uctions)
	CIVIL ENGENEER		BY: BY:
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in	OF THIS SCHEDULE AS	SNEEDED
Eorms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Revised 9/8/

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Way bourn		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
10/30	6 Contributor address; City; State	' '	289.20
	4350 CAPRA, FT. WIRTH	1 18 16166	
	pation / Job title (See Instructions))w NCP	9 Employer (See Instructi	COMMANO
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
10/30/15	Contributor address; City; State		144.45
	407 E. BEADY, ARLINGTO	or /及76006	
Principal occup	RETIED	Employer (See Instructi	ons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
10/30/15	CHARLA BOTHERTON Contributor address; City; State 2701 W. BERRY ST. #150,	; Zip Code	144.45
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
- Tincipal occup	AGENCY OWNER	BLOTHERTO	N GROUP
Date		C (ID#:)	Amount of contribution (\$)
10/30/15			#288.90
	4403 Howy Hock, ARL.		
Principal occup	cation / Job title (See Instructions)	Employer (See Instruct	ions) IRTON
	ATTACH ADDITIONAL COPIES C		
	If contributor is out-of-state PAC, please see inst	ruction guide for additional	reporting requirements.

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybour	n	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/30/15	6 Contributor address; City; State; Zip Code		964.70
	3838 SHADEY HILL, DALL	AS TV 75225	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	N AZOP. COMPANY
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/30/15	Contributor address; City; State	Zin Code	# 247 104
130113	4410 BLVD. #10, WICHT		<u>011.10</u>
Principal occup	oation / Job title (See Instructions) ずいいに	Employer (See Instruct	. '
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/10/15	Contributor address; City; State		245.08
	4403 HOLLY HOCK, ARL	TY 76001	
Principal occup	cation / Job title (See Instructions)	Employer (See Instruc	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/30	Contributor address; City; State	e; Zip Code	3,135-95
	2500 N.E. GREEN OAKS,	ARL. TX 76006	
Principal occup	anation / Job title (See Instructions)	Employer (See Instruc	,
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see inst	OF THIS SCHEDULE AS NI	TARRANT COUNTY 2016 JAN 15 PM 4: 37 2016 JAN 15 PM 4: 37 ELECTIONS ACHINISTRATED TRANSPORTED TO THE POPULATION OF THE
	ार contributor is out-of-state PAC, please see inst	ruction 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 Bill Waybourn 7 Amount of contribution (\$) 4 Date 5 Full name of contributor DAUID SARGENT 6 Contributor address; City; State; Zip Code 10/30/15 6,368.70 2714 SHEALMAN, G. P. TX 7505) ation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) OWNER SRIPE-A-ZONE Date Full name of contributor TANY WAYBOULH Contributor address; City; State; Zip Code 76.182 8540 GRAY CT., NORTH RICHLAND HIUS Employer (See Instructions) NATIONSTA Amount of contribution (\$) NATIONSTAR Amount of contribution (\$) FRATRICIA BROCK 10/30/15 144.45 3306 LAKEWAY, WEATHERFORD TX Principal occupation / Job title (See Instructions) Employer (See Instructions) KETIRED Date out-of-state PAC (ID#:_ Amount of contribution (\$) L6025 GEHLIC CIR., BULLESIN 76028 ation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) DUDNER NOVATIVE SERVICES ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements www.ethics.state.tx.us Forms provided by Texas Ethics Commission

