

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



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: **32**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: Mr. FIRST: William MI: B
 NICKNAME: LAST: Byrd SUFFIX:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
 6608 Long Cove Ct. Ft. Worth, Texas 76132
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (682) PHONE NUMBER: 667-8081 EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: Mr. FIRST: Rob MI:
 NICKNAME: LAST: Opitz SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
 777 Main Street, Suite 2000, Ft. Worth, Texas 76102
 (Residence or Business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (817) PHONE NUMBER: 332-2301 EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year: 04 / 22 / 21 THROUGH Month Day Year: 06 / 30 / 21

11 ELECTION
 ELECTION DATE: Month Day Year: / /
 ELECTION TYPE: Primary Runoff Other Description: General Special

12 OFFICE OFFICE HELD (if any) **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
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 85,520.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 252,007.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,514.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 379,410.00

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

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

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

Melissa K. Brunner Melissa K. Brunner Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 85,520.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 69,410.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 252,007.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 404.43

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 W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.28.21	5 Full name of contributor out-of-state PAC (ID#: _____) Jonathan Kim 6 Contributor address; City; State; Zip Code 619 Frank Keasler Blvd, Duncanville, TX 75116	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.28.21	Full name of contributor out-of-state PAC (ID#: _____) Vinyana Potluri Contributor address; City; State; Zip Code 6348 Southern Hills Dr. FW, TX 76132	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.28.21	Full name of contributor out-of-state PAC (ID#: _____) Jerry Cabluck Contributor address; City; State; Zip Code 1308 Virginia Place, FW, TX 76107	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.21.21	Full name of contributor out-of-state PAC (ID#: _____) Mina Milburn Contributor address; City; State; Zip Code 5812 Singletree Ct. FW, TX 76132	Amount of contribution (\$) 1000.00
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.		

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 W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.29.21	5 Full name of contributor out-of-state PAC (ID#: _____) Kevin Edmonson 6 Contributor address; City; State; Zip Code 4304 Capra Way, Benbrook, TX 76126	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.26.21	Full name of contributor out-of-state PAC (ID#: _____) Jon Wells Contributor address; City; State; Zip Code 2523 College Ave. FW, TX 76110	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.22.21	Full name of contributor out-of-state PAC (ID#: _____) David Kostorhyz Contributor address; City; State; Zip Code 3404 Autumn Dr. FW, TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.22.21	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Poe Contributor address; City; State; Zip Code 6220 Genoa Rd. FW, TX 76116	Amount of contribution (\$) 100.00
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 W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.30.21	5 Full name of contributor out-of-state PAC (ID#: _____) John Ryan 6 Contributor address; City; State; Zip Code 6229 Genoa Rd, FW, TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.28.21	Full name of contributor out-of-state PAC (ID#: _____) Mark Gabioud Contributor address; City; State; Zip Code 4124 Selkirk Dr. 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5.4.21	Full name of contributor out-of-state PAC (ID#: _____) Frank Garner Contributor address; City; State; Zip Code 6080 S. Hulen St. Ste. 770, FW, TX 76132	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.30.21	Full name of contributor out-of-state PAC (ID#: _____) Richard Griffin Contributor address; City; State; Zip Code 7400 Pebble Ridge, FW, TX 76132	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.30.21	5 Full name of contributor out-of-state PAC (ID#: _____) Jeff Smyth 6 Contributor address; City; State; Zip Code 6121 Sharon Rd, FW, TX 76116	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.30.21	Full name of contributor out-of-state PAC (ID#: _____) Price Hulseay Contributor address; City; State; Zip Code 2205 Windon Rd. W. FW, TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.30.21	Full name of contributor out-of-state PAC (ID#: _____) Susan Shropshire Contributor address; City; State; Zip Code 4619 Crestline Rd. FW. TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.30.21	Full name of contributor out-of-state PAC (ID#: _____) Eric Tiedtke Contributor address; City; State; Zip Code 4417 Cumberland Rd., FW, TX 76116	Amount of contribution (\$) 250.00
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.		

