

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEX**

**CANDIDATE / OFFICEHOLDER  
 CAMPAIGN FINANCE REPORT**

**FORM C/OH  
 COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
 (Ethics Commission Filers)

2 Total pages filed:

22

**OFFICE USE ONLY**

Date Received: APR 14 2011  
 RECEIVED  
 APR 14 2011  
 Date Delivered: [blank] Postmarked  
 CITY OF FORT WORTH  
 CITY SECRETARY  
 Receipt # [blank] Amount [blank]  
 Date Processed: [blank]  
 Date Imaged: [blank]

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST MI  
 Nickname LAST SUFFIX  
 Paul Lester  
 Rudisill

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 12813 Travers Trl.  
 Keller TX 76244

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 817 454 1596

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MR) FIRST MI  
 Nickname LAST SUFFIX  
 Craig  
 Hayslip

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
 3464 Caspian Cove  
 Keller TX 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 817 584 4084

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
 Start of campaign 4 / 31 / 11

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year Primary Runoff General Special  
 5 / 14 / 11  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
 City Council #2

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  
 additional pages

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.  
 Name  
 Address / PO Box: Apt. / Suite #: City: State: Zip Code

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

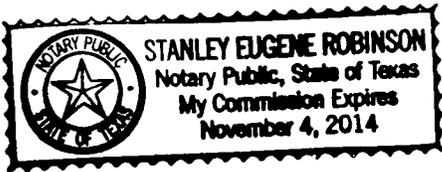
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3944.12
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10055.84
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6111.72

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Paul L. Rudisill, this the 13th day of April, 2011, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Stanley Eugene Robinson Bank Officer  
\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

**Paul Lester Buelis III**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**2/14**

**11**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Sparto Management**

6 Contributor address: City: State: Zip Code

**Fort Worth  
1202 Bluebonnet Dr. TX 76111**

7 Amount of contribution (\$)

**2,500**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**2/22**

**11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Raymond/Ellen Lopez**

Contributor address; City: State: Zip Code

**5505 Janet Lane  
Colleyville TX 76034**

Amount of contribution (\$)

**25.**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/21**

**11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Don/Stephanie Kirk**

Contributor address; City: State: Zip Code

**8450 Trace Ridge Pkwy  
Fort Worth TX 76137**

Amount of contribution (\$)

**200.**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/21**

**11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Mona Bailey**

Contributor address; City: State: Zip Code

**6200 Lakeway  
North Richland Hills TX 76180**

Amount of contribution (\$)

**100.**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/21**

**11**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Cash Unknown**

Contributor address; City: State: Zip Code

Amount of contribution (\$)

**50.**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>Paul Lester Rudisill</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/5</b> <b>11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Okeefe Dunbar</b>	7 Amount of contribution (\$) <b>25.</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1901 Cedar Tree Dr Fort Worth TX 76131</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/5</b> <b>11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry C. Dunbar</b> Contributor address; City; State; Zip Code <b>1901 Cedar Tree Dr <del>1901 E. Fort Worth TX 76131</del></b>	Amount of contribution (\$) <b>25.</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5</b> <b>11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Clough</b> Contributor address; City; State; Zip Code <b>7729 Incline Terrace Fort Worth TX 76179</b>	Amount of contribution (\$) <b>100.</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5</b> <b>11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Holcomb</b> Contributor address; City; State; Zip Code <b>2405 Alberdeen Dr. Bedford TX 76021</b>	Amount of contribution (\$) <b>70.</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/5</b> <b>11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Georgia Stapleton</b> Contributor address; City; State; Zip Code <b>4712 Flat Rock Rd Fort Worth TX 76132</b>	Amount of contribution (\$) <b>49.12</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>Paul Lester Rudisill</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<b>3/8</b> 11	<b>Perdue, Brandon, Fielder, Collins &amp; Mott</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 13430 Arlington TX 76094</b>	<b>500.</b>	<b>LLP</b>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>3/9</b> 11	<b>B Lynn Stavinaha</b> Contributor address; City; State; Zip Code <b>4918 Bridgewater Dr. Arlington TX 76017</b>	<b>250.</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>3/24</b> 11	<b>Keith's Pest Solutions</b> Contributor address; City; State; Zip Code <b>14101 Rickertop Rd Roanoke TX 76262</b>	<b>50.</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/26/11</b>	5 Payee name <b>City Secretary's Office Fort Worth</b>
--------------------------	---