MONETA	RY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
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111/15	VEIN HADAWI		96.20
Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instruc	tions) ADVISOR
		PAC (ID#:)	Amount of contribution (\$)
) Date	THAN HA Contributor address; City; St 100 HAWKS RIDGE, CC	DUENIUE 172	192.70
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	e EMPLOYED
	nsulance		Amount of contribution (\$)
Date (2/7/15	Full name of contributor out-of-state RUSS BRUCKS Contributor address; City; S LSO DIAMOND LOSE,	BULLESON, TX	240.95
	6000		
Principal occu	ipation / Job title (See Instructions)	Employer (See Inst	SOVEREIGN CORP.
	ENGINEEL	Employer (See Inst	Amount of contribution (\$)
Principal occu	Full name of contributor Out-of-state	New	SOVEREIGN CORF.
Date	Full name of contributor Out-of-state	e PAC (ID#:	Amount of contribution (\$) \$96.20
Date 12/17/15 Principal occ	Full name of contributor DAVID BEACH Contributor address; City; 3305 EVIE CT. APL	e PAC (ID#:	Amount of contribution (\$) \$96.20
Date 12/17/15 Principal occ	ENGINEEL Full name of contributor	e PAC (ID#:	Amount of contribution (\$) \$96.20
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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 Bill Waybourn 5 Full name of contributor ___ out-of-state PAC (ID#:_____) MATTHEW KEYSIAK 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) 12/23 240.95 3605 GARDENIA, DWG TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) NATIONAL MOTOR CLUB CEO Full name of contributor ___ out-of-state PAC (ID#:____ Date Amount of contribution (\$) 123/15 DEBBIE ATKINSON Contributor address; City; State; Zip Code 240.95 18 VALUERDE, BIG SPRINGS TO 79720 Principal occupation / Job title (See Instructions) BOOKKEEPER Date Full name of contributor PESTER MEANS Contributor address; City; State; Zip Code Employer (See Instructions) ATKINSON Consulting Amount of contribution (\$) NATCHES, APC. IX 76014 1508 Employer (See Instructions) Principal occupation / Job title (See Instructions) KETIRED Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) T. MORRIS JOHNSON Contributor address; City; State; Zip Code 821 LIVERA, MANSFIECO TO 76063 96.20 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETTLED 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
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2 FILER NAME Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12/28/15 6 Contributor address; City; State; Zip Code	96.20
1212 CANTERBURY, ARL. TX 76013	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date Full name of contributor Gout-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	72.08
87 EVERGLEEN, KELLER, TX 76248	5
Principal occupation / Job title (See Instructions) REALTOR Employer (See Instructions) RE/M	'
Date Full name of contributor out-of-state PAC (ID#:	, (4)
12/28/15 CAROL DALEY Contributor address; City; State; Zip Code 912 Clowley Rp., ARL. Tx 76012	96.20
Principal occupation / Job title (See Instructions) Employer (See Instructions) MANAGEMENT MOVAR	ructions)
Date Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code 76034 3402 Cross GATE CIR. S., COLLEYVILL	290.95
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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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 Waybourn 5 Full name of contributor ☐ out-of-state PAC (ID#:__ 7 Amount of contribution (\$) BRUCE HAMMOUD 6 Contributor address; City; State; Zip Code 96.20 1903 LAKEHILL, ARL. TO 76012 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CALICO INC. CEO Date Amount of contribution (\$) BRETT HALL 12/21/15 Contributor address; City; State; Zip Code 96.20 2911 BAK TRAIL, ARL. 72 76016 ation / Job title (See Instructions) Employer (See Instructions) TOP HALL ROOFING Principal occupation / Job title (See Instructions) CONTRACTOR CHRIS NICOLA Contributor address; City; State; Zip Code 77675 Amount of contribution (\$) 96.20 11006 SINUELAO TRACE, HOUSTON'TR Principal occupation / Job title (See Instructions) Employer (See Instructions) RUTTRED Amount of contribution (\$) 96.20 Principal occupation / Job title (See Instructions) Employer (See RETIREO If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission

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 7 Amount of contribution (\$) VICKIE MY ORMICK 12/29/01 6 Contributor address; City; State; Zip Code FL, 382/8 11701 8 PALM LAKE #1651, JACKSONVILLE 8 Principal occupation / Job title (See Instructions) CODING REIMBURSOMENT 9 Employer (See Instructions) ST. VINCENT MEP. CENTER Amount of contribution (\$) 12/30/15 Contributor address; City; State; Zip Code 96.20 P.O. BOX 1622, EULESS, TX 76039 Employer (See Instructions) Principal occupation / Job title (See Instructions) TIPTON INSURANCE SALES Full name of contributor ___ out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code 96.20 6200 LAKE WAY, Principal occupation / Job title (See Instructions) Full name of contributor ROBERT BENDA Contributor address; City; State; Zip Code 76(08) Contributor address; TRADE, Fr. with Tx Employer (See Instru Date Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) CONTRACTORS WESTWOOD EXELUTIVE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Bill Waybourn	1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/31/15	6 Contributor address; City; States	Zip Code 76117	96.20
	pation / Job title (See Instructions)	HALTOM CITY	
	pation / Job title (See Instructions) IL BONOS	9 Employer (See Instruc	E D. 60 NG
Date	Full name of contributor		Amount of contribution (\$)
12/31/15	Contributor address; City; State		96.20
	16 TUIN SPLINGS, ARE	· 7x 76016	
	pation / Job title (See Instructions)	Employer (See Instruc	FP. SERVICING
Date		; (ID#:)	Amount of contribution (\$)
12/31/15	Contributor address; City; State	; Zip Code	96.20
	811 PILLERA, MANSFI	ECO 7x 76063	
1 .	pation / Job title (See Instructions)	Employer (See Instruc	
Date		C (ID#:)	Amount of contribution (\$)
12/31/15	Contributor address; City; State	; Zip Code	96.20
	ZIOB BECLGROVE, BURL	ESON 76028	76.55
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ADMINISTRATOR	Joe H	ALL ROOFING
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SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

