

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **76**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr.** FIRST **William** MI **Brian**  
NICKNAME LAST **Byrd** SUFFIX

**OFFICE USE ONLY**

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **6608 Long Cove Ct. Fort Worth, TX 76132**  
APT / SUITE #: CITY: STATE: ZIP CODE

Change of Address



Date Hand-delivered or Data Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 682 ) 667-8081**

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr.** FIRST **Rob** MI  
NICKNAME LAST **Opitz** SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**777 Main Street, St. 2000, Fort Worth, TX 76102**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 817 ) 332-2301**

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 Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**01 / 01 / 2021 THROUGH 03 / 22 / 2021**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**05 / 01 / 2021**  General  Special

12 OFFICE

OFFICE HELD (if any)  
**City Council District 3**

13 OFFICE SOUGHT (if known)  
**Fort Worth Mayor**

14 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.

Additional Pages

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

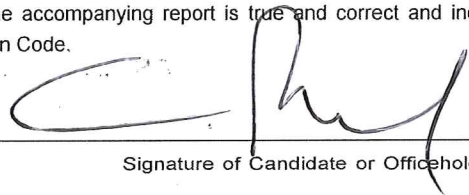
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 245,831.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 212,048.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 502,934.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 300,100.00

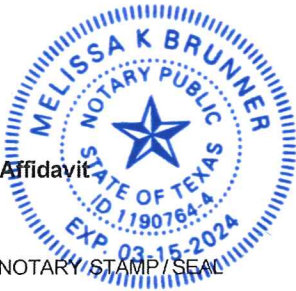
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by William Brian Byrd this the 1st day of April, 2021, to certify which witness my hand and seal of office.

Melissa K Brunner Melissa K Brunner notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

19 FILER NAME <b>Mr. William Brian Byrd</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 245,831.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 300,100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 212,048.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane L Mayfield 6 Contributor address; City; State; Zip Code 4401 Bellaire Drive South, Fort Worth, TX 76109	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda DiRocco Contributor address; City; State; Zip Code 3516 Cimmaron Trail, Fort Worth, TX 76116	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neil & Paige Randel Contributor address; City; State; Zip Code 1702 Catalina Court, Fort Worth, TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/29/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Parker Contributor address; City; State; Zip Code 200 Paint Pony Trl N, Fort Worth, TX 76108	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/1/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Hogan</b> 6 Contributor address; City; State; Zip Code <b>2117 Rolling Creek Run, Fort Worth, TX 76108</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stanley Stancukas</b> Contributor address; City; State; Zip Code <b>3500 Overton Park Drive West, Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Snow</b> Contributor address; City; State; Zip Code <b>6336 Warwick Hills Drive, Fort Worth, TX 76132</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dana Hinzmann</b> Contributor address; City; State; Zip Code <b>3750 Stoney Creek Court, Fort Worth, TX 76116</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Munson 6 Contributor address; City; State; Zip Code 730 Samuels Ave, Fort Worth, TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Waddell Contributor address; City; State; Zip Code 4512 Briarhaven Road, Fort Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Pine Contributor address; City; State; Zip Code 2741 Manorwood Trl., Fort Worth, TX 76109	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Jennings Contributor address; City; State; Zip Code 1805 Rockridge Terrace, Fort Worth, TX 76110	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# SCHEDULE A1

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard &amp; Lynette Driggers</b> 6 Contributor address; City; State; Zip Code <b>5796 High Point Hill, Fort Worth, TX 76126</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/2/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Burke</b> Contributor address; City; State; Zip Code <b>4484 Rawleigh Dr., Benbrook, TX 76126</b>	Amount of contribution (\$) <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/2/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Curtis Griffin</b> Contributor address; City; State; Zip Code <b>6613 Pine Valley Place, Fort Worth, TX 76132</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/2/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Betty Chapman</b> Contributor address; City; State; Zip Code <b>2705 Hartwood Drive, Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/2/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Verne &amp; Elaine Garrison</b> 6 Contributor address; City; State; Zip Code <b>6717 Meadows West Drive South, Fort Worth, TX 76132</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/2/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Coulter</b> Contributor address; City; State; Zip Code <b>8321 Estandarte Court, Benbrook, TX 76126</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/2/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eduardo Castillo</b> Contributor address; City; State; Zip Code <b>5101 Turtle Creek Court, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rudolf Brun</b> Contributor address; City; State; Zip Code <b>3006 Tanglewood Park W, FortWorth, TX 76109</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Loftin	7 Amount of contribution (\$)  100.00
	6 Contributor address; City; State; Zip Code 10513 Bing Dr, Fort Worth, TX 76108	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 2/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monty Trimble	Amount of contribution (\$)  1,000.00
	Contributor address; City; State; Zip Code 3455 Locke Ave, Ste 210, Fort Worth, TX 76107	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Jenderko	Amount of contribution (\$)  50.00
	Contributor address; City; State; Zip Code 10187 Trail Ridge Drive, Benbrook, TX 76126	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Ausburn	Amount of contribution (\$)  100.00
	Contributor address; City; State; Zip Code PO Box 34177, Fort Worth, TX 76162	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Valentine	7 Amount of contribution (\$) 45.00
6 Contributor address; City; State; Zip Code 6341 Mystic Falls Drive, Fort Worth, TX 76179		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajesh Gandhi	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code P.O. Box 33937, Fort Worth, TX 76162		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sultan Cole	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4902 Trailhead Bend Way, Fort Worth, TX 76109		