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 W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.25.21	5 Full name of contributor out-of-state PAC (ID#: _____) Roger Norman 6 Contributor address; City; State; Zip Code 3204 Sweetwater, FW, TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.30.21	Full name of contributor out-of-state PAC (ID#: _____) Jason Ray Contributor address; City; State; Zip Code 2703 Pin Oak Ln, Arlington, TX 76012	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.30.21	Full name of contributor out-of-state PAC (ID#: _____) Kypreos Living Trust Contributor address; City; State; Zip Code 6616 Cherry Hills Dr, FW, TX 76132	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.30.21	Full name of contributor out-of-state PAC (ID#: _____) Carol Hogan Contributor address; City; State; Zip Code 7716 Incline Terrace, FW, TX 76179	Amount of contribution (\$) 100.00
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 W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.25.21	5 Full name of contributor out-of-state PAC (ID#: _____) Tim Fleet 6 Contributor address; City; State; Zip Code 3045 Lackland Ave. 76116	7 Amount of contribution (\$) 31,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.25.21	Full name of contributor out-of-state PAC (ID#: _____) LAM Technology, LLC Contributor address; City; State; Zip Code 1751 River Run Ste. 300, FW, TX 76107	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.21	Full name of contributor out-of-state PAC (ID#: _____) Terry Montesi Contributor address; City; State; Zip Code 1701 River Run St. 500, FW, TX 76107	Amount of contribution (\$) 7,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.21	Full name of contributor out-of-state PAC (ID#: _____) Bruce Benes Contributor address; City; State; Zip Code 4206 Tamworth Rd. FW, TX 76116	Amount of contribution (\$) 100.00
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 W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.25.21	5 Full name of contributor out-of-state PAC (ID#: _____) David Bloxom 6 Contributor address; City; State; Zip Code 2741 River Forest Dr., FW, TX 76116	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.25.21	Full name of contributor out-of-state PAC (ID#: _____) Jeff Harwell Contributor address; City; State; Zip Code 11816 Ferndale Ln, FW, TX 76008	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.21	Full name of contributor out-of-state PAC (ID#: _____) Fred Disney Contributor address; City; State; Zip Code 1320 S. University Dr., FW, TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.25.21	Full name of contributor out-of-state PAC (ID#: _____) John Moritz Contributor address; City; State; Zip Code PO BOx 490, Arlington, TX 76004	Amount of contribution (\$) 30,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 4.23.21	5 Full name of contributor out-of-state PAC (ID#: _____) Norman Lindley 6 Contributor address; City; State; Zip Code 640 Paint Pony, FW, TX 76108	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4.23.21	Full name of contributor out-of-state PAC (ID#: _____) Paul Leonard Contributor address; City; State; Zip Code 6401 Klamath Rd, FW, TX 76116	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.24.21	Full name of contributor out-of-state PAC (ID#: _____) Warren Pearson Contributor address; City; State; Zip Code 6933 Allen Place, FW, TX 76116	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4.24.21	Full name of contributor out-of-state PAC (ID#: _____) Donald Jury Contributor address; City; State; Zip Code 436 Haltom Road, FW, TX 76117	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 William Brian Byrd (Brian Byrd Campaign)		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 4.27.21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Brian Byrd	9 Loan Amount (\$) 20,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 6608 Long Cove Ct. 76132	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Physician		13 Employer (See Instructions) Self
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code Same	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.

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 William Brian Byrd (Brian Byrd Campaign)		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 5.18.21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Brian Byrd	9 Loan Amount (\$) 8,910.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 6608 Long Cove Ct. 76132	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Physician		13 Employer (See Instructions) Self
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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 5.10.21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Brian Byrd	Loan Amount (\$) 24,000.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code Same	Interest rate 0
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS

SCHEDULE E

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME William Brian Byrd (Brian Byrd Campaign)		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 6.14.21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Brian Byrd	9 Loan Amount (\$) 13,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 6608 Long Cove Ct. 76132	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Physician		13 Employer (See Instructions) Self
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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 6.3.21	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Brian Byrd	Loan Amount (\$) 3,500.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code Same	Interest rate 0
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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