MONE	RY POLITICAL CONTRIB		1 Total pages Schedule A1:
The Inst	ruction Guide explains how to complete this fo		3 Filer ID (Ethics Commission Filers)
FILER NAME	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
Date 5	Full name of contributor MICHELE REDDEN Contributor address; City; State RAPEL BLVD. AR	; Zip Code	300 .00
	2204 RAPEL BLVD. AR	9 Employer (See Instruc	ctions)
8 Principal occupa	ation / Job title (See Motion	Cowboy	15 70WING
	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
Date	STUART SCHUSTER Contributor address; City; Sta 4405 LEOGEVIEW, FORT	tte; Zip Code 76109 - WORTH TR	200.00
	1405 COGEVICE 1100	Employer (See Instr	ructions)
Principal occur	ation / Job title (See Instructions)	PAC (ID#:	Amount of contribution (\$)
Date	Full name of contributor out-of-state MARTHA PAR	LKS	
	Contributor address; City; S 2815 SIMONDALE, Followed in the contributor of the contribu	T WATH TR Employer (See Ins	
1	2815 SIMONDALE, FOR	Employer (See Ins	
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Principal occ	Pull name of contributor out-of-state Contributor address; City,	Employer (See Insee PAC (ID#:	Amount of contribution (\$)
Principal occ	Pull name of contributor out-of-state Contributor address;	Employer (See Installation State; Zip Code The Table Employer (See Installation State)	Amount of contribution (\$) 2016 JAN 15 P FRANK PHL BY: TARRAM CL CTIONS ADMIT

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) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:_____ 11/17/15 6 Contributor address; City; State; Zip Code 100,99 P.O.BOX 162055, FORT WORTH, TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) SPART SCHUSTER Contributor address; City; State; Zip Code 4405 CEPGEVIEW, FORT WIH, TX 76109 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 11/17/15 LAW OFFICE OF CASEY COLE Contributor address; City; State; Zip Code 16063 100.00 ATTORNEY MERITAGE PKWY, MANSFIELD Employer (Se SEL Principal occupation / Job title (See Instructions) Employer (See Instructions) SCLF Date Palph Clemons Contributor address; City; State; Zip Code 7687 203 Rambung Polk, Wenthelfold, Toldand Company Constructions) Employer (See Instructions) Amount of contribution (\$) 100.00

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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 5 Full name of contribute. JOE FLOWERS 6 Contributor address; City; State; Zip Code 1004 TUCKER FD., ARL. TX 76013 Sectropriories) 9 Employer (See Instructions) 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) PAUL SCHUPEL Contributor address; City; State; Zip Code 76/33 3816 WHARTON, FORT WORTH, TR Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Contributor address; City; State; Zip Code 1101 HERITAGE, MANSFIELD TX 76063 Principal occupation / Job title (See Instructions) Employer (See Instructions) TRUSTEE Date out-of-state PAC (ID#:_ Amount of contribution (\$) MARTIN ROSS Contributor address; City; State; Zip Code 2 GLEGORY CT. PANTEGO, TY 76013 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) BAL BONDS ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. www.ethics.state.tx.us Forms provided by Texas Ethics Commission