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

Date 2/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wes Berkovsky	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code Pine Creek Court, Fort Worth, TX 76008		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# SCHEDULE A1

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/5/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy McDonald</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>3606 Dorothy Lane, Fort Worth, TX 76107</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>2/5/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kandice Cole</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4902 Trailhead Bend Way, Fort Worth; TX 76107</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>2/6/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sreenivas Gudimetla</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>6621 Cherry Hills Drive, Fort Worth, TX 76132</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>2/6/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Green</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>6625 Crooked Stick Drive, Fort Worth, TX 76132</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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4 Date <b>2/6/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Rapp</b> ..... 6 Contributor address; City; State; Zip Code <b>1516 Washington Ter, Fort Worth, TX 76107</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ben &amp; Nancy Langley</b> ..... Contributor address; City; State; Zip Code <b>4428 Cartagena Drive, Fort Worth, TX 76133</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gail and Jim Tidwell</b> ..... Contributor address; City; State; Zip Code <b>6905 Hazeltine Drive, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gus Bates</b> ..... Contributor address; City; State; Zip Code <b>2711 Simondale Drive, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Truelson</b>	7 Amount of contribution (\$) <b>2,500.00</b>
6 Contributor address; City; State; Zip Code <b>5900 Kittansett Court, Fort Worth, TX 76132</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Estes</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1212 Terrace View Drive, Fort Worth, TX 76108</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cullen Crisp</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>6920 Fall Creek Highway, Granbury, TX 76049</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ware Shipman</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>6213 Juneau Road, Fort Worth, TX 76116</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Hughes	7 Amount of contribution (\$) 2,500.00
6 Contributor address; City; State; Zip Code 9728 Camp Bowie West Blvd., Fort Worth, TX 76116		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Jackson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3765 Arroyo Rd., Fort Worth, TX 76109		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Norman	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4204 Harlanwood Drive, Fort Worth, TX 76109		

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

Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbin Wilson	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 9441 Sagrada Park, Fort Worth, TX 76126		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Fonvielle 6 Contributor address; City; State; Zip Code 212 Casa Blanca Cir, Fort Worth, TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Palko Contributor address; City; State; Zip Code 4309 Cumberland Road North, Fort Worth, TX 76116	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Phelps Contributor address; City; State; Zip Code 6420 Fianna Hills Drive, Fort Worth, TX 76132	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Lutes Contributor address; City; State; Zip Code 6505 Saucon Valley Dr, Fort Worth, TX 76132	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randall Richwine</b> 6 Contributor address; City; State; Zip Code <b>8628 CANTERA WAY, Fort Worth, TX 76126-1132</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sara Scheideman</b> Contributor address; City; State; Zip Code <b>1313 Washington Terrace, Fort Worth, TX 76107</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/16/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Mills</b> Contributor address; City; State; Zip Code <b>6908 Sanctuary Lane, Fort Worth, Texas 76132</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Sanborn</b> Contributor address; City; State; Zip Code <b>3920 Bent Elm Lane, Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Hagseth</b> 6 Contributor address; City; State; Zip Code <b>3105 Spanish Oak Dr, Fort Worth, TX 76109</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jane Moughon</b> Contributor address; City; State; Zip Code <b>8020 Sunscape LN, Fort Worth, TX 76123</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janice Thompson</b> Contributor address; City; State; Zip Code <b>3832 Westcliff Road South, Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/23/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stuart &amp; Emily Pickell</b> Contributor address; City; State; Zip Code <b>3101 Wild Plum Drive, Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/24/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carl Aasletten</b> 6 Contributor address; City; State; Zip Code <b>3825 Glenwood Dr, Fort Worth, TX 76109</b>	7 Amount of contribution (\$)  <b>1,500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eric Dominguez</b> Contributor address; City; State; Zip Code <b>1628 Daywood Lane, Irving, TX 75061</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julian Armstrong</b> Contributor address; City; State; Zip Code <b>6716 Oak Hill Drive, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Walter Floyd</b> Contributor address; City; State; Zip Code <b>2109 Bradford Park Court, Fort Worth, TX 76107</b>	Amount of contribution (\$)  <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Lynch 6 Contributor address; City; State; Zip Code 405 Ridgewood Road, Fort Worth, TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Carter Contributor address; City; State; Zip Code 5330 Collinwood Avenue, Fort Worth, TX 76107	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. David Tracy Contributor address; City; State; Zip Code 2734 Colonial Pkwy, Fort Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Householder Contributor address; City; State; Zip Code 6817 Battle Creek Road, Fort Worth, TX 76116	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/1/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vance Williams</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6925 Sanctuary Lane, Fort Worth, TX 76132</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Walker</b> <hr/> Contributor address; City; State; Zip Code <b>PO Box 200847, Arlington, TX 76006</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George Faris</b> <hr/> Contributor address; City; State; Zip Code <b>6650 Trinity Heights Blvd, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra &amp; Pete Carney</b> <hr/> Contributor address; City; State; Zip Code <b>4317 MIRALOMA DR, Fort Worth, TX 76126</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Lyden 6 Contributor address; City; State; Zip Code 2600 West 7th Street, Fort Worth, TX 76107	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Wawrzeniak Contributor address; City; State; Zip Code 2001 Shumard Way, Aledo, TX 76008	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Leonard Contributor address; City; State; Zip Code 1411 Shady Oaks Lane, Fort Worth, TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Klein Contributor address; City; State; Zip Code 6913 Sanctuary Heights Rd, Fort Worth, TX 76132-7113	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# SCHEDULE A1