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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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 5.19.21	5 Payee name Fulcrum Strategy Partners	
6 Amount (\$) 41,598.84	7 Payee address; City; State; Zip Code PO Box 10051 FW, TX 76185	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.19.21	Payee name Iron Egg	
Amount (\$) 300.00	Payee address; City; State; Zip Code Seattle, WA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description Update
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.17.21	Payee name HF Solutions	
Amount (\$) 2516.81	Payee address; City; State; Zip Code 2612 W. Waggoman St. FW, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Production	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 6.2.21	5 Payee name Bank of America	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 100 N. Tryon Street, Charlotte, NC 28255	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 6.2.21	Payee name Bank of America	
Amount (\$) 35.00	Payee address; City; State; Zip Code 100 N. Tryon Street, Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.2.21	Payee name Google	
Amount (\$) 19.19	Payee address; City; State; Zip Code 636 O. Street, Sanger, CA 93657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Email	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 5.28.21	5 Payee name Bank	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 100 N. Tryon St. Charlotte, NC 28255	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Overdraft fee
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 6.29.21	Payee name OttAdvertising	
Amount (\$) 12,326.37	Payee address; City; State; Zip Code Lamesa Place, FW, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign design and production	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 4.23.21	5 Payee name Axiom Strategies	
6 Amount (\$) 1911.55	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Overnight stays
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.13.21	Payee name Remington	
Amount (\$) 1901.97	Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.5.21	Payee name Iron Egg	
Amount (\$) 75.00	Payee address; City; State; Zip Code Seattle, Washington	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website update	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
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4 Date 4.27.21	5 Payee name Axiom Strategies
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6 Amount (\$) √7,263.00	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy, Mailers
	(c) Check if travel outside of Texas. Complete Schedule T. 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 √5.4.21	Payee name Delucca Pizza
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Amount (\$) 433.00	Payee address; City; State; Zip Code 3010 S. Hulen St. 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Entertainment	Description Food for Watch Party
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5.3.21	Payee name CyberSRC
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Amount (\$) 9.99	Payee address; City; State; Zip Code Uttar Pradesh, India
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Database protection	Description cybersecurity
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 5.28.21	5 Payee name Brian Byrd MD PA	
6 Amount (\$) ✓ 6,058.00	7 Payee address; City; State; Zip Code 6100 Harris Parkway, Suite 1240, FW, TX 76132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Repayment	(b) Description Accounting fees reimbursement
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.28.21	Payee name Bank of America	
Amount (\$) ✓ 35.00	Payee address; City; State; Zip Code 100 N. Tryon Street, Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.2.21	Payee name Google	
Amount (\$) ✓ 12.79	Payee address; City; State; Zip Code 636 O. Street, Sanger, CA 93657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Email, data	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 5.28.21	5 Payee name BKD	
6 Amount (\$) 2825.00	7 Payee address; City; State; Zip Code 777 Main Street, FW TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting	(b) Description Financial Report Prep
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.3.21	Payee name Google	
Amount (\$) 35.00 <i>19.19</i>	Payee address; City; State; Zip Code 100 N. Tryon Street, Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Email	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.3.21	Payee name Google	
Amount (\$) 11.09	Payee address; City; State; Zip Code 636 O. Street, Sanger, CA 93657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Email, data	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 4.27.21	5 Payee name Axiom Strategies	
6 Amount (\$) 13,210.00	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy, Mailers
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.4.21	Payee name Vanguard	
Amount (\$) 15,000.00	Payee address; City; State; Zip Code https://find.bestplace4kids.com/	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Block Walking	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.3.21	Payee name Campaign Sidekick	
Amount (\$) 264.00	Payee address; City; State; Zip Code Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consultant	Description Block walking software
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 4.27.21	5 Payee name Axiom Strategies	
6 Amount (\$) 14,462.00	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy, Mailers
	(c) Check if travel outside of Texas. Complete Schedule T. 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