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 Date 5 Full name of contributor CAMILLE HOONETT 6 Contributor address; City; State; Zip Code SILVANIA, FORT WORTH, 79 Employer (See In 4 Date 7 Amount of contribution (\$) 250.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) BAIL BONDS BY CAMILLE OUNCE Full name of contributor ___ out-of-state PAC (ID#:__ Date Amount of contribution (\$) 62 90 AUTO SALES, CLC Contributor address; City; State; Zip Code 290.00 911 MAYFIELD, ARL. & 76015 ion / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) AUTO SALES Full name of contributor ___ out-of-state PAC (ID#:_____ Amount of contribution (\$) RICHTARO PRICE Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Employer (See Instructions) HOGGY LLC Date out-of-state PAC (ID#:_ Amount of contribution (\$) MICHAEL PETTKE Contributor address; City; State; Zip Code 200.00 2315 ROOSEVET, ARL. TR 76016 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 equirements.

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 4 Date 7 Amount of contribution (\$) PATINUM FLOORING 6 Contributor address; City; State; Zip Code 2908 HALOEL, ARL. 7x 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) OWNOL Full name of contributor out-of-state PAC (ID#:__ Date Amount of contribution (\$) TENNIFER COFTIN Contributor address; City; State; Zip Code 144 WOOOLAND MILLS, ALEDO Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) NOEMI OGLE Contributor address; City; State; Zip Code 6606 AHEMONE, ARLINGTON 76002 NO.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Pull name of Contribution RICHARD BONTKE 10 |31/15 | Contributor address; City; State; Zip Code 913 WALNUT FALLS, MANSFIELD 76063 Employer (See Instruct Date out-of-state PAC (ID#:_____ Amount of contribution (\$)

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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) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 150.00 Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 2,100.00 Principal occupation / Job title (See Instructions) Date Richard Taylor Contributor address; City; State; Zip Code 1925 Lakeshore Dr. Arlington, TX 760/3-/230 Employer (See Instructions) out-of-state PAC (ID#:__ Amount of contribution (\$) 70.00 Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Mark Shelton Contributor address; City; State; Zip Code 3318 RooseveltDr Arl. Tx 76016 100.00 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.

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Date 5	Full name of contributor	200.00
1	tion / Job title (See Instructions) 9 Employer (See Instr	uctions)
Date	Full name of contributor	Amount of contribution (\$)
0/30/15	Stuart Gillaspie Contributor address; City; State; Zip Code 76028 724 Flamingo Circle Burleson, TX	150.00
1	ation / Job title (See Instructions) Employer (See Instructions)	tructions)
Date	Full name of contributor) Amount of contribution (\$)
10/30/15	Eric Wommack Contributor address; City; State; Zip Code 907 Moore Rd Mansfield Tx 76003	3000.00
Principal occur	pation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Bill Waybourn 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 125,00 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 1,000.00 City; State; Zip Code AA. TX 76003 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_ Stephen Lockwood Contributor address; City; State; Zip Code 76063 20 Woodland Ct Mansfield Tx Amount of contribution (\$) 10,000.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 300.00 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 Bill Waybourn 7 Amount of contribution (\$) James D. Moore 10/30/15 6 Contributor address; City; State; Zip Code 3311 Doty Ln. Arl. Tx 76001 500,00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Dr Aaron Reich Campaign Contributor address; City; State; Zip Code P. O Box 122298 Arl Tx 76012 Principal occupation / Job title (See Instructions) Full name of contributor Gloria Gallaspie Contributor address; City; State; Zip Code P. D. Box 1403 Burleson Ta. 76097 Employer (See Instru Amount of contribution (\$) Amount of contribution (\$) 500.00 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 Bill Way bourn 4 Date 5 Full name of contributor out-of-state PAC (ID#: Roy Kurban 6 Contributor address; City; State; Zip Code 101 Hideaway FF5 Strawn, Tx 76 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 300,00 8 Principal occupation / Job title (See Instructions) Jay Webster Contributor address; City; State; Zip Code 7023 Morning StarDr TE Grand Prairie Employer ut-of-state PAC (ID#:_ Amount of contribution (\$) 300.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) ut-of-state PAC (ID#:__ Amount of contribution (\$) City; State; Zip Code 300.00 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

MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	BILL WAYBOURN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)
12/29/15	G Contributor address; City; State; Zip Code		1,000.00
	4600 BAYONNE CT.		
8 Principal occu	Penreo	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:) A55&	Amount of contribution (\$)
12/29/15		Zip Code	2,500.00
	904 COLLIER ST. Fr. W.		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor		Amount of contribution (\$)
12/30/15	DARLEU HUFMAN Contributor address; City; State;	-	200.00
	3324 HALL JOHNSON, GRAN		
Principal occu	Constable Constable	Employer (See Instruct	ANT COUNTY
Date		(ID#:)`	Amount of contribution (\$)
11/18/15		Zip Code	250.€
Dringing! goog	5306 MANSFIELD RO, AR		Na \
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2 FILER NAME	BILL WAYBOURN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
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8 Principal occu	1807 PARK HLL, ARL.	9 Employer (See Instruc	tions)
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12/30/15	Contributor address; City; State	_	200.∞
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i morpai occup	SECF	JELF	,
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12/30/15		zip Code	/00.œ
Principal occu	2706 SHAVANO, ARL. pation / Job title (See Instructions) REAL ESTATE	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAGE O. Long BAIL		Amount of contribution (\$)
11/17/15	Contributor address; City; State	e; Zip Code 76117 XRT WRTH,	150.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
	SELF	KONNIE	D. LONG BAIL
			TARRANT COUNT 2016 JAN 15 PM 4: ELECTIONS ADMINISTRATE BY: EEDED requirement requirement
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see instance.	OF THIS SCHEDULE AS Natural ruction guide for additional	·····································
Forms provided by	Texas Ethics Commission www.ethics	s.state.tx.us	Revised 9/8/201

	RY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Inst	ruction Guide explains how to complete this form.	Total pages Schedule A1: Filer ID (Ethics Commission Filers)
FILER NAME	BILL WAYBOURN Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
0/28/15 6	JOHN GOFF Contributor address; City; State; Zip Code Commerce St. Four Worth, To 7600	500.∞
Principal occupa	g Employer (See Instructions)	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	
12/15/15	TAMES WILLIAMS Contributor address; City; State; Zip Code	1,000.00
Principal occupa	270% OAK TRAIL, ARL. TX 76016 tion / Job title (See Instructions) Employer (See Instru	ructions)
Date	Full name of contributor	Amount of contribution (\$)
12/31/15	Contributor address: City; State; Zip Code 503 CUNNING Ham, ARL. 73 76002	100.30
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
		(\$)
Date	Full name of contributor out-of-state PAC (ID#:	
Date	BUSTIN OUT BAIL BONDS Contributor address; City; State; Zip Code SAL N. RIVERSIDE, FT. WITH, TR 7611	250.00
II/I7/15	BUSTIN OUT BAIL BUNDS Contributor address; City; State; Zip Code	250.00
II/I7/15	BUSTIN OUT BAIL BONDS Contributor address; City; State; Zip Code 531 N. RIVERSIDE, Fr. WITH, TR 76/1/ Employer (See Instructions) Employer (See Instructions)	250.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Bill 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 300.00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-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 out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

n. 1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
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8 Amount of Soln-kind contribution description OFFICE SPACE OFFICE SPA
11 Employer (FOR NON-JUDICIAL) (See Instructions)
Couboys Towing 13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of . In-kind contribution Contribution \$. description
TR Check if travel outside of Texas. Complete Schedule T.
Employer (FOR NON-JUDICIAL)(See Instructions)
SELF
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
TARRANT COUNTY 2016 JAN 15 PM 4: 38 ELECTIONS ADMINISTRATOR THIS SCHEDULE AS NEEDED in guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

1 Total pages Schedule A2:
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8 Amount of 9 In-kind contribution description USE OF 5,000.00 EVENT FACILITIES
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Amount of In-kind contribution Contribution \$ description
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outor's job title (FOR JUDICIAL) (See Instructions)
m of contributor's spouse (if any) (FOR JUDICIAL)
FILED TARRANT COUNTY 2016 JAN 15 PM 4: 38 FRANK PHILLIPS ELECTIONS ADMINISTRATOR BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES . 9 In-kind contribution Amount 6 Full name of pledgor □ out-of-state PAC (ID#:_ 5 Date of Pledge \$ description Tosh Hamilton 7 Pledgor address; City; State; Zip Code P.O. Box 10370, LIBERTY, TX 77576 10,000.00 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#: of Pledge \$ description UNDA MCCLEUAND Pledgor address; City; State; Zip Code 3514 OAK BEND, APL, TX TWOILE Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Full name of pledgor ___ out-of-state PAC (ID#:___ Date Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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. by Texas Ethics Commission www.ethics.state.tx.us Forms provided by Texas Ethics Commission