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/2/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>O P "Huck" Newberry III</b> <hr/> 6 Contributor address; City; State; Zip Code <b>120 Hazelwood Drive, Fort Worth, TX 76107</b>	7 Amount of contribution (\$)  <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billy Rosenthal</b> <hr/> Contributor address; City; State; Zip Code <b>600 E Exchange Ave, Suite 200, Ft Worth, TX 76164</b>	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shannon Lowe</b> <hr/> Contributor address; City; State; Zip Code <b>3736 Willomet Avenue, Fort Worth, TX 76133</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Stone</b> <hr/> Contributor address; City; State; Zip Code <b>3000 S Hulen St Ste 124, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/4/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Stone</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3000 S Hulen St Ste 124, Fort Worth, TX 76109</b>	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/5/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Childers</b> <hr/> Contributor address; City; State; Zip Code <b>3609 Ridglea Country Club Dr, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Ziegler</b> <hr/> Contributor address; City; State; Zip Code <b>11617 Northview Drive, Aledo, TX 76008</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/7/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kimberly Diehl</b> <hr/> Contributor address; City; State; Zip Code <b>8001 Ocean Drive, Fort Worth, TX 76123</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Butts</b>	7 Amount of contribution (\$) <b>30.00</b>
6 Contributor address; City; State; Zip Code <b>3971 Shannon Drive, Fort Worth, TX 76116</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Garrett Chandler</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>4308 Hildring Dr E, Fort Worth, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nelson Mitchell</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>5016 Montclair Drive, Colleyville, TX 76034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Cornelsen</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>420 Throckmorton Street, Fort Worth, TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>3/11/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Venkat Namburu</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6517 Shoal Creek Road, Fort Worth, TX 76132</b>	7 Amount of contribution (\$)  <b>501.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony Ford</b> <hr/> Contributor address; City; State; Zip Code <b>442 Aledo Creeks Road, East, Fort Worth, TX 76126</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Taylor Baird</b> <hr/> Contributor address; City; State; Zip Code <b>4421 Belclaire Ave, Dallas, TX 75205</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amy Burgess</b> <hr/> Contributor address; City; State; Zip Code <b>4816 Willow Run Court, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/13/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe &amp; Janet Crain</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6908 Miramar Cir., Fort Worth, TX 76126</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darren Slider</b> <hr/> Contributor address; City; State; Zip Code <b>1620 Martel Avenue, Fort Worth, TX 76103</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Hunter</b> <hr/> Contributor address; City; State; Zip Code <b>4233 Whitfield Ave, Ft Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Mayden</b> <hr/> Contributor address; City; State; Zip Code <b>6708 Welch Avenue, Fort Worth, TX 76133</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/16/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David McLendon</b> ----- 6 Contributor address; City; State; Zip Code <b>PO Box 146, Aledo, TX 76008</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yuri Strzhemechny</b> ----- Contributor address; City; State; Zip Code <b>6800 Briarwood Dr, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Teressa Ferguson</b> ----- Contributor address; City; State; Zip Code <b>9237 Arlene Drive, White Settlement, TX 76108</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/17/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Morrow</b> ----- Contributor address; City; State; Zip Code <b>7112 Saucon Valley Drive, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/18/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Gonder</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>8505 Terra Cota Lane, Fort Worth, TX 76123</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wm Atkins</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>7005 Sparrow Point, Fort Worth, TX 76133</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Lorimer III</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>7032 Shadow Creek Court, Fort Worth, TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margaret Borchert</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>7129 Norma Street, Fort Worth, TX 76112</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/19/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Dodson</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>3149 Camellia Rose Dr #711, fort Worth, TX 76116</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brent Hyder</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4900 Bryce Avenue, Fort Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike McFadden</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>425 Meadowhill Drive, Benbrook, TX 76126</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/20/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pamela Percival</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>4800 Sidonia Court, Fort Worth, TX 76126</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>3/21/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lana Ginn</b>	7 Amount of contribution (\$) <b>30.00</b>
