Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 19

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECEIVED
APR 11 2013
CITY OF FORT WORTH
CITY SECRETARY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms
FIRST: Erin
MI: Kathleen
NICKNAME:
LAST: Hicks
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX: P. O. Box 15921
APT / SUITE #:
CITY: Fort Worth,
STATE: Texas
ZIP CODE 76119

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (817)
PHONE NUMBER 713.1250
EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Dr.
FIRST: Clarence
MI:
NICKNAME:
LAST: Brooks
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 2200 Evans Avenue
APT / SUITE #:
CITY: Fort Worth,
STATE: Texas
ZIP CODE 76104

8 CAMPAIGN TREASURER PHONE

AREA CODE (817)
PHONE NUMBER 926.4693
EXTENSION

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

11 ELECTION

ELECTION DATE Month / Day / Year

ELECTION TYPE
☐ Primary
☐ Runoff
☐ General
☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

	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)	$ 10,310
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ –
	4. **TOTAL POLITICAL EXPENDITURES**	$ 28,596.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 27,178.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

MARY J KAYSER NOTARY PUBLIC STATE OF TEXAS EXPIRES 01-11-2017

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.

Erin Kathleen Hicks

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erin Kathleen Hicks, this the 11th day of April, 2013, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: MARY J KAYSER | Title of officer administering oath: City Secretary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-19-13	KRISTON JOHNSON 600 ELLSWORTH DR TRENTWOOD, OHIO 45426	25.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	KAREN GITTEN P.O. BOX 17109 FT. WORTH, TX 76102	15.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	C. LINEHART 7506 BENT TRAIL MANSFIELD, TX 76063	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	MARGARET DANIELS 1304 E. BALTIMORE FT. WORTH, TX 76104	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-16-13	LEE CHRISTIE 306 W 7th ST #901 FT. WORTH, TX 76102	100.00	

(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 foradditional 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-15-13	MARGARETH CRADDOCK 4904 DEXTER AVE FT. WORTH, TX 76107	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-20-13	MARJIE WRIGLEY 1409 SUMMIT AVE FT. WORTH, TX 76102	2500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-12-13	MARION BURDA 521 SAMUELS AVE FT. WORTH, TX 76102	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-12-13	JAMES DUNAWAY 777 TAYLOR ST # 1040 FT. WORTH, TX 76102	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-13-13	OLLIE WILLIAMS 1513 OAK GROVE RD FT. WORTH, TX 76134	100.00	

(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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-19-13	LAUREN BURZETTE 4400 KINGSPARK DR FT. WORTH TX 76119	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	TAMARA TAYLOR 3707 STRCUP RD FT. WORTH TX 76119	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	PATRICIA LINARES 4705 CINNAMON AVE FT. WORTH, TX 76133	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	A. FRANCI) 2304 SUMMER OAKS COURT ARLINGTON, TX 76011	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-20-13	ALAN	1000.00	

(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 foradditional 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-19-13	KEMP AND SONS GENERAL SERVICES P.O. BOX 24731 FT. WORTH, TX 76124	1000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	ROBERT HERNANDEZ 2305 COLONIAL PKWY FT. WORTH TX 76109	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	DR. AZZAH PEREZ 3737 SELLARS CIR FT. WORTH TX 76109	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2-14-13	LINEBARGER GOGGAN BLAIR 100 THROCKMORTON #300 FT. WORTH TX 76102	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-4-13	MARY SEAN OGLESBY P.O. BOX 136834 FT. WORTH TX 76136	200.00	

(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 foradditional 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-2013	MARTHA LEONARD 1411 SHADY OAKS LANE FT. WORTH, TX 76107	250.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-25-13	MICHELE DURHAM 2713 CHACON COURT GRAND PRAIRIE, TX 75052	60.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-2013	Ray C Brooks P.O. Box 16868 FT. WORTH, TX 7462	50.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-25-13	FW MAGON HEIGHTS, LP 9555 HARMON RD # 200 FT. WORTH, TX 76177	2500.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Developer	