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printi	Overhead/Rental Expense Tra g Expense Tra g Expense Tra ies/Wages/Contract Labor Otto	licitation/Fundraising Expense Insportation Equipment & Related Expense avel In District Avel Out Of District her (enter a category not listed above)
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4 Date 7/9/15	5 Payee name CLAIG OWN	вч	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le	
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8	(a) Category (See Categories listed at the top of this schedule		(Toron Oran Inter Orbital In T
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address; City; State; Zip Coo	de	
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SCHEDULE F1

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Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	,,
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8/5/15	5 Payee name MURMPH NASICA		
6 Amount (\$)	7 Payee address; City; State; Z		
5,500.00	815-A BRAZOS	Br., AUSTIN TO	< 78701
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
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8/28/15	MAPRIOTT		
Amount (\$)	Payee address; City; State; Z	ip Code	
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	Category (See Categories listed at the top of this	schedule) Description	
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PURPOSE OF EXPENDITURE	EVENT EXPENSE		tside of Texas. Compete Schedule
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Forms provided by Texas Ethi	cs Commission www.ethic	s.state.tx.us	

EXPENDITURE CATEGORIES FOR BOX 8(a)

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/2/15	MURPHY NASICA		
Amount (\$)	Payee address; City; State; Zip	Code	
544.93	815-A BRAZOS S	St., AUSTIN T	TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch PRINTING EXPENSE EN OORSEMENT CARDS	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
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Amount (\$)	Payee address; City; State; Zip	Code	_
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Forms provided by Texas Eth	ics Commission www.ethics.	state.tx.us	Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor 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 6 Amount AUSTIN TX 78701 BRAZOS ST. 500.9 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE CONSULTING OF Check if Austin, TX, officeholder living expense **EXPENDITURE** EXPENSE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date TCGOP City; State; Zip Code 7524 MOSIER VIEW # 230, FORT WORTH, TX 76/18 1,250.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** EVENT EXPENSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) 7106 LIGHTHOUSE RO., ARLINGTON, TX 76002 1,000.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. CONSULTING Check if Austin, TX, Miceholder living **EXPENDITURE** EXPENSE Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 9/8/2015 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
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4 Date 10/23/15	5 Payee name KEVIN FAHLUN	0	DUNT DUNT HISTR
Appoint (\$) S. &	7 Payee address; City; State; Zip Coo	de	4: 38
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule EVENT EXPENSE - TICKETS	(b) Description Check if travel outside of Tex Check if Austin, TX, office	
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Date	Payee name		
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Amount (\$)	Payee address; City; State; Zip Coo	de	
3,455.61	815-A BRAZOS	St., AUSTIN T	X 78701
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Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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6 Amount (\$)	7 Payee address; City; State; Zip Code CONSTANT CONT	ACT.COM	T COU
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	L —	of Texas. Complete Schedule office holder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/15/15	MURPHY MASICA		
Amount (\$)	Payee address; City; State; Zip Code		
2,500.00	815-A BRAZOS S	T. AUSTIN	Tx 78701
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1 20
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Date 11/3/15	REO'S ROADHOUSE		
Amount (\$)	Payee address; City; State; Zip Code		
15,047.94	1170 E. KENNEDALE	PKWY, KENNE	DALE TX
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500. <u>sa</u>	7106 LIGHTHOUSE RD.	, ARL. TX T	1600 Z
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Date	Payee name			4.44
11/17/15	T.C. G.D	P		
Amount (\$)	Payee address; Ci	y; State; Zip Code		
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6 Amount (\$)	7 Payee address; City; State; Zi	ip Code	lie p oo
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53.99	2500 CENTENI	AL, ARL. TX	76011
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11/5/15	ARLINGTON RE	PUBLICAN CLO	ל
Amount (\$)	Payee address; City; State; Z	ip Code	
75.84	P.O. Box 14095,	ARLINGTON	TX 76094
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6 Amount (\$)	7 Payee address; City; State; Zi		9 9
2,750. =	_	ST. AUSTIN,	78701
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
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11/5/15	MURPHY NASK	CA	
Amount (\$)	Payee address; City; State; Zi	p Code	
2,500	815-A BRAZO	S , AUSTIN 7	× 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/16/05		STACT	
Amount (\$)	Payee address; City; State; Zi	p Code	
85.12	CONSTANT	CONTACT. COM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this see FUND PAISING	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEED	DED