6 Contributor address; City; State; Zip Code <b>4305 Rogers ave., Fort Worth, TX 76133</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/1/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Byrd</b> 6 Contributor address; City; State; Zip Code <b>6608 Long Cove Ct, Fort Worth, TX 76132</b>	7 Amount of contribution (\$)  <b>5.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/6/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Byrd</b> Contributor address; City; State; Zip Code <b>6608 Long Cove Ct, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>5.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/9/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daluca Michael</b> Contributor address; City; State; Zip Code <b>11845 Olympic boulevard, Los Angeles, CA 90064</b>	Amount of contribution (\$)  <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Peel</b> Contributor address; City; State; Zip Code <b>4564 Rheims Place, Dallas, TX 75205</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/11/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Craig Felder</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3209 Sweetbriar Ln, Fort Worth, TX 76109</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Harold Lindley</b> <hr/> Contributor address; City; State; Zip Code <b>640 Paint Pony Trail, Fort Worth, TX 76108</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Choudhry Fowad</b> <hr/> Contributor address; City; State; Zip Code <b>5900 Cypress Point Dr, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barry Watts</b> <hr/> Contributor address; City; State; Zip Code <b>6670 St Andrews Rd, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/11/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barnes Bradford</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4450 Harley Ave., Fort Worth, TX 76107-3840</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elaine Richards</b> <hr/> Contributor address; City; State; Zip Code <b>5468 Quiet Woods Trail, Fort Worth, TX 76123</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Daniel Jensen</b> <hr/> Contributor address; City; State; Zip Code <b>4004 Hartwood Dr, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/11/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kellie Bullinger</b> <hr/> Contributor address; City; State; Zip Code <b>4812 Hildring Drive East, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/12/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tyler Arbogast</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>8005 Belladonna Drive, Fort Worth, TX 76123</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mare Purtz</b>	Amount of contribution (\$)  <b>15.00</b>
Contributor address; City; State; Zip Code <b>1617 Hillside dr, River Oaks, TX 76114</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Hisel</b>	Amount of contribution (\$)  <b>250.00</b>
Contributor address; City; State; Zip Code <b>1522 Hunterglenn Dr, ALEDO, TX 76008</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Duane Thompson</b>	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code <b>33055 NE 42nd Place, CARNATION, WA 98014</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/14/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Gluntz</b>	7 Amount of contribution (\$)  <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>6176 Haley Lane, Fort Worth, TX 76132</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryce Danley</b>	Amount of contribution (\$)  <b>150.00</b>
	Contributor address; City; State; Zip Code <b>11824 Ferndale Lane, Aledo, TX 76008</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharon Danley</b>	Amount of contribution (\$)  <b>350.00</b>
	Contributor address; City; State; Zip Code <b>11824 Ferndale Lane, Aledo, TX 76008</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wilson Peppard</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>3940 Bent Elm Ln, Fort Worth, TX 76109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/19/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Liao</b> <hr/> 6 Contributor address; City; State; Zip Code <b>1900 MISTLETOE BLVD, FORT WORTH, TX 76104</b>	7 Amount of contribution (\$)  <b>1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Moore</b> <hr/> Contributor address; City; State; Zip Code <b>3812 Westcliff Rd. S., Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Bauman</b> <hr/> Contributor address; City; State; Zip Code <b>2300 Springmere Dr, Arlington, TX 76012</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ann Payne</b> <hr/> Contributor address; City; State; Zip Code <b>4304 Hildring Dr E, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
1/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Zavaleta</b> <hr/> Contributor address; City; State; Zip Code <b>6433 Elm Crest Court, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
1/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chambers Tom</b> <hr/> Contributor address; City; State; Zip Code <b>301 commerce st 3025, Fort Worth, TX 76102</b>	Amount of contribution (\$)  <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
1/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Russell Matthews</b> <hr/> Contributor address; City; State; Zip Code <b>6341 Point Man Lane, Fort Worth, TX 76123</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/21/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carney Pete and Debbie</b> 6 Contributor address; City; State; Zip Code <b>4317 MIRALOMA DR, FORT WORTH, TX 76126</b>	7 Amount of contribution (\$)  <b>1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dow Inga</b> Contributor address; City; State; Zip Code <b>6904 Hazeltine Dr, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Kolar</b> Contributor address; City; State; Zip Code <b>6017 Annandale Dr, Fort worth, TX 76132</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/21/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adrienne Deem</b> Contributor address; City; State; Zip Code <b>2805 River Brook Ct., Ft. Worth, TX 76116</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/21/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kimberly Diehl</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>8001 Ocean Dr, Fort Worth TX, TX 76123</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/23/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Opitz Robert</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>4705 Fieldcrest Drive, Fort Worth, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/23/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Neslund</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>6945 Day Drive, Fort Worth, TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>June &amp; John McAdams</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3110 CAMELLIA ROSE DR Unit 212, Fort Worth, TX 76116</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/25/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Misty Ray</b> <hr/> 6 Contributor address; City; State; Zip Code <b>7116 Battle Creek Road, Fort Worth, TX 76116</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Michael Townsend</b> <hr/> Contributor address; City; State; Zip Code <b>3630 Westcliff Rd. S., Ft. Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Chiang</b> <hr/> Contributor address; City; State; Zip Code <b>6440 Monarch Hills Drive, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>1/14/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk and Susan Blackmon</b>	7 Amount of contribution (\$) <b>5,000.00</b>