Date 4.30.21	Payee name Quinton Mills	
Amount (\$) 15,000.00	Payee address; City; State; Zip Code 1509 Curtis Drive, Garland, Texas 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign placement	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4.29.21	Payee name Susan Turner	
Amount (\$) 3,285.07	Payee address; City; State; Zip Code 4713 Belflower Way, Fort Worth, Texas, 76123	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Avent Planning and reimbursement	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 4.27.21	5 Payee name Axiom Strategies	
6 Amount (\$) 14,662.00	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy, Mailers
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 4.28.21	Payee name HF Solutions	
Amount (\$) 1,336.89	Payee address; City; State; Zip Code 2612 W. Waggoman St. FW, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs, t-shirts	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.26.21	Payee name Underdawgs	
Amount (\$) 660.00	Payee address; City; State; Zip Code 3101 Westridge Ave, 76116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food for event	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 4.23.21	5 Payee name Axiom Strategies	
6 Amount (\$) 14,462.00	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy, Mailers
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 4.26.21	Payee name Bank of America	
Amount (\$) 5.00	Payee address; City; State; Zip Code 100 N. Tryone Street, Charlotte, NC, 28255	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description External transfer fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.22.21	Payee name WPAi	
Amount (\$) 250.00	Payee address; City; State; Zip Code 3317 E. Memorial Rd Ste 201, 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consultant	Description Digital Strategy
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 4.23.21	5 Payee name AxMedia	
6 Amount (\$) 10,028.00	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Media buys
	(c) Check if travel outside of Texas. Complete Schedule T. 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

Date 6.30.21	Payee name Anedot	
Amount (\$) 110.30	Payee address; City; State; Zip Code 5555 Hilton Ave Ste. 106, Baton Rouge, LA 70808	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Collection fee for credit card donations
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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 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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 5.13.21	5 Payee name Vanguard Field Strategies	
6 Amount (\$) ✓1,875.00	7 Payee address; City; State; Zip Code 800 W. 7th St, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.17.21	Payee name Iron Egg	
Amount (\$) ✓50.00	Payee address; City; State; Zip Code Seattle, WA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description Update
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.28.21	Payee name HF Solutions	
Amount (\$) ✓622.44	Payee address; City; State; Zip Code 2612 W. Waggoman St. FW, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Production	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 5.13.21	5 Payee name Vanguard Field Strategies	
6 Amount (\$) ✓50,000.00	7 Payee address; City; State; Zip Code 800 W. 7th St, Kansas City, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.17.21	Payee name US Post Office	
Amount (\$) ✓122.00	Payee address; City; State; Zip Code 7101 Brynat-Irvin Road, FW, TX 76132	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PO Box	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.28.21	Payee name HF Solutions	
Amount (\$) ✓1051.28	Payee address; City; State; Zip Code 2612 W. Waggoman St. FW, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sign Production	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F1:		2 FILER NAME W. Brian Byrd		3 Filer ID (Ethics Commission Filers)	
4 Date 5.13.21		5 Payee name Axiom Strategies			
6 Amount (\$) 5,502.70		7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant		(b) Description Political Strategy, Mailers		
	(c) Check if travel outside of Texas. Complete Schedule T.		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	
Date 5.13.21		Payee name Remington Research Group			
Amount (\$) ✓10,000.00		Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5.10.21		Payee name PoolHouse			
Amount (\$) ✓7,031.00		Payee address; City; State; Zip Code 23 W. Broad St. Richmond, VA 23220			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Media		Description Video Production		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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.

1 Total pages Schedule F1:	2 FILER NAME W. Brian Byrd	3 Filer ID (Ethics Commission Filers)
4 Date 5.13.21	5 Payee name Axiom Strategies	
6 Amount (\$) 7.363.00	7 Payee address; City; State; Zip Code 800 W. 47th St, Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant	(b) Description Political Strategy, Mailers
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 5.4.21	Payee name Authnet Gateway	
Amount (\$) 30.00	Payee address; City; State; Zip Code 808 East Utah Valley Dr. American Fork, UT 84003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Collections
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5.4.21	Payee name Nationbuilder	
Amount (\$) 89.00	Payee address; City; State; Zip Code 520 S. Grand St., LA, CA 90071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Database	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 W. Brian Byrd		3 Filer ID (Ethics Commission Filers)
4 Date 5.4.21	5 Name of person from whom amount is received Campaign Sidekick	8 Amount (\$) 264.00
	6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, Texas	
7 Purpose for which amount is received Check if political contribution returned to filer Refund from overpayment to consultant/software provider.		
Date 4.29.21	Name of person from whom amount is received Adjustment on bank account	Amount (\$) 240.43
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received Check if political contribution returned to filer Reported on bank statement as contributions through Democracy Engine which is my former credit card collection system.		
Date 4.22.21	Name of person from whom amount is received Adjustment/Correction of posted item	Amount (\$) -100.00
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received Check if political contribution returned to filer Reported on bank statement		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received Check if political contribution returned to filer		

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