POLITICAL	EXPENDITURES MADE		
FROM POL	ITICAL CONTRIBUTIONS		SCHEDELE F1
	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Sit/Awards/Memorials Expense Printing Expense	pense opense /ages/Contract Labor (Solicitation/Fundrasing Expense Transportation Equipment and lated Expense Travel in District Travel out of District Other (enter a category not is above)
1 Total pages Schedule F1:	2 FILER NAME BILL WAY BOUR		Filer ID (Ethics Commission Filers)
4 Date	5 Payee name MURPHY NASICA		
6 Amount (\$) 90.93	7 Payee address; City; State; Zip Code 15 -A BLAZOS , AUST	78 XT 40	701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		de of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 11/17/15 Amount (\$)	Payee name Jeß 2016 Payee address; City; State; Zip Code		
750.99			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION MNDG		e of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 11/19 /15	Payee name OFFICE OPPOT		
Amount (\$) 33.53	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES OFF Consequence		e of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe y Gift/Awards/Memorials Expense Printing Exp legal Services Salaries/Wa The Instruction Guide explains how to co	pense TravelOut Of District Other enter a category not seed above omplete this form.	Dense
1 Total pages Schedule F1:	2 FILER NAME BILL WAY BOURN	3 Filer ID (Ettil & Commission Fi	() }ekall
4 Date 11/18/15	5 Payee name MURPHY NASICI		<u> </u>
6 Amount (\$)	7 Payee address; City; State; Zip Code	OR 9	
15,571.77	815-A BRAZOS, A	USTIN TR 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE - YARD \$ LOAD SIGNS.	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12/14/15	CRAIG OWNBY		
Amount (\$)	Payee address; City; State; Zip Code		
1,000.00	716 LIGHTHOUSE RO.	, ARL. TX 7600A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cansulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12/14/15	COLLEYVILLE LIDA	us Club	
Amount (\$)	Payee address; City; State; Zip Code		
250.∞	5301 RIVERWALK	, COLLEYVILLE TX 760	39
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION DONATION	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

	EXPENDITURE CATEGORIE		701 ELE ELE
Advertising Expense	Event Expense Loan F	epayment/Reimbursement Solici	ation/Fundraising Expense
Accounting/Banking Consulting Expense	Fees Office	Overhead/Rental Expense Trans	portation, Equipment & Related Expense
Contributions/Donations Made E			In District Out Of District
Candidate/Officeholder/Politic			(enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	o complete this form.	5 5 TE
1 Total pages Schedule F1:	2 FILER NAME	3 Fil	er ID (Ethics CommissionCDIErs)
, and the second		OURN	STES L
4 Date	5 Payee name		à ·
12/3/15	MURPHY NASI	CA	Y 39 Tor
6 Amount (\$)	7 Payee address; City; State; Zip Code		
2,500, ∞	815-A BRAZOS,	AUSTIN, TR	18701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Te	exas. Complete Schedule T.
OF	CONSULTING	Check if Austin TX off	iceholder living expense
EXPENDITURE			and the second s
	extense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Date	Payee name		
, ,			
12/4/15	MURPHY NASIC	^	
Amount (\$)	Payee address; City; State; Zip Code)	
162.38	815-A BRAZOS , A	USΠN ,7× 79	3 9 701
. ,.,.	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Te	exas. Complete Schedule T.
OF	CONTRACT	Check if Austin, TX, offi	
EXPENDITURE		Check if Adstin, 1%, one	Certoider siving expense
	LABOR		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		ŭ	
Date .	Payee name		
12/7/15	CONSTANT CO	NTACT	
Amount (\$)	Payee address; City; State; Zip Code)	
6E 17	C	M . O C	
85.12	CONSTANT CON	IHCI. COM	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	SOLICITATION /		exas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, offi	iceholder living expense
	FUNDRAISING.		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	