6 Contributor address; City; State; Zip Code <b>3017 Alton Rd, Fort Worth, TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Havener</b>	Amount of contribution (\$) <b>10,000.00</b>
Contributor address; City; State; Zip Code <b>PO Box 121969, Fort Worth, TX 76121</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/19/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff ad Kathryn Farmer</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>5100 Cliffrose Lane, Fort Worth, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Todd &amp; Carie Burnette</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>4123 W 7th St, Fort Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>1/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John and Claire Coy</b> ..... 6 Contributor address; City; State; Zip Code <b>2201 Mistletoe Ave, Fort worth, TX 76110</b>	7 Amount of contribution (\$)  <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1/27/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Texdevco GP, LLC</b> ..... Contributor address; City; State; Zip Code <b>23727 Hawthorne, Torrance, CA 90505</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Carr</b> ..... Contributor address; City; State; Zip Code <b>8609 Crosswind Dr, Fort Worth, TX 76179</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Wiseman</b> ..... Contributor address; City; State; Zip Code <b>2424 Colonial Pkwy, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nathan McGrew</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4900 Westridge Ave Apt 2, Fort Worth, TX 76116</b>	7 Amount of contribution (\$)  <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/1/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marc Nekhom</b> <hr/> Contributor address; City; State; Zip Code <b>5112 Paint Rock , Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HZ Acquisitions LLC</b> <hr/> Contributor address; City; State; Zip Code <b>4558 Knll Ridge, Aledo, TX 76008</b>	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Byrd</b> <hr/> Contributor address; City; State; Zip Code <b>3701 Ridglea Country Club, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry Daniel</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>4304 Tamworth, Fort Worth, TX 76116</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/8/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Goetz</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>4420 W Vickery Ste 100, Fort Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lamar Smith</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>1814 Westover Square, Fort Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Willie Dryden</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>7650 Meadbrook, Fort Worth, TX 76112</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/15/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryndan Wright</b> <hr/> 6 Contributor address; City; State; Zip Code <b>1410 Merion Dt, Mansfield, TX 76063</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peggy Orr</b> <hr/> Contributor address; City; State; Zip Code <b>5954 Riverbend , Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Randall Schmidt</b> <hr/> Contributor address; City; State; Zip Code <b>241 Magnolia Ln, Westworth Village, TX 76114</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. Gus Bates</b> <hr/> Contributor address; City; State; Zip Code <b>3404 Park Hollow, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/15/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Wells</b> <hr/> 6 Contributor address; City; State; Zip Code <b>7208 Cordes Ct, Fort Worth, TX 76112</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nick Contie</b> <hr/> Contributor address; City; State; Zip Code <b>7004 Robinhood , Fort Worth, TX 76112</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary E Harris</b> <hr/> Contributor address; City; State; Zip Code <b>1824 Druid, Fort Worth, TX 76112</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/18/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dan Lowrance</b> <hr/> Contributor address; City; State; Zip Code <b>2008 Four Oaks, Fort Worth, TX 76107</b>	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>3/22/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Douglas Brown</b> <hr/> 6 Contributor address; City; State; Zip Code <b>PO Box 33706, Fort Worth, TX 76162</b>	7 Amount of contribution (\$)  <b>400.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barbara Harris</b> <hr/> Contributor address; City; State; Zip Code <b>3220 Rosemeade Dr Unit 1411, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/22/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Strickland</b> <hr/> Contributor address; City; State; Zip Code <b>3110 Camella Rose Unit 211, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Allen</b> <hr/> Contributor address; City; State; Zip Code <b>7302 Tidal Trace, Arlington, TX 76018</b>	Amount of contribution (\$)  <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>2/4/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nina Corbett</b> ..... 