6 Amount (\$) <b>10.00</b>	7 Payee address; City; State; Zip Code <b>Fort Worth 1000 Trackmorton St. Texas 76102</b>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>2 district maps</b>
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/26/11</b>	Payee name <b>Walmart</b>
------------------------	------------------------------

Amount (\$) <b>74.81</b>	Payee address; City; State; Zip Code <b>Roanoke 1228 North Hwy 377 Texas 76262</b>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Supplies</b>	Description (If travel outside of Texas, complete Schedule T) <b>Office Supplies</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/27/11</b>	Payee name <b>Network Solutions.com</b>
------------------------	--

Amount (\$) <b>130.94</b>	Payee address; City; State; Zip Code <b>Greenwich Three Pickwick Plaza CT 06830</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description (If travel outside of Texas, complete Schedule T) <b>Domain Name Registration</b>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/27/11</b>	Payee name <b>Snooty Pig</b>
------------------------	---------------------------------

Amount (\$) <b>15.54</b>	Payee address; City; State; Zip Code <b>Keller 1540 Keller Pkwy Ste 10 TX 76248</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Budisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/28/11</b>	5 Payee name <b>Zambreno Wine Celler</b>
--------------------------	---

6 Amount (\$) <b>170.31</b>	7 Payee address; City; State; Zip Code <b>910 Houston Ste 110 Fort Worth TX 76102</b>
--------------------------------	--

8 PURPOSE OF EXPENDITURE <b>Food &amp; Beverage</b>	(a) Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date <b>1/28/11</b>	Payee name <b>Beata Restaurant</b>
------------------------	---------------------------------------

Amount (\$) <b>28.00</b>	Payee address; City; State; Zip Code <b>310 Houston St Fort Worth TX 76102</b>
-----------------------------	---

PURPOSE OF EXPENDITURE <b>Food &amp; Beverage</b>	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date <b>1/30/11</b>	Payee name <b>Los Vaqueros</b>
------------------------	-----------------------------------

Amount (\$) <b>23.71</b>	Payee address; City; State; Zip Code <b>2629 Main St. Fort Worth TX 76106</b>
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PURPOSE OF EXPENDITURE <b>Food &amp; Beverage</b>	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date <b>1/30/11</b>	Payee name <b>Panera Bread</b>
------------------------	-----------------------------------

Amount (\$) <b>3.57</b>	Payee address; City; State; Zip Code <b>1700 South University Dr. Fort Worth TX 76107</b>
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PURPOSE OF EXPENDITURE <b>Food &amp; Beverage</b>	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/31/11</b>	5 Payee name <b>Quicktrip</b>
--------------------------	----------------------------------

6 Amount (\$) <b>57.44</b>	7 Payee address; City; State; Zip Code <b>2905 E. Southlake Blvd TX Southlake</b>
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Travel in District</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Gas</b>
--------------------------	---	---

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

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1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date <b>1/31/11</b>	5 Payee name <b>Meetup.com</b>
--------------------------	-----------------------------------

6 Amount (\$) <b>22.50</b>	7 Payee address; City; State; Zip Code <b>www.meetup.com</b>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Community Network</b>
--------------------------	--	---

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

Date <b>2/4/11</b>	Payee name <b>Cafe Omega</b>
-----------------------	---------------------------------

Amount (\$) <b>27.12</b>	Payee address; City; State; Zip Code <b>750 S. Main St. Keller TX 75248</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
------------------------	--	---

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

Date <b>2/5/11</b>	Payee name <b>Snooty Pig</b>
-----------------------	---------------------------------

Amount (\$) <b>17.00</b>	Payee address; City; State; Zip Code <b>2401 West Fort Berkway Fort Worth TX 76177</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
------------------------	--	---

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

Date <b>2/5/11</b>	Payee name <b>Los Vaqueros</b>
-----------------------	-----------------------------------

Amount (\$) <b>45.03</b>	Payee address; City; State; Zip Code <b>2629 N. Main St. Fort Worth TX 76106</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Radisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2/8/11</b>	5 Payee name <b>Going Postal</b>
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6 Amount (\$) <b>16.00</b>	7 Payee address, City; State; Zip Code <b>750 S. Main St. Ste 150 Keller TX 76248</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Flyers</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/8/11</b>	Payee name <b>Batteries Plus</b>
Amount (\$) <b>29.22</b>	Payee address; City; State; Zip Code <b>5041 Davis Blvd North Richland Hills TX 76180</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Battery</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/9/11</b>	Payee name <b>Tarrant County Voter Registration</b>
Amount (\$) <b>40.00</b>	Payee address; City; State; Zip Code <b>100 E. Weatherford St Fort Worth TX</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Maps (2)</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/10/11</b>	Payee name <b>Alliance Finance Unit</b>
Amount (\$) <b>72.00</b>	Payee address; City; State; Zip Code <b>Fort Worth TX 761779998</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>P.O. Box</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES SCHEDULE F

