

# 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:

50

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>William</b>	MI <b>Brian</b>	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <b>Byrd</b>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>6608 Long Cove Ct. Fort Worth, TX 76132</b>					
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 682 )</b>	PHONE NUMBER <b>667-8081</b>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Rob</b>	MI	Date Received		
	NICKNAME	LAST <b>Opitz</b>	SUFFIX	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>777 Main Street, St. 2000, Fort Worth, TX 76102</b>					
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 817 )</b>	PHONE NUMBER <b>332-2301</b>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
<b>07 / 01 / 2020</b> THROUGH <b>12 / 31 / 2020</b>						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
				<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>City Council District 3</b>			13 OFFICE SOUGHT (if known)		
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.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
<input type="checkbox"/> Additional Pages						



**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)	\$ 49,665.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,935.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 469,152.16
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.

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

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Mr. Brian Byrd this the 15<sup>th</sup> day of January, 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**

<b>19 FILER NAME</b>  Mr. William Brian Byrd		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 49,665.00
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		\$ 12,935.87
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 227.33
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 <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/08/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Deas</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6912 Desert Highland Dr. Fort Worth, TX 76132</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/08/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Maddux</b> <hr/> Contributor address; City; State; Zip Code <b>6363 Newport Ct. Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/08/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Galvan</b> <hr/> Contributor address; City; State; Zip Code <b>11601 Wind Creek Ct, Aledo, TX 76008</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/10/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Watts</b> <hr/> Contributor address; City; State; Zip Code <b>6004 Laurel Valley Ct. Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>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.		



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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/08/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don McClard</b> 6 Contributor address; City; State; Zip Code <b>3835 Winslow 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>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Austin Reilly</b> Contributor address; City; State; Zip Code <b>5429 Huntly Dr, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/11/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wilson Peppard</b> Contributor address; City; State; Zip Code <b>3940 Bent Elm Ln, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Havener</b> Contributor address; City; State; Zip Code <b>PO Box 121969 Fort Worth, TX 76121</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>09/14/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Verne &amp; Elaine Garrison</b>	7 Amount of contribution (\$) <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>6717 S Meadows West Dr, Fort Worth, TX 76132</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony Creme</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>5160 Peach Willow Ln, Fort Worth, TX 76109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Megan and Victor Boschini, Jr.</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>3100 Avondale Ave, Fort Worth, TX 76109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Calvin Crider</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>5001 Highland Meadow Dr, Fort Worth, TX 76132</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.		

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<b>2</b> FILER NAME Mr. William Brian Byrd		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/14/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Denny Alexander <b>6</b> Contributor address; City; State; Zip Code 4200 S Hulen St, Fort Worth, TX 76109	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Powers Contributor address; City; State; Zip Code 6859 Shorecrest Ct, Fort Worth, TX 76132	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth McCurdy Contributor address; City; State; Zip Code 6813 Lahontan Dr, Fort Worth, TX 76132	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Meadows Contributor address; City; State; Zip Code 121 Rivercrest Dr, Fort Worth, TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>09/14/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carolyn Moore</b> ..... 6 Contributor address; City; State; Zip Code <b>6720 Blue Meadow Dr, 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>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Cappel</b> ..... Contributor address; City; State; Zip Code <b>3801 Bellaire Cir, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Bloxom</b> ..... Contributor address; City; State; Zip Code <b>2741 River Forest Dr, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chad Barber</b> ..... Contributor address; City; State; Zip Code <b>6600 Cherry Hills Dr, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>09/14/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Garsek</b>	7 Amount of contribution (\$)  <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>3712 Black Canyon Rd, Fort Worth, TX 76109</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Brian Carney</b>	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code <b>5215 Locke Ave, Fort Worth, TX 76107</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Olivia Eudaly</b>	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code <b>4704 Mill Springs Ct, Colleyville, TX 76034</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vernell Sturns</b>	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code <b>612 Highwoods Trl, 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>		
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2 FILER NAME <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/14/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Roark</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>6209 Kenwick Ave, Fort Worth, TX 76116</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vivian Fixel</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>4628 Briarhaven Rd, Fort Worth, TX 76109</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>09/16/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mae Ferguson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1107 Loch Lomond Crt, Fort Worth, TX 76012</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alex Geesbreght</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; City; State; Zip Code <b>6665 Trinity Heights Blvd, Fort Worth, TX 76132</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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4 Date <b>09/14/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beverly Biels</b> <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code <b>3725 Shelby Dr, 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>09/17/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank Liao</b> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code <b>6612 Sahalee Dr, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/17/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Bettis</b> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code <b>11 Bounty Road East, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tim Fleet</b> <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code <b>3045 Lackland Rd, Fort Worth, TX 76116</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>09/21/2020</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>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Regina Lee</b> <hr/> Contributor address; City; State; Zip Code <b>3516 Ranch View Ter, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. David Tracy</b> <hr/> Contributor address; City; State; Zip Code <b>2734 Colonial Pkwy, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy McCoy</b> <hr/> Contributor address; City; State; Zip Code <b>233 Verna Trl N, Fort Worth, TX 76108</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>09/23/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marilyn &amp; Michael Berry</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6217 Genoa Rd, Fort Worth, TX 76116</b>	7 Amount of contribution (\$)  <b>1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/23/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carrie Latiolais</b> <hr/> Contributor address; City; State; Zip Code <b>5016 Barberry Dr, Fort Worth, TX 76133</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/23/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Needham</b> <hr/> Contributor address; City; State; Zip Code <b>6341 Klamath Rd, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/23/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Dixon</b> <hr/> Contributor address; City; State; Zip Code <b>6821 River Bend Rd, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# 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>09/24/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kay Wedemeyer</b> ..... 6 Contributor address; City; State; Zip Code <b>6620 Long Cove Ct, 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>09/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Lattimore</b> ..... Contributor address; City; State; Zip Code <b>1200 Summit Ave, Fort Worth, TX 76102</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/29/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raj Gandhi</b> ..... Contributor address; City; State; Zip Code <b>P.O. Box 33937, Fort Worth, TX 76162</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/29/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosie &amp; Mike Moncrief</b> ..... Contributor address; City; State; Zip Code <b>777 Taylor St, Suite 1030, Fort Worth, TX 76102</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 10/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colby Siratt	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 9404 Palencia Ct, Fort Worth, TX 76126		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnie Siratt	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 4668 Saint Benet Ct, Fort Worth, TX 76126		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juli Siratt Mason	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 9301 Sagrada Park, Fort Worth, TX 76126		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Siratt	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 4629 Palencia Dr, Fort Worth, TX 76126		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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<b>4</b> Date 10/05/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Siratt <b>6</b> Contributor address; City; State; Zip Code 4613 Marbella Cir, Fort Worth, TX 76126	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Hawkins Contributor address; City; State; Zip Code 9 Thornhill Rd, Benbrook, TX 76132	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Lorimer Contributor address; City; State; Zip Code 7032 Shadow Creek Court, Fort Worth, TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamar C Smith Contributor address; City; State; Zip Code 1814 Westover Sq, Fort Worth, TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>10/13/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Jones</b> <hr/> 6 Contributor address; City; State; Zip Code <b>11809 Blue Creek Dr, Willow Park, TX 76008</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/13/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Byron Benard</b> <hr/> Contributor address; City; State; Zip Code <b>1363 Roaring Springs Rd, Fort Worth, TX 76114</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Watts</b> <hr/> Contributor address; City; State; Zip Code <b>6004 Laurel Valley Ct, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry McAuley</b> <hr/> Contributor address; City; State; Zip Code <b>3609 Middlewood Dr, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>10/19/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk Blackmon</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3017 Alton Rd, Fort Worth, TX 76109</b>	7 Amount of contribution (\$)  <b>2000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Walter Owen</b> <hr/> Contributor address; City; State; Zip Code <b>3709 Mockingbird Ln, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kevin Ullmann</b> <hr/> Contributor address; City; State; Zip Code <b>6513 Saucon Valley Dr, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/19/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Helen Boydston</b> <hr/> Contributor address; City; State; Zip Code <b>1406 Clubview Ct, Arlington, TX 76013</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>10/23/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Goff</b> <hr/> 6 Contributor address; City; State; Zip Code <b>1200 Western Ave, Fort Worth, TX 76107</b>	7 Amount of contribution (\$)  <b>1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karol Del Real</b> <hr/> Contributor address; City; State; Zip Code <b>3036 Tanglewood Park W, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/26/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Putegnat</b> <hr/> Contributor address; City; State; Zip Code <b>4313 Woodwick Ct, Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vijay G. Kalaria</b> <hr/> Contributor address; City; State; Zip Code <b>6016 Annandale Dr, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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<b>2</b> FILER NAME Mr. William Brian Byrd		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/30/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Opitz <b>6</b> Contributor address; City; State; Zip Code 4705 Fieldcrest Dr, Fort Worth, TX 76109	<b>7</b> Amount of contribution (\$) 1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavanya Nagineni Contributor address; City; State; Zip Code 6617 Oak Hill Ct, Fort Worth, TX 76132	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Baird Contributor address; City; State; Zip Code 4421 Belclaire Ave, Dallas, TX 75054	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raylene Latta Contributor address; City; State; Zip Code 5017 River Bluff Dr, Fort Worth, TX 76132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>11/04/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry Daniel</b> <hr/> 6 Contributor address; City; State; Zip Code <b>4304 Tamworth Rd, Fort Worth, TX 76116</b>	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/04/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janet Kraftson</b> <hr/> Contributor address; City; State; Zip Code <b>6901 Vista Ridge Ct, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/04/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Dike</b> <hr/> Contributor address; City; State; Zip Code <b>209 Summersby Lane, Fort Worth, TX 76114</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/06/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carol Stripling</b> <hr/> Contributor address; City; State; Zip Code <b>3000 Tanglewood Park West, 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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4 Date <b>11/09/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gene Gray</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>3508 Elm Creek Ct, Fort Worth, TX 76109</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>11/09/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clyde Wamack</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2917 Harlanwood Dr, Fort Worth, TX 76109</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>11/16/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Potthoff</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7001 Sanctuary Heights Rd, Fort Worth, TX 76132</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>12/07/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arturo Montoya</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>6709 Ashbrook Dr, Fort Worth, TX 76132</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>07/23/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Byrd</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6608 Long Cove Court, Fort Worth, TX 76132</b>	7 Amount of contribution (\$)  <b>25.00</b>

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>09/08/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wytt Byrd</b> <hr/> Contributor address; City; State; Zip Code <b>6608 Long Cove Court, Fort Worth, TX 76132</b>	Amount of contribution (\$)  <b>5.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>09/10/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Greig</b> <hr/> Contributor address; City; State; Zip Code <b>2902 rivergrove court, Fort Worth, TX 76116</b>	Amount of contribution (\$)  <b>2,000.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reed Pigman</b> <hr/> Contributor address; City; State; Zip Code <b>200 Texas Way Hngr 23N, Fort Worth, TX 76106</b>	Amount of contribution (\$)  <b>1000.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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4 Date <b>09/23/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Chiang</b> 6 Contributor address; City; State; Zip Code <b>6440 Monarch Hills Drive, 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>09/24/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael &amp; Beth Stevener</b> Contributor address; City; State; Zip Code <b>PO Box 100863, Fort Worth, TX 76185</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Benda</b> Contributor address; City; State; Zip Code <b>608 Paint Pony Trl N, Fort Worth, TX 76108</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/16/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Burton &amp; Caroline Putegnat</b> Contributor address; City; State; Zip Code <b>4313 Woodwick Ct., 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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4 Date <b>10/19/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jonathan Munson</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>730 Samuels Ave, Fort Worth, TX 76102</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>10/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Carlock</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>3800 Aviemore Drive, Fort Worth, TX 76109</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>10/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Pedro</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>6800 Desert Highland, Fort Worth, TX 76132</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>11/30/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Nathery</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>6551 Harris Pkwy Suite 200, Fort Worth, TX 76132</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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4 Date <b>12/21/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Parker</b> <hr/> 6 Contributor address; City; State; Zip Code <b>6212 Curzon Ave, 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>12/30/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Walsh Limited Partnership, LLC</b> <hr/> Contributor address; City; State; Zip Code <b>500 W. 7th Street, Fort Worth, TX 76102</b>	Amount of contribution (\$)  <b>5,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>09/14/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Harold Muckleroy</b> <hr/> Contributor address; City; State; Zip Code <b>3455 Ranch View Ct., Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>09/21/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Monty Trimble</b> <hr/> Contributor address; City; State; Zip Code <b>3455 Ranch View Ct., Fort Worth, TX 76109</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>09/23/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Dermott</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>6709 Watermill Drive, Fort Worth, TX 76132</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/01/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha Leonard</b>	Amount of contribution (\$) <b>2,500.00</b>
	Contributor address; City; State; Zip Code <b>1411 Shady Oaks Lane, Fort Worth, TX 76107</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/13/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Boothby</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>2901 Acme Brick Plaza, Fort Worth, TX 76109</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ed Wueste</b>	Amount of contribution (\$) <b>250.00</b>
	Contributor address; City; State; Zip Code <b>2702 Heritage Hills Drive, Fort Worth, TX 76109</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	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)
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Date <b>11/13/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jan Fersing</b> Contributor address; City; State; Zip Code <b>3800 Trailwood Lane, Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>200.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>12/17/2020</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 Court, Fort Worth, TX 76132</b>	Amount of contribution (\$) <b>5.00</b>
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>12/21/2020</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 Court, Fort Worth, TX 76132</b>	Amount of contribution (\$) <b>5.00</b>
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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

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>12/30/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Ott</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>3205 Lamesa Place, Fort Worth, TX 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>9/8/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janice Knebl and Thomas Fairchild</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>6725 Medinah Dr., Fort Worth, TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>10/26/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrea Loftin</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>10513 Bing Dr., Fort Worth, TX 76108</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>10/26/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Will Martin</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3700 Hulen Street, Fort Worth, TX 76107</b>		
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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Mr. William Brian Byrd		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/28/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Galbreath <b>6</b> Contributor address; City; State; Zip Code 11717 Cambria Court, Aledo, TX 76008	<b>7</b> Amount of contribution (\$) 250.00

<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
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Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedro Garcia Contributor address; City; State; Zip Code 7128 Montejo Ct., Grand Prairie, TX 7504	Amount of contribution (\$) 250.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 9/12020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Conatser Contributor address; City; State; Zip Code PO Box 15302, Fort Worth, TX 76119	Amount of contribution (\$) 5000.00
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 10/5/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Cothorn Contributor address; City; State; Zip Code 4251 Crestline Rd., Fort Worth, TX 76107	Amount of contribution (\$) 100.00
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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

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

5 Full name of contributor

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

Chris Ewen

7 Amount of contribution (\$)

10/5/2020

6 Contributor address;

City;

State;

Zip Code

1816 Westover Square, Fort Worth, TX 76107

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Gurpreet Baweja

Amount of contribution (\$)

9/17/2020

Contributor address;

City;

State;

Zip Code

6855 Lahontan Dr., Fort Worth, TX 76132

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Richard Abrams

Amount of contribution (\$)

9/18/2020

Contributor address;

City;

State;

Zip Code

PO Box 123550, Fort Worth, TX 76121

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Tom Idleman

Amount of contribution (\$)

9/23/2020

Contributor address;

City;

State;

Zip Code

6913 Shadowcreek Ct. Fort Worth, TX 76132

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description
	<b>7</b> Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>
	<b>Contributor address; City; State; Zip Code</b>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			
<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>			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description
	<b>7</b> Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address;</b> City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address;</b> City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address;</b> City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**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 <b>Mr. William Brian Byrd</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>12/29/2020</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Mr. William Brian Byrd</b>	9 Loan Amount (\$) <b>300,100.00</b>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code  <b>6608 Long Cove Ct. Fort Worth, TX 76132</b>	10 Interest rate <b>NA</b>
		11 Maturity date <b>NA</b>
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)

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

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 William B. Byrd	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/02/2020	<b>5</b> Payee name Keep Fort Worth Neighborhoods	
<b>6</b> Amount (\$) 1,000.00	<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) Contribution	<b>(b)</b> Description CCPD Election Support
	<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 10/07/2020	Payee name The Event Helper	
Amount (\$) 104.30	Payee address; City; State; Zip Code 1020 McCourtney Rd suite B Grass Valley, CA 95949	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Insurance
	<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 10/30/2020	Payee name Piatello Italian	
Amount (\$) 1,195.86	Payee address; City; State; Zip Code 5924 Convair Dr UNIT 412, Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Food
	<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

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

# 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 07/02/2020	<b>5</b> Payee name Google LLC
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<b>6</b> Amount (\$) 19.19	<b>7</b> Payee address; 636 O St. Sanger, CA 93657	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) 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
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Date 07/02/2020	Payee name Authnet Gateway
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Amount (\$) 30.00	Payee address; 808 East Utah Valley Drive, American Fork, UT, 84003	City;	State;	Zip Code
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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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Date 07/06/2020	Payee name Nationuilder
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Amount (\$) 59.00	Payee address; 520 S Grand Ave. Los Angeles, CA 90071	City;	State;	Zip Code
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<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 07/16/2020	<b>5</b> Payee name Iron Egg
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<b>6</b> Amount (\$) 50.00	<b>7</b> Payee address; 2600 8th Ave. Fort Worth, TX 76110	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) 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
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Date 08/03/2020	Payee name Google LLC
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Amount (\$) 19.19	Payee address; 636 O St. Sanger, CA 93657	City;	State;	Zip Code
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<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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Date 08/03/2020	Payee name Cyberservices
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Amount (\$) 0.30	Payee address; PO Box 8999. San Francisco, CA 94128	City;	State;	Zip Code
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<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# 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 08/04/2020	<b>5</b> Payee name Authnet Gateway
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<b>6</b> Amount (\$) 30.00	<b>7</b> Payee address; 808 East Utah Valley Drive, American Fork, UT, 84003	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 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 08/06/2020	Payee name Nationbuilder
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Amount (\$) 59.00	Payee address; 520 S Grand Ave. Los Angeles, CA 90071	City;	State;	Zip Code
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<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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Date 08/17/2020	Payee name Iron Egg
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Amount (\$) 50.00	Payee address; 2600 8th Ave. Fort Worth, TX 76110	City;	State;	Zip Code
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<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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 08/17/2020	<b>5</b> Payee name USPS
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<b>6</b> Amount (\$) 118.00	<b>7</b> Payee address; 7101 Bryant Irvin Rd. Fort Worth, TX 76132	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) Mail	<b>(b)</b> Description Mailbox
	<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 09/01/2020	Payee name Direct Texas
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Amount (\$) 1,219.07	Payee address; P.O. Box 312100 New Braunfels, TX 78131	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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
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Date 09/02/2020	Payee name Google LLC
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Amount (\$) 19.19	Payee address; 636 O St. Sanger, CA 93657	City;	State;	Zip Code
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<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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 09/02/2020	5 Payee name Authnet Gateway
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6 Amount (\$) 30.00	7 Payee address; 808 East Utah Valley Drive, American Fork, UT, 84003	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Transaction Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/02/2020	Payee name Cyberservices
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Amount (\$) 0.60	Payee address; PO Box 8999. San Francisco, CA 94128	City;	State;	Zip Code
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<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
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Date 09/08/2020	Payee name Nationuilder
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Amount (\$) 59.00	Payee address; 520 S Grand Ave. Los Angeles, CA 90071	City;	State;	Zip Code
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<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