6 Contributor address; City; State; Zip Code <b>2114 Tanglely, Houston, TX 77005</b>	7 Amount of contribution (\$)  <b>10,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SJ Hurley IV</b> ..... Contributor address; City; State; Zip Code <b>8350 N Central Expressway Suite 1750, Dallas, TX 75206</b>	Amount of contribution (\$)  <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Makens</b> ..... Contributor address; City; State; Zip Code <b>1312 Somerset Ct, Colleyville, TX 76034</b>	Amount of contribution (\$)  <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve and Janice Hawkins</b> ..... Contributor address; City; State; Zip Code <b>9 Thornhill, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>2/4/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kim Gill</b> <hr/> 6 Contributor address; City; State; Zip Code <b>706 Cinnabar Ct, Westworth Village, TX 76114</b>	7 Amount of contribution (\$)  <b>10,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Pettit</b> <hr/> Contributor address; City; State; Zip Code <b>1201 Clover Ln, Fort Worth, TX 76107</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James and Linda Craig</b> <hr/> Contributor address; City; State; Zip Code <b>2884 Oakbriar, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ladye Ann Miller</b> <hr/> Contributor address; City; State; Zip Code <b>31 Valley Rdige , Fort Worth, TX 76107</b>	Amount of contribution (\$)  <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/4/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peter Ochs</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 10158, Newport Beach, CA 82858</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Coscia</b>	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>5000 Highland Meadow, Fort Worth, TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis Opitz</b>	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>3949 Stonehenge, Fort Worth, TX 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/4/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darrell Bevelhymmer</b>	Amount of contribution (\$)  <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>6910 Santuary Heights, Fort Worth, TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>2/4/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry Johnson</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4345 Whitfield, Fort Worth, TX 76109</b>	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jan Fersing</b> <hr/> Contributor address; City; State; Zip Code <b>3800 trailwood, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gloria Law Siratt</b> <hr/> Contributor address; City; State; Zip Code <b>4629 Palencia, Fort Worth, TX 76126</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jana Siratt</b> <hr/> Contributor address; City; State; Zip Code <b>4613 Marbella, Fort Worth, TX 76126</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>2/12/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Juli Siratt Mason</b> ..... 6 Contributor address; City; State; Zip Code <b>9301 Sagrada Park, Fort Worth, TX 76126</b>	7 Amount of contribution (\$)  <b>2,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donald Lee Siratt II</b> ..... Contributor address; City; State; Zip Code <b>4668 Saint Benet , Fort Worth, TX 76126</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Colby Don Siratt</b> ..... Contributor address; City; State; Zip Code <b>9404 Palencia, Fort Worth, TX 76126</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Moore</b> ..... Contributor address; City; State; Zip Code <b>3904 W. 5th St, Fort Worth, TX 76107</b>	Amount of contribution (\$)  <b>10,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>2/12/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Team Tarrant PAC</b> <hr/> 6 Contributor address; City; State; Zip Code <b>7106 Lighthouse, Arlington, TX 76002</b>	7 Amount of contribution (\$)  <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/12/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reitman</b> <hr/> Contributor address; City; State; Zip Code <b>3805 Trails Edge, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Elkins</b> <hr/> Contributor address; City; State; Zip Code <b>128 S Saginaw Blvd, Saginaw, TX 76179</b>	Amount of contribution (\$)  <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Keen</b> <hr/> Contributor address; City; State; Zip Code <b>406 Stone Mountain, Cresson, TX 76036</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>2/25/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Hotchkiss</b> ..... 6 Contributor address; City; State; Zip Code <b>4668 Saint Benet, Fort Worth, TX 76126</b>	7 Amount of contribution (\$)  <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Tilley</b> ..... Contributor address; City; State; Zip Code <b>3409 Rustwood , Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Beck</b> ..... Contributor address; City; State; Zip Code <b>3409 Rustwood , Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/25/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Hester</b> ..... Contributor address; City; State; Zip Code <b>3915 Mockingbird, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Brooks</b> ..... 6 Contributor address; City; State; Zip Code <b>919 Alston Ave, Ste 100, Fort Worth, TX 76104</b>	7 Amount of contribution (\$)  <b>2,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tracey Neilson</b> ..... Contributor address; City; State; Zip Code <b>300 Wimberly , Fort Worth, TX 76107</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelly Keller</b> ..... Contributor address; City; State; Zip Code <b>2901 Morton Street, Fort Worth, TX 76107</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eddie Hale</b> ..... Contributor address; City; State; Zip Code <b>3858 Pelham Rd, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wanda Conlin</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>1755 Martel Ave, Fort Worth, TX 76103</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Burr Fairland</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4820 Bryce Ave, Fort Worth, TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Hoyt</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>4363 Capra Way, Fort Worth, TX 76126</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Kleuser</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>7012 Tumbling Trail, Fort Worth, TX 76116</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hollis Sullivan</b> ..... 6 Contributor address; City; State; Zip Code <b>PO Box 9289, Wichita Falls, TX 76308</b>	7 Amount of contribution (\$)  <b>10,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul E Andrews Jr</b> ..... Contributor address; City; State; Zip Code <b>700 Jenkins Rd, Aledo, TX 76008</b>	Amount of contribution (\$)  <b>5,600.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Mr. William Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/29/2020	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mr. William Brian Byrd	9 Loan Amount (\$) 300,100.00
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code  6608 Long Cove Ct. Fort Worth, TX 76132	10 Interest rate NA
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral  <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
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)