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-27-13	PATRICIA BOSTICK 6225 ARLINGWOOD DR ARLINGTON, TX 76001	25.00 (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 foraddltional 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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-19-13	MARY McCLAY 6009 MACEO LN FT. WORTH, TX 76112	25.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	GREGORY SCOTT 1449 GAMBON RD FT. WORTH, TX 76134	40.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	KAREN BROWN 7278 MADEIRA DR FT. WORTH TX 76112	20.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	ROY PALEY II 2913 SARAH JANE LN FT. WORTH TX 76119	50.00 (If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3-19-13	JAN KERSING 3800 TEMPLEWOOD LN FT. WORTH, TX 76109	100.00 (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 foradditional 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Date 1-24-13	5 Payee name NUEVO LEON	
6 Amount ($) 165.55	7 Payee address; City; State; Zip Code 1544 ELM AVE FT WORTH TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MEETING WITH CONSULTANT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-21-13	Payee name AT&T	
Amount ($) 280.73	Payee address; City; State; Zip Code P.O. Box 537104 ATLANTA, GA 30353	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REC	Description (If travel outside of Texas, complete Schedule T) Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-1-13	Payee name LINKS INC.	
Amount ($) 180.00	Payee address; City; State; Zip Code 5533 CHIMNEY ROCK RD FT. WORTH, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REC	Description (If travel outside of Texas, complete Schedule T) DUES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-2-13	Payee name JUNIOR LEAGUE	
Amount ($) 200.00	Payee address; City; State; Zip Code 255 BAILEY AVE FT WORTH, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) REC	Description (If travel outside of Texas, complete Schedule T) DUES
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Date 2-27-13	5 Payee name CITY OF FT. WORTH		
6 Amount ($) 100.00	7 Payee address; City; State; Zip Code 1000 THROCKMORTON FT. WORTH TX 76102		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEE	(b) Description (If travel outside of Texas, complete Schedule T) FILING	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 2-28-13	Payee name GREG DARGE DESIGN		
Amount ($) 318.75	Payee address; City; State; Zip Code P.O. BOX 822 CROWLEY, TX 76036		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) LOGO	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 3-14-13	Payee name ARLINGTON-MANSFIELD DEMOCRATIC WOMEN CLUB		
Amount ($) 30.00	Payee address; City; State; Zip Code P.O. BOX 122259 ARLINGTON, TX 76012		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEE	Description (If travel outside of Texas, complete Schedule T) DUE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 2-14-13	Payee name CVS		
Amount ($) 30.04	Payee address; City; State; Zip Code 3145 MANSFIELD HWY FT WORTH, TX 76114		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT	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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2-24-13	5 Payee name PATRIZIO PU	
6 Amount ($) 53.13	7 Payee address; City; State; Zip Code 2935 CLEGETT ST FT. WORTH, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CONSULTANT MEETING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-5-13	Payee name GORDON BOSWELL FLOWERS	
Amount ($) 86.54	Payee address; City; State; Zip Code 1220 PENNSYLVANIA AVE FT. WORTH TX 76104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT	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 2-19-13	Payee name GLENCREST STATION POST OFFICE	
Amount ($) 39.00	Payee address; City; State; Zip Code WITHIN FT. WORTH TX 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) RENTAL EXPENSE	Description (If travel outside of Texas, complete Schedule T) P.O. BOX
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-11-13	Payee name SAHIRA VALENZUELA	
Amount ($) 91743.00	Payee address; City; State; Zip Code 128 WEST CHERRY DR SAN ANTONIO TX 78228	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING FEE	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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name
3-21-13	AT&T

6 Amount ($)	7 Payee address; City; State; Zip Code
298.55	P.O. BOX 537101 ATLANTA, GA 30353

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

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

Date	Payee name
3-29-13	WENDEL CASS

Amount ($)	Payee address; City; State; Zip Code
1000.00	2129 RIVER VIEW FT. WORTH TX 76119

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

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

Date	Payee name
3-29-13	RAY TURCO

Amount ($)	Payee address; City; State; Zip Code
2500.00	6729 MONTANA CREST DR ARLINGTON, TX 76002

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

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

Date	Payee name
3-22-13	SAHRA VALENZUELA

Amount ($)	Payee address; City; State; Zip Code
1809.00	128 WEST CHERRY DR SAN ANTONIO, TX 78228

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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-14-13	5 Payee name SIGNPOCKET.COM	
6 Amount ($) 2670.00	7 Payee address; City; State; Zip Code 340 BROADWAY AVE ST PAUL PARK, MN 55071	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) YARD SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-29-13	Payee name SAHRA VALENZUELA	
Amount ($) $1080.00	Payee address; City; State; Zip Code 128 WEST CHERYL DR SAN ANTONIO, TX 78228	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	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 2-25-13	Payee name HARRIS HAMMETT	
Amount ($) 1000.00	Payee address; City; State; Zip Code 900 MAIN #300 FT WORTH TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LEGAL SERVICES	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 3-8-13	Payee name ARLINGTON HTS FINANCE POST OFFICE	
Amount ($) 46.00	Payee address; City; State; Zip Code BAILEY AVE FT. WORTH, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LEE	Description (If travel outside of Texas, complete Schedule T) POSTAGE
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-7-13	5 Payee name GRENCREST STATION POST OFFICE	
6 Amount ($) 110.40	7 Payee address; City; State; Zip Code WICHITA FT. WORTH, TX 76119	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEE	(b) Description (If travel outside of Texas, complete Schedule T) POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-27-13	Payee name SIGNROCKET.COM	
Amount ($) 1685.00	Payee address; City; State; Zip Code 340 BROADWAY AVE ST PAUL PARK, MN 55071	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) YARD SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-13-13	Payee name JOHN SONS PRESS	
Amount ($) 2116.12	Payee address; City; State; Zip Code 3300 S. FREEWAY FT WORTH TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	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 2-28-13	Payee name RAT TURCO + ASSOC	
Amount ($) 2500.00	Payee address; City; State; Zip Code 6729 MEADOW CREST DR ARLINGTON, TX 76002	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	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