Al Al	EXPENDITURE CATEGORIES	FOR BOX 8(a) BY:
Advertising Expense		payment/Reimbursement Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense	Fees Office Ov Food/Beverage Expense Polling E	verhead/Rental Expense Transportation Equipment & Lated Legisler xpense Travel in District Travel T
Contributions/Donations Made B	y Gift/Awards/Memorials Expense Printing 8	xpense Travel Out Of District
Candidate/Officeholder/Politica	al 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 BILL WAYBOU	3 Filer ID (Ethics Commission Hers)
4 Date	5 Payee name	2 (2)
12/10/15	MURPHY NASICA	10g 39
6 Amount (\$)	7 Payee address; City; State; Zip Code	
2,750.00	815-A BRAZOS,1	1057~ TR 78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Carra Aca	Check if travel outside of Texas. Complete Schedule T.
OF	CONTRACT	Check if Austin, TX, officeholder living expense
EXPENDITURE	LABOR	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
12/18/15	MURPHY NASICA	\
Amount (\$)	Payer address: City Ctata: 7'- C-1-	
Amount (#)	Payee address; City; State; Zip Code	
900.94	Payee address; City; State; Zip Code **SIST-A** **SIAZOS 1	AUSTIN 78 78701
		AUSTIN 7x 78701 Description
	Category (See Categories listed at the top of this schedule)	
900.00 PURPOSE OF	415-A BLAZOS,	Description
900.00 PURPOSE	To State at the top of this schedule) Contract	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
900.00 PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
900.00 PURPOSE OF	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - 7#0705 Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - 7#0705 Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - 7#0705 Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12 / 16 / 15 Amount (\$)	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12/16/15	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12 / 16 / 15 Amount (\$)	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Description
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12/16/15 Amount (\$) 9,522.38	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code 815 - A BLAZOS, A Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12/16/15 Amount (\$) 9,522.38 PURPOSE OF	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code 815 - A BLAZOS, A Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Description
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12/16/15 Amount (\$) 9,522.38	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code 815 - A BLAZOS, A Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12/16/15 Amount (\$) 9,522.38 PURPOSE OF	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - 7#0702 Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code 815-A BLAZOS, A	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12/16/15 Amount (\$) 9,522.38 PURPOSE OF	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code 815-A BLAZOS, A Category (See Categories listed at the top of this schedule) CONTRACT LABOR Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 12 / 16 / 15 Amount (\$) 9,522.38 PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) CONTRACT LABOR - PHOTOS Candidate / Officeholder name Payee name MURPHY NASICA Payee address; City; State; Zip Code 815-A BLAZOS, A Category (See Categories listed at the top of this schedule) CONTRACT LABOR Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1		
	EXPENDITURE CATEGORIES F	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Other Other deficition Full data of pease Trave In Distrige Trave Out of District Other enter a care of other enter e		
1 Total pages Schedule F1:	2 FILER NAME BILL WAYBON	3 File ID (E動能 Commission Airers)
4 Date (2/21/15	1/21/15 Payee name MURPHY NASICA	
6 Amount (\$) 7 Payee address; City; State; Zip Code		
186.41 815-A BRAZOS, AUSTIN TX 78701		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	PRINTING	Check if Austin, TX, officeholder living expense
EXPENDITURE	Ex PENSE	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
12/31/15	Payee name ARLINGTON VOICE	
Amount (\$)	Payee address; City; State; Zip Code	
700.00	5904 S. Coolak,	ARL TX 76017
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Section	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	ADUERTISING EXPENSE	Greek if Austri, 17, Uniocrosof army expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/31/15	QT	
Amount (\$)	Payee address; City; State; Zip Code	
28.50	ARLINGTON	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	TRANSPORTATION	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	TRANSPORTATION RELATED EXPENSE	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE SCHEDELE .E1 FROM POLITICAL CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expens Transportation trailing ent a rich Travel in District Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed ab Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. ID (Emits Compasion Mers) 3 File 1 Total pages Schedule F1: 2 FILER NAME BILL WAYBOURN 5 Payee name 6 Amount (\$) 7 Payee address; 2918 W. PIONEER PRWY., ARL. TX 76013 35,20 (a) Category (See Categories listed at the lop of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE FOOD/BEVERAGE Check if Austin, TX, officeholder living expense OF EXPENDITURE EXPENSE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date SIG. MCNT 12/2/15 Amount (\$) Payee address; City; State; Zip Code MORTH RICHLAND HILLS, TX 76180 20.99Category (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 held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code 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** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED