

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:

18

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / JR

Mrs
HIGHNAME

FIRST

Ashtley
LAST

Paz

MI

E

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED

APR 28 2017

Board of Education

by Laura J. Jeter

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2000 Hurley Ave, Fort Worth, TX 76110

2000 Hurley Ave, Fort Worth, TX 76110

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

965-1253

Date Hand Delivered Date Postmarked

4-28-17

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr

FIRST

Felipe

LAST

Gutierrez

MI

A

SUFFIX

Amount \$

4-28-17

Date Invoiced

5-1-17

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

4929 College Ave #419
Fort Worth, TX 76110

4929 College Ave #419
Fort Worth, TX 76110

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

713-7426

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15

☒ 30th day before election

☐ Exceeded \$500 limit

☐ Final Report (Advised C/OH - FR)

10 PERIOD
COVERED

Month

4 6 2017

Day

2017

Year

THROUGH

Month

4 28 2017

Day

2017

Year

11 ELECTION

ELECTION DATE

Month

5 6 2017

Day

2017

Year

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Fort Worth School

FORT WORTH SCHOOL BOARD DISTRICT 9 TRUSTEE

Board District 9 Trustee

13 OFFICE SOUGHT (if any)

11

FORT WORTH SCHOOL BOARD DISTRICT 9 TRUSTEE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Ashley Paz

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S);

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

COMMITTEE TYPE

COMMITTEE NAME

☒ GENERAL

United Education Association Good Schools PAC

☐ SPECIFIC

COMMITTEE ADDRESS

4900 SE LOOP 820 #200 FORT WORTH, TX 76140

COMMITTEE CAMPAIGN TREASURER NAME

ROSE ELLIOTT

COMMITTEE CAMPAIGN TREASURER ADDRESS

4900 SE LOOP 820 #200 FORT WORTH, TX 76140

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED

\$ 241

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5790

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ ~~10,150.25~~ 11,410.85

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 7,866.91

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 5,000

18 AFFIDAVIT



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.

Ashley Paz

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ashley Paz* this the *28th* day of *April*, 20 *17* to certify which, witness my hand and seal of office.

Laura Litton

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Board Asst.

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Ashley Paz</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6031
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,156.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 921
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	\$ 333.64
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

10 pp

2 FILER NAME

ASHLEY PAZ

3 Filer ID (Ethics Commission Filers)

4 Date

4/9/2017

5 Full name of contributor

Aaron and Colleen Shutt

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

1508 Elizabeth Boulevard, Fort Worth, TX 76110

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/26/2017

Full name of contributor

Art Brender

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

4121 Hampshire, Fort Worth, TX 76103

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Brender Law Firm

Date

4/25/2017

Full name of contributor

Barbara Diel

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2216 Lipscomb St, Fort Worth, TX 76116

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2017

Full name of contributor

Beverly Volkman-Powell

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

13813 Riviera Drive, Burleson, TX 76028

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 410
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandy O' Quinn 6 Contributor address; City; State; Zip Code 2801 Willing Ave. Fort Worth, TX 76110	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) brian krafft Contributor address; City; State; Zip Code 9312 Marbella Drive, FORT WORTH TX 76126-1930 US	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Land Surveying / Engineering		Employer (See Instructions) Topographic
Date 4/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Boswell Contributor address; City; State; Zip Code 5213 Byers ave, Fort Worth, TX 76107	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF
Date 4/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris and Alison Gee Contributor address; City; State; Zip Code 2600 5th Ave. Fort Worth, TX 76110	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

ASHLEY PAZ

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/2017

5 Full name of contributor

Chris Ebert

☐ out-of-state PAC (ID#:

6 Contributor address:

City; State; Zip Code

2530 S Adams, Fort Worth, TX 76110

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/2017

Full name of contributor

Clayton Hollingsworth

☐ out-of-state PAC (ID#:

Contributor address:

City; State; Zip Code

5136 Placid Way Place, Dallas TX 75244 US

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Director of Major Gifts

Employer (See Instructions)

Greenhill School

Date

4/21/2017

Full name of contributor

Dan Barrett

☐ out-of-state PAC (ID#:

Contributor address:

City; State; Zip Code

4220 Hildring Dr W, Fort Worth Texas 76109 US

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Taylor, Olson, et al

Date

4/23/2017

Full name of contributor

ERIC JOHNSON

☐ out-of-state PAC (ID#:

Contributor address:

City; State; Zip Code

3525 TURTLE CREEK BLVD #11A, DALLAS, TX 75219

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

410

2 FILER NAME

ASHLEY PAZ

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/2017

5 Full name of contributor

Demetrius Cook

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

1919 Tremont Ct, Arlington TEXAS 76015 US

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

DTECH SERVICES

9 Employer (See Instructions)

PRINCIPAL

Date

4/21/2017

Full name of contributor

Hugh Parmer

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6532 Genoa Rd, Fort Worth, TX 76116

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/2017

Full name of contributor

Jason Amon

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1404 S Adams, Fort Worth, TX 76104

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Jason Amon Law Firm

Date

4/14/2017

Full name of contributor

Jason Stuart

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2300 S Adams, Fort Worth TX 76110 US

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Patnaik Law Office, PLLC

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 10

2 FILER NAME

ASHLEY PAZ

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/2017

5 Full name of contributor

Joan Kline

☐ out-of-state PAC (ID#)

6 Contributor address:

1215 Elizabeth Blvd

City State Zip Code

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

4/8/2017

Full name of contributor

Jonathan and Emily Berry

☐ out-of-state PAC (ID#)

Contributor address:

2300 Ryan Ave, Fort Worth, TX 76110

City State Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2017

Full name of contributor

Karen Lovett

☐ out-of-state PAC (ID#)

Contributor address:

2837 Townsend Dr, Fort Worth TX 76110

City State Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/27/2017

Full name of contributor

Kathy Spicer

☐ out-of-state PAC (ID#)

Contributor address:

6038 Lovell Ave, Fort Worth Tx 76116 US

City State Zip Code

Amount of contribution (\$)

100

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 10
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Larry Schuessler 6 Contributor address; City; State; Zip Code 2015 Sixth Avenue, Fort Worth, TX 76110	7 Amount of contribution (\$) 40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lee Henderson Contributor address; City; State; Zip Code PO Box 892, Fort Worth, TX 76102	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Cozzari Contributor address; City; State; Zip Code 4017 Anita Ave, Fort Worth, TX 76109	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lon Burnham Contributor address; City; State; Zip Code 2103 Sixth Avenue, Fort Worth, TX 76110	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marsha Franklin-Darby 6 Contributor address; City; State; Zip Code 2220 Park Place Ave, Fort Worth, TX 76110	7 Amount of contribution (\$) 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard and Karly Johnson Contributor address; City; State; Zip Code 2315 5th Ave, Fort Worth, TX 76110	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sara Lynch Contributor address; City; State; Zip Code 1601 College Avenue, Fort Worth TX 76104 US	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Finance Director		Employer (See Instructions) Alcon
Date 4/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Rudner Contributor address; City; State; Zip Code 6346 Woodland Drive, DALLAS TX 75225 US	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Rudner Law Offices

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Wade 6 Contributor address; City; State; Zip Code 4513 Owendale Dr, Fort Worth, TX 76116	7 Amount of contribution (\$) 200
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) FWISD
Date 4/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tarrant Stonewall Dems Contributor address; City; State; Zip Code 7016 Howell Ln, Arlington, TX 76016	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)
Date 4/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Teri West Contributor address; City; State; Zip Code 2530 5th Ave, Fort Worth, TX 76110	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 4/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim and Kari Keith Contributor address; City; State; Zip Code 2724 Wiling Ave, Fort Worth, TX 76110	Amount of contribution (\$) 150
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tina Maness 6 Contributor address; City: State: Zip Code 615 NE Mcalister Road, Burleson Texas 76028 US	7 Amount of contribution: (\$) 100
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Texas Health Huguley
Date 4/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis and Amy Baker Contributor address; City: State: Zip Code 2204 5th ave, Fort Worth, TX 76110	Amount of contribution: (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William and Sarah Rucker Contributor address; City: State: Zip Code 2421 6th Ave., Fort Worth, TX 76110	Amount of contribution: (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Willis Contributor address; City: State: Zip Code 2300 Primrose Ave, Fort Worth, TX 76111	Amount of contribution: (\$) 500
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 10
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Proct 6 Contributor address; City; State; Zip Code po box 765129, Dallas, TX 75216	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Regional Black Contractors Association
Date 4/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rachel Fite Contributor address; City; State; Zip Code 6812 Standerling Rd, Fort Worth TX 76110	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)	
4 Date 4-25-2017		5 Payee name Metro Mailor			
6 Amount (\$) 3641.54		7 Payee address; City; State; Zip Code 5719 E Rosedale #809, Fort Worth, TX 76112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-25-2017		Payee name Parmer Consulting			
Amount (\$) 3500		Payee address; City; State; Zip Code 3000 S Hulen #124-306, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-11-2017		Payee name Parmer Consulting			
Amount (\$) 3500		Payee address; City; State; Zip Code 3000 S Hulen #124-306, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 2	2 FILER NAME ASHLEY PAZ	3 Filer ID (Ethics Commission Filers)
4 Date 4-11-2017	5 Payee name Metro Mailer	
6 Amount (\$) 914.71	7 Payee address; City; State; Zip Code 5719 E Rosedale #809, Fort Worth, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <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		
Date 4-13-2017	Candidate / Officeholder name Sam Sayed	Office sought Office held
Amount (\$) \$800	Payee address; City; State; Zip Code 6 One Main Pl, Benbrook, TX 76126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting: Campaign Manager	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		
Date 4-6-2017	Candidate / Officeholder name Sam Sayed	Office sought Office held
Amount (\$) \$500	Payee address; City; State; Zip Code 6 One Main Pl, Benbrook, TX 76126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting: Campaign Manager	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5000.00
5 Date of loan 4/1/2017	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC PAZ	9 Loan Amount (\$) 5,000.00
6 Is lender a financial Institution? Y N	8 Lender address; City: State: Zip Code 2000 HURLEY AVE, FORT WORTH, TX 76110	10 Interest rate 0
		11 Maturity date 6/1/2017
12 Principal occupation / Job title (See Instructions) ENGINEER		13 Employer (See Instructions) STRYKER
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
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		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
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.		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Ashley R	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 921
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5 Date 4/27/17	6 Payee name AMM Political
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7 Amount (\$) 921.00	8 Payee address; City; State; Zip Code 507 N Sylvania Ave Fort Worth, TX 76111, USA
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Ashly Per		3 Filer ID (Ethics Commission Filers)	
4 Date 4/21/2016		5 Payee name Anemix Design			
6 Amount (\$)		7 Payee address; City; State; Zip Code 3004 Goldenrod Ave Fort Worth, TX 76111			
<input type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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