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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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-15-13	5 Payee name GLENCREST STATION POST OFFICE	
6 Amount ($) 36.80	7 Payee address; City; State; Zip Code WITCHITA FT. WORTH, TX 76119	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEE	(b) Description (If travel outside of Texas, complete Schedule T) POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-7-13	Payee name JOHN SONS PRESS	
Amount ($) 203.81	Payee address; City; State; Zip Code 3300 S. FREEWAY FT. WORTH, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	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 2-25-13	Payee name WENDELL CASS	
Amount ($) 700.00	Payee address; City; State; Zip Code 2129 RIDGEVIEW ST FT. WORTH, TX 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	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 2-12-13	Payee name HAROLD HAMMETT	
Amount ($) 1000.00	Payee address; City; State; Zip Code 900 MONROE ST. # 300 FT. WORTH, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LEGAL SERVICES	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

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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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-2013	5 Payee name OFFICE MAX	
6 Amount ($) 46.05	7 Payee address; City; State; Zip Code 4200 S HULEN FT. WORTH TX 76132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEE	(b) Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 1-28-13	Payee name WENDLE CAYS	
Amount ($) 1000.00	Payee address; City; State; Zip Code 2129 RIDGEVIEW DR FT. WORTH, TX 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	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 3-23-13	Payee name LA MADELEINE	
Amount ($) 15.34	Payee address; City; State; Zip Code 6140 CAMP BOWIE BLVD FT WORTH TX 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) MEETING WITH CONSULTANT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-2013	Payee name CYNTHIA SHANNON	
Amount ($) 96.72	Payee address; City; State; Zip Code 2019 CLINTON FT. WORTH TX 76164	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-8-13	5 Payee name JOHN SONS PRESS	
6 Amount ($) 143.43	7 Payee address; City; State; Zip Code 3300 S FREEWAY FT. WORTH, TX 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 2-18-13	Payee name HAROLD HAMMET	
Amount ($) 2000.00	Payee address; City; State; Zip Code 900 MONROE ST #300 FT. WORTH TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LEGAL SERVICES	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 3-15-13	Payee name SHELL	
Amount ($) 49.06	Payee address; City; State; Zip Code 3601 W FREEWAY FT WORTH TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	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 3-25-13	Payee name GLENCREST STATION POST OFFICE	
Amount ($) 150.50	Payee address; City; State; Zip Code WICHITA FT WORTH TX 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ~~GIFT~~ FEE	Description (If travel outside of Texas, complete Schedule T) POSTAGE
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-19-13	5 Payee name PHILLIP BERMEJO	
6 Amount ($) 250.00	7 Payee address; City; State; Zip Code 1842 COLUMBUS FT. WORTH TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) PHOTOGRAPHY
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-19-13	Payee name SMITH'S	
Amount ($) ~~$250.00~~ $97.96	Payee address; City; State; Zip Code 3750 E LANCASTER FT. WORTH TX 76103	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-22-13	Payee name GLENCREST STATION POST OFFICE	
Amount ($) 46.00	Payee address; City; State; Zip Code WITCHITA ST FT. WORTH TX 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 3-21-13	Payee name GLENCREST STATION POST OFFICE	
Amount ($) 60.23	Payee address; City; State; Zip Code WITCHITA ST FT. WORTH TX 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) POSTAGE
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)

4 Date 3-19-13	5 Payee name Pioneer		
6 Amount ($) $350.00	7 Payee address; City; State; Zip Code 3108 E Rosedale Ft Worth, TX 76104		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 3-29-13	Payee name Cynthia Shannon		
Amount ($) $900.00	Payee address: City; State; Zip Code 2019 Clinton Fort Worth, Texas 76164		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting	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 1-24-13	Payee name AT&T		
Amount ($) $249.10	Payee address; City; State; Zip Code P.O. Box 53100 Atlanta, GA 30353		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Phones	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 3/11-13	Payee name Wendell Cass		
Amount ($) $300.00	Payee address; City; State; Zip Code 2129 Ridgeview Ft Worth, TX 76119		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting	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

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