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/4/2021	<b>5</b> Payee name Google LLC	
<b>6</b> Amount (\$) 19.19	<b>7</b> Payee address; City; State; Zip Code 636 O St. Sanger, CA 93657	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Email Services
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/4/2021	Payee name Authnet Gateway	
Amount (\$) 30.00	Payee address; City; State; Zip Code 808 East Utah Valley Drive, American Fork, UT, 84003	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description Transaction Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/4/2021	Payee name Cyberservices	
Amount (\$) 10.89	Payee address; City; State; Zip Code PO Box 8999. San Francisco, CA 94128	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description Credit Card Transaction Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/6/2021	<b>5</b> Payee name Nationuilder	
<b>6</b> Amount (\$) 89.00	<b>7</b> Payee address; City; State; Zip Code 520 S Grand Ave. Los Angeles, CA 90071	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Database
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 1/15/2021	Candidate / Officeholder name Iron Egg	
Amount (\$) 1,062.50	Office sought Office held	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Email Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Date 1/19/2021	Payee name Axiom Strategies Inc.	
Amount (\$) 620.00	Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Candidate / Officeholder name Office sought Office held		

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 1/29/2021		<b>5</b> Payee name H F Custom Solutions			
<b>6</b> Amount (\$) 811.88		<b>7</b> Payee address; City; State; Zip Code 2612 W Waggoman St, Fort Worth, TX 76110			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising		<b>(b)</b> Description Website		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/29/2021		Payee name Iron Egg			
Amount (\$) 250.00		Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description Email Services		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/1/2021		Payee name Nieman Printing			
Amount (\$) 8,778.54		Payee address; City; State; Zip Code 10615 Newkirk St #100, Dallas, TX 75220			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Marketing		Description Printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/1/2021	<b>5</b> Payee name StyleFW Pictures	
<b>6</b> Amount (\$) 1,325.00	<b>7</b> Payee address; City; State; Zip Code 3208 Riverlakes Drive Hurst, TX 76053	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Photographic Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/2/2021	Payee name Google LLC	
Amount (\$) 19.19	Payee address; City; State; Zip Code 636 O St. Sanger, CA 93657	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Email Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/2/2021	Payee name Authnet Gateway	
Amount (\$) 30.00	Payee address; City; State; Zip Code 808 East Utah Valley Drive, American Fork, UT, 84003	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description Transaction Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/2/2021	<b>5</b> Payee name Cyerservices
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<b>6</b> Amount (\$) 21.37	<b>7</b> Payee address; PO Box 8999, San Francisco, CA 94128	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking	<b>(b)</b> Description Credit Card Transaction Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/5/2021	Payee name USPS			
Amount (\$) 43.90	Payee address; 7101 Bryant Irvin Rd. Fort Worth, TX 76132	City;	State;	Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Mail	Description Mailbox
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 2/5/2021	Payee name Axiom Strategies Inc.			
Amount (\$) 5,000.00	Payee address; 800 W 47th St STE 200, Kansas City, MO 64112	City;	State;	Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/8/2021	<b>5</b> Payee name Sr3 Creative	
<b>6</b> Amount (\$) 2,350.00	<b>7</b> Payee address; City; State; Zip Code 3964 Watercourse Drive, #1173, Fort Worth, TX 76109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Media Production
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 2/12/2021	<b>Payee name</b> Remington Research Group	
<b>Amount (\$)</b> 10,000.00	<b>Payee address; City; State; Zip Code</b> 800 W. 47th Street, Suite 200, Kansas City, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Survey	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 2/8/2021	<b>Payee name</b> Nationbuilder	
<b>Amount (\$)</b> 89.00	<b>Payee address; City; State; Zip Code</b> 520 S Grand Ave. Los Angeles, CA 90071	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	<b>Description</b> Database
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/16/2021	<b>5</b> Payee name Jonathan Leddy	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Canvassing	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/16/2021	Payee name Iron Egg	
Amount (\$) 50.00	Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/16/2021	Payee name USPS	
Amount (\$) 122.00	Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Mail	Description Mailbox
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/19/2021	<b>5</b> Payee name StyleFW Pictures	
<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City; State; Zip Code 3208 Riverlakes Drive Hurst, TX 76053	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Photographic Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/26/2021	Payee name Nieman Printing	
Amount (\$) 2,270.00	Payee address; City; State; Zip Code 10615 Newkirk St #100, Dallas, TX 75220	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Marketing	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/2021	Payee name Google LLC	
Amount (\$) 19.19	Payee address; City; State; Zip Code 636 O St. Sanger, CA 93657	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Email Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/2/2021	<b>5</b> Payee name Authnet Gateway	
<b>6</b> Amount (\$) 30.00	<b>7</b> Payee address; City; State; Zip Code 808 East Utah Valley Drive, American Fork, UT, 84003	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking	<b>(b)</b> Description Transaction Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/2/2021	Payee name Cyberservices	
Amount (\$) 24.99	Payee address; City; State; Zip Code PO Box 8999. San Francisco, CA 94128	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description Credit Card Transaction Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/4/2021	Payee name Nationuilder	