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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 09/15/2020	<b>5</b> Payee name Iron Egg
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<b>6</b> Amount (\$) 50.00	<b>7</b> Payee address; 2600 8th Ave. Fort Worth, TX 76110	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) 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
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Date 09/28/2020	Payee name Iron Egg
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Amount (\$) 166.56	Payee address; 2600 8th Ave. Fort Worth, TX 76110	City;	State;	Zip Code
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<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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Date 10/02/2020	Payee name Google LLC
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Amount (\$) 19.19	Payee address; 636 O St. Sanger, CA 93657	City;	State;	Zip Code
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<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

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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 10/02/2020	<b>5</b> Payee name Authnet Gateway
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<b>6</b> Amount (\$) 30.00	<b>7</b> Payee address; 808 East Utah Valley Drive, American Fork, UT, 84003	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 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 10/02/2020	Payee name Cyberservices
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Amount (\$) 27.48	Payee address; PO Box 8999. San Francisco, CA 94128	City;	State;	Zip Code
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<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
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Date 10/05/2020	Payee name Nationbuilder
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Amount (\$) 59.00	Payee address; 520 S Grand Ave. Los Angeles, CA 90071	City;	State;	Zip Code
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<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

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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 10/15/2020	<b>5</b> Payee name Iron Egg
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<b>6</b> Amount (\$) 62.50	<b>7</b> Payee address; 2600 8th Ave. Fort Worth, TX 76110	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) 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
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Date 10/16/2020	Payee name Iron Egg
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Amount (\$) 50.00	Payee address; 2600 8th Ave. Fort Worth, TX 76110	City;	State;	Zip Code
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<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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Date 10/19/2020	Payee name USPS
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Amount (\$) 11.00	Payee address; 7101 Bryant Irvin Rd. Fort Worth, TX 76132	City;	State;	Zip Code
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<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	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 10/28/2020	<b>5</b> Payee name Taylors Rental
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<b>6</b> Amount (\$) 853.01	<b>7</b> Payee address; City; State; Zip Code 220 University Drive, Fort Worth, TX 76107
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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) Event Expense	<b>(b)</b> Description Event
	<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 11/02/2020	Payee name Cyerservices
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Amount (\$) 16.29	Payee address; City; State; Zip Code PO Box 8999. San Francisco, CA 94128
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<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
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Date 11/03/2020	Payee name Google LLC
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Amount (\$) 19.19	Payee address; City; State; Zip Code 636 O St. Sanger, CA 93657
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<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

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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 11/03/2020	<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> <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 11/05/2020	Payee name Nationuilder	
Amount (\$) 59.00	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
Date 11/16/2020	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

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 11/18/2020	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) 118.00	<b>7</b> Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Mail	<b>(b)</b> Description Mailbox
	<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 12/02/2020	Payee name Joanna Crain	
Amount (\$) 5,500.00	Payee address; City; State; Zip Code 4216 Whitfield drive, Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Planning
	<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 12/02/2020	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

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 12/03/2020	<b>5</b> Payee name Cyberservices	
<b>6</b> Amount (\$) 25.09	<b>7</b> Payee address; City; State; Zip Code PO Box 8999. San Francisco, CA 94128	
<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 12/03/2020	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 12/07/2020	Payee name Nationuilder	
Amount (\$) 59.00	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

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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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/16/2020	5 Payee name Iron Egg
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Email Services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/2020	Payee name Godaddy.com LLC
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Amount (\$) 22.34	Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260
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<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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Date 12/17/2020	Payee name Iron Egg
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Amount (\$) 750.00	Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110
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<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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 12/30/2020	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) 79.00	<b>7</b> Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Mail	<b>(b)</b> Description Mailbox
	<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 07/01/20 -12/31/20	Payee name Cyerservices	
Amount (\$) 717.33	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
	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K:
2 FILER NAME <b>Brian Byrd Campaign</b>		3 Filer ID (Ethics Commission Filers)
4 Date  07/09/2020	5 Name of person from whom amount is received  <b>Brian Byrd MD PA</b>	8 Amount (\$)  <b>227.33</b>
	6 Address of person from whom amount is received; City; State; Zip Code  <b>6100 Harris Pkwy. Ste. 1240, Fort Worth, TX 76132</b>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer  <b>Reimbursement for payment made in error</b>		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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