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 14      2 FILER NAME: Paul ~~Star~~ Lester Rudisill      3 ACCOUNT # (Ethics Commission Filers)

4 Date: 2/10/11      5 Payee name: Got Mail

6 Amount (\$): 2.65      7 Payee address; City: State; Zip Code: 2650 N. Beach St. Keller TX 76244

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Office Overhead      (b) Description (If travel outside of Texas, complete Schedule T): Supplies

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

Date: 2/12/11      Payee name: Fed Ex

Amount (\$): 118.51      Payee address; City: State; Zip Code: 6600 I-35 North Fort Worth TX 76137

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Office Overhead      Description (If travel outside of Texas, complete Schedule T): Shipping

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

Date: 2/14/11      Payee name: Oakhurst Newsletter

Amount (\$): 150.      Payee address; City: State; Zip Code: Fort Worth TX 76111

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Advertising Expense      Description (If travel outside of Texas, complete Schedule T): Ad in Newsletter

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

Date: 2/14/11      Payee name: City Secretarys Office Fort Worth

Amount (\$): 100.      Payee address; City: State; Zip Code: 1000 Throckmorton Fort Worth TX 76102

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Fees      Description (If travel outside of Texas, complete Schedule T): Filing

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>14</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date <b>2/14/11</b>	5 Payee name <b>Albertsons</b>	
6 Amount (\$) <b>97.02</b>	7 Payee address; City; State; Zip Code <b>Golden Triangle/Beach Fort Worth TX 76244</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/14/11</b>	Payee name <b>Albertsons</b>	
Amount (\$) <b>27.55</b>	Payee address; City; State; Zip Code <b>Golden Triangle/Beach Fort Worth TX 76244</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/14/11</b>	Payee name <b>Warwick Melrose Hotel</b>	
Amount (\$) <b>38.97</b>	Payee address; City; State; Zip Code <b>3015 Oak Lawn Dallas TX 75219</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/16/11</b>	Payee name <b>Pizza Hut</b>	
Amount (\$) <b>15.70</b>	Payee address; City; State; Zip Code <b>10736 N. Beach St. Fort Worth TX 76248</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2/16/11</b>	5 Payee name <b>Complete Campaigns</b>
--------------------------	---

6 Amount (\$) <b>500.</b>	7 Payee address; City; State; Zip Code <b>205 Pennsylvania Av. Washington DC 20003</b>
------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Site Builder Setup</b>
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date <b>2/16/11</b>	Payee name <b>Complete Campaigns 1st month</b>
------------------------	---

Amount (\$) <b>125.</b>	Payee address; City; State; Zip Code <b>205 Pennsylvania Av Washington DC 20003</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Website Fee 1st month</b>
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date <b>2/18/11</b>	Payee name <b>Discount Banners &amp; Signs</b>
------------------------	---

Amount (\$) <b>134.23</b>	Payee address; City; State; Zip Code <b>500 N. Main Keller TX 76248</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>car magnets</b>
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

Date <b>2/18/11</b>	Payee name <b>Lansome Dove</b>
------------------------	-----------------------------------

Amount (\$) <b>138.24</b>	Payee address; City; State; Zip Code <b>2406 N. Main St. Ft Worth TX 76106</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH

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8

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>12</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2/18/11</b>	5 Payee name <b>Mama Mia</b>
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6 Amount (\$) <b>11.00</b>	7 Payee address; City; State; Zip Code <b>3124 East Belknap Fort Worth TX 76111</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/19/11</b>	Payee name <b>Snooty Piz</b>
------------------------	---------------------------------

Amount (\$) <b>21.40</b>	Payee address; City; State; Zip Code <b>2401 Westport Pkwy Fort Worth TX 76117</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meetings</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/20/11</b>	Payee name <b>Button Works</b>
------------------------	-----------------------------------

Amount (\$) <b>168.00</b>	Payee address; City; State; Zip Code <b>731 M Street Rio Linda CA 95673</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Buttons</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>2/20/11</b>	Payee name <b>Amcaids</b>
------------------------	------------------------------