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S Grand Ave. Los Angeles, CA 90071	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Database
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/9/2021	<b>5</b> Payee name H F Custom Solutions	
<b>6</b> Amount (\$) 7,294.18	<b>7</b> Payee address; City; State; Zip Code 2612 W Waggoman St, Fort Worth, TX 76110	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Website
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/10/2021	Payee name PrintPlace	
Amount (\$) 219.78	Payee address; City; State; Zip Code 1130 Ave H East Arlington, Texas 76011	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Marketing	Description Printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/10/2021	Payee name Axiom Strategies Inc.	
Amount (\$) 26,746.00	Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/15/2021	<b>5</b> Payee name StyleFW Pictures	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code 3208 Riverlakes Drive Hurst, TX 76053	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Photographic Supplies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/15/2021	Payee name Vanguard Field Strategies	
Amount (\$) 20,343.00	Payee address; City; State; Zip Code 1001 Congress Ave, Suite100 Austin TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description Marketing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/2021	Payee name Iron Egg	
Amount (\$) 50.00	Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/17/2021	<b>5</b> Payee name Banners On The Cheap	
<b>6</b> Amount (\$) 116.98	<b>7</b> Payee address; City; State; Zip Code 11525A Stonehollow Dr. Suite 100. Austin, TX 78758	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Banners
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/18/2021	Payee name Aaron, Thomas & Associates, Inc.	
Amount (\$) 2,994.42	Payee address; City; State; Zip Code 21344 Superior Street, Chatsworth, CA 91311	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Direct Mailing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/22/2021	Payee name Axiom Strategies Inc.	
Amount (\$) 26,419.90	Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/22/2021	<b>5</b> Payee name Torchys Taco	
<b>6</b> Amount (\$) 74.75	<b>7</b> Payee address; City; State; Zip Code 928 Northton Street, Fort Worth, TX 76104	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign Event	<b>(b)</b> Description Event Expense
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/16/2021	Payee name Axiom Strategies Inc.	
Amount (\$) 56,746.00	Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/04/2021	Payee name Axiom Strategies Inc.	
Amount (\$) 5,000.00	Payee address; City; State; Zip Code 800 W 47th St STE 200, Kansas City, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/05/2021	<b>5</b> Payee name <del>Axiom Strategies Inc.</del> Bank of America	
<b>6</b> Amount (\$) 5.00	<b>7</b> Payee address; City; State; Zip Code <del>800 W 47th St STE 200, Kansas City, MO 64112</del> 100 N. Tryer St. Charlotte, NC 28255	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking	<b>(b)</b> Description Transaction Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/13/2021	Payee name City Secretary's Office	
Amount (\$) 105.50	Payee address; City; State; Zip Code 200 Texas Street, Fort Worth, TX 76102	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Filing Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/14/2021	Payee name Campaign Sidekick	
Amount (\$) 264.00	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Canvasing	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/1/2021	<b>5</b> Payee name Campaign Sidekick	
<b>6</b> Amount (\$) 264.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Canvasing	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/21/2021	Payee name Texas Secretary of State	
Amount (\$) 4.11	Payee address; City; State; Zip Code 1019 Brazos St, Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/5/2021	Payee name Judson Stafford	
Amount (\$) 6,750	Payee address; City; State; Zip Code 1509 Curtis, Garland, TX 75040	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Sign Installation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/11/2021	<b>5</b> Payee name OTT Advertising	
<b>6</b> Amount (\$) 5,143.66	<b>7</b> Payee address; City; State; Zip Code 3964 Watercourse Drive, #1173, Fort Worth, TX 76109	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/2021	Payee name Campaign Sidekick	
Amount (\$) 264.00	Payee address; City; State; Zip Code 800 W. 47th Street, Suite 200, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Canvasing	Description Email Services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/22/2021	Payee name Remington Research	
Amount (\$) 12,500.00	Payee address; City; State; Zip Code 800 W. 47th Street, Suite 200, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Survey	Description Campaign Research
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/11/2021	<b>5</b> Payee name <del>Axiom Strategies Inc.</del> Bank of America
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<b>6</b> Amount (\$) 5.00	<b>7</b> Payee address; City; State; Zip Code <del>800 W 47th St STE 200, Kansas City, MO 64112</del> 100 N. Tryon St. Charlotte, NC 28255
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Banking	<b>(b)</b> Description Transaction Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/2021	Payee name Torchys Taco
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Amount (\$) 100.76	Payee address; City; State; Zip Code 928 Northton Street, Fort Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Event	Description Event Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/17/2021	Payee name <del>Axiom Strategies Inc.</del> Bank of America
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Amount (\$) 5.00	Payee address; City; State; Zip Code <del>800 W 47th St STE 200, Kansas City, MO 64112</del> 100 N. Tryon St. Charlotte, NC 28255
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Banking	Description Transaction Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/15/2021	<b>5</b> Payee name CyberService Fees
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<b>6</b> Amount (\$) 1,609.73	<b>7</b> Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Transaction fees	(b) Description Transaction fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/15/2021	Payee name Anedot
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Amount (\$) 4,316.84	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transaction fees	Description Transaction fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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