Amount (\$) <b>16.89</b>	Payee address; City; State; Zip Code <b>3124 Texas Sage Trl Fort Worth TX 76177</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>14</b>	2 FILER NAME <b>Paul Lester Prudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>2/21/11</b>	5 Payee name <b>Stockyards Business Association</b>	
6 Amount (\$) <b>12.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>Ft. Worth Stockyards Fort Worth TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>2/21/11</b>	Payee name <b>Parkeon</b>	
Amount (\$) <b>4.00</b>	Payee address; City; State; Zip Code <b>Down town Fort Worth TX</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel in District</b>	Description (If travel outside of Texas, complete Schedule T) <b>Parking</b>
	Candidate / Officeholder name Office sought Office held	
Date <b>2/22/11</b>	Payee name <b>Lonesome Dave</b>	
Amount (\$) <b>68.73</b>	Payee address; City; State; Zip Code <b>2406 N. Main St Fort Worth TX 76106</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
	Candidate / Officeholder name Office sought Office held	
Date <b>2/22/11</b>	Payee name <b>Grace</b>	
Amount (\$) <b>18.00</b>	Payee address; City; State; Zip Code <b>777 Main St Ste 6200 Fort Worth TX 76102</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
	Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2/24/11</b>	5 Payee name <b>Kwik Kopy</b>
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6 Amount (\$) <b>601.87</b>	7 Payee address; City; State; Zip Code <b>1850 Handley Drive Fort Worth TX 76112</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Dish cards</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/25/11</b>	Payee name <b>Quizk trip</b>
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Amount (\$) <b>69.37</b>	Payee address; City; State; Zip Code <b>1500 Precinct Line Hurst TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel in District</b>	Description (If travel outside of Texas, complete Schedule T) <b>Gas</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/25/11</b>	Payee name <b>El Wine Chateau</b>
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Amount (\$) <b>107.17</b>	Payee address; City; State; Zip Code <b>149 S. Main St Suite C Keller TX 76248</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meetings</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/28/11</b>	Payee name <b>John Pritchett</b>
------------------------	-------------------------------------

Amount (\$) <b>3521.28</b>	Payee address; City; State; Zip Code <b>6836 Brants Lane Fort Worth TX 76116</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Consulting Expense</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3/3/11</b>	5 Payee name <b>Discount Banner &amp; Signs</b>
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6 Amount (\$) <b>54.11</b>	7 Payee address; City; State; Zip Code <b>500 N Main Keller TX 76248</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Sign</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/11</b>	Payee name <b>Kwik Kopy Printing</b>
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Amount (\$) <b>305.27</b>	Payee address; City; State; Zip Code <b>1850 Hendley Dr. Fort Worth TX 76112</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Push Cards</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/11</b>	Payee name <b>Sardines</b>
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Amount (\$) <b>77.54</b>	Payee address; City; State; Zip Code <b>509 University Dr. Fort Worth TX 7610</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/11</b>	Payee name <b>Grace</b>
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Amount (\$) <b>38.00</b>	Payee address; City; State; Zip Code <b>777 Main St. Fort Worth TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 16	<b>2</b> FILER NAME Paul Lester Radisill	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/5/11	<b>5</b> Payee name Hanabi	
<b>6</b> Amount (\$) 41.31	<b>7</b> Payee address; City; State; Zip Code 9100 N. Freeway Fort Worth TX 76177	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food & Beverage	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Meeting
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
<b>Date</b> 3/6/11	<b>Payee name</b> Quicktrip	
<b>Amount (\$)</b> 66.82	<b>Payee address; City; State; Zip Code</b> 2905 Southlake Blvd Southlake TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Travel in District	<b>Description</b> (If travel outside of Texas, complete Schedule T) Gas
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought Office held
<b>Date</b> 3/9/11	<b>Payee name</b> Rotary Club	
<b>Amount (\$)</b> 23.75	<b>Payee address; City; State; Zip Code</b> Fort Worth TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Food & Beverage	<b>Description</b> (If travel outside of Texas, complete Schedule T) Meeting
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought Office held
<b>Date</b> 3/11/11	<b>Payee name</b> Signs By Tomorrow	
<b>Amount (\$)</b> 1172.26	<b>Payee address; City; State; Zip Code</b> 3509 NW Loop 820 Fort Worth TX 76106	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) 444 Signs
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 16	<b>2</b> FILER NAME Paul Lester Rudisill	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/14/11	<b>5</b> Payee name BJ Restaurant	
<b>6</b> Amount (\$) 30.96	<b>7</b> Payee address; City; State; Zip Code 9401 Sage Meadow Trb Fort Worth TX 76177	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food & Beverage	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 3/15/11	<b>Payee name</b> Your Logo Works	
<b>Amount (\$)</b> 735.00	<b>Payee address; City; State; Zip Code</b> P.O. Box 296 Aiken SC 29802	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising Expenses	<b>Description</b> (If travel outside of Texas, complete Schedule T) Yard Signs
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 3/17/11	<b>Payee name</b> Office Depot	
<b>Amount (\$)</b> 42.74	<b>Payee address; City; State; Zip Code</b> Denton Hwy Watauga TX 76148	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Office Overhead	<b>Description</b> (If travel outside of Texas, complete Schedule T) Supplies
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 3/17/11	<b>Payee name</b> Discount Banners & Signs	
<b>Amount (\$)</b> 54.11	<b>Payee address; City; State; Zip Code</b> 500 N. Main Keller TX 76248	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Advertising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Sign
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>14</i>	<b>2</b> FILER NAME <i>Paul Lester Budisill</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>3/18/11</i>	<b>5</b> Payee name <i>Dakurst Newsletter</i>	
<b>6</b> Amount (\$) <i>190.</i>	<b>7</b> Payee address; City; State; Zip Code <i>Fort Worth TX 76111</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expenses</i>	(b) Description (if travel outside of Texas, complete Schedule T) <i>Ad</i>
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <i>3/19/11</i>	<b>Payee name</b> <i>Starbucks</i>	
<b>Amount (\$)</b> <i>9.69</i>	<b>Payee address; City; State; Zip Code</b> <i>Western Center Blvd Fort Worth TX -</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Food &amp; Beverage</i>	Description (if travel outside of Texas, complete Schedule T) <i>Meeting.</i>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <i>3/23/11</i>	<b>Payee name</b> <i>Corner Store</i>	
<b>Amount (\$)</b> <i>71.19</i>	<b>Payee address; City; State; Zip Code</b> <i>10880 N. Beach Fort Worth TX -</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Travel in District</i>	Description (if travel outside of Texas, complete Schedule T) <i>Gas</i>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <i>3/24/11</i>	<b>Payee name</b> <i>RCI Ready Cable</i>	
<b>Amount (\$)</b> <i>94.18</i>	<b>Payee address; City; State; Zip Code</b> <i>4416 Keller Hvrk Rd. Fort Worth TX 76244</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description (if travel outside of Texas, complete Schedule T) <i>Reber</i>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>16</b>	2 FILER NAME <b>Paul Lester Rudisill</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3/26/11</b>	5 Payee name <b>Chalios</b>
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6 Amount (\$) <b>36.87</b>	7 Payee address; City; State; Zip Code <b>2020 N. Main Fort Worth TX 76164</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
9 Complete ONLY if direct expenditure to benefit C/OH		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>3/27/11</b>	Payee name <b>On the Border</b>
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Amount (\$) <b>57.00</b>	Payee address; City; State; Zip Code <b>Bryant Irving Rd Fort Worth TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>3/29/11</b>	Payee name <b>Tetco</b>
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Amount (\$) <b>70.68</b>	Payee address; City; State; Zip Code <b>2529 Meachem Blvd Fort Worth TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Travel in District</b>	Description (If travel outside of Texas, complete Schedule T) <b>Gas</b>
Complete ONLY if direct expenditure to benefit C/OH		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>3/31/11</b>	Payee name <b>Cattleman's</b>
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Amount (\$) <b>34.19</b>	Payee address; City; State; Zip Code <b>2458 N. Main St Fort Worth TX 76164</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY if direct expenditure to benefit C/OH		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

\$10055.84 16

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Paul Lester Rudzill</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$ <b>6111.72</b>
5 Date of loan <b>3/31/11</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Lester Rudzill</b>	9 Loan Amount (\$) <b>6111.72</b>
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>12813 Travers Trl Keller, TX 76244</b>	10 Interest rate <b>0</b>
12 Principal occupation / Job title (See Instructions) <b>Healthcare Executive</b>		11 Maturity date <b>Un Known</b>
13 Employer (See Instructions)		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor <b>self</b>	18 Amount Guaranteed (\$) <b>0</b>
17 Guarantor address; City; State; Zip Code		
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <b>Y</b> <b>N</b>	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)

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