

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs FIRST Ashley MI E NICKNAME LAST SUFFIX Paz		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 24px; color: red; font-weight: bold;">RECEIVED</div> <div style="font-size: 24px; color: red; font-weight: bold;">APR 07 2017</div> <div style="font-size: 24px; color: red; font-weight: bold;">Board of Education</div> <i>Received by Pamela J. Hutto</i>  Date <u>Hand-delivered</u> or Date Postmarked <div style="font-size: 24px; color: blue; font-weight: bold;">4-7-17</div> Receipt # Amount \$  Date Processed <div style="font-size: 24px; color: blue; font-weight: bold;">4-7-17</div> Date Imaged <div style="font-size: 24px; color: blue; font-weight: bold;">4-7-17</div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2000 Hurley Ave, Fort Worth, TX 76110		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 965-1253		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr FIRST Felipe MI A NICKNAME LAST SUFFIX Gutierrez		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4929 College Ave #419 Fort Worth, TX 76110		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 713-7426		
9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div>           Month Day Year            01 / 16 / 2017         </div> <div>THROUGH</div> <div>           Month Day Year            04 / 06 / 2017         </div> </div>			
11 ELECTION <div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month Day Year            05 / 06 / 2017         </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>			
12 OFFICE  OFFICE HELD (if any)  FORT WORTH SCHOOL BOARD, DISTRICT 9 TRUSTEE		13 OFFICE SOUGHT (if known)  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**

**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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

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

\$

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

\$ 15,530

**EXPENDITURE  
TOTALS**

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

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 6477.84

**CONTRIBUTION  
BALANCE**

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

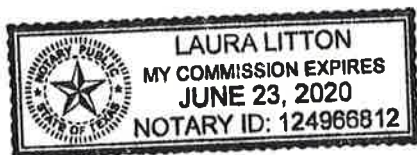
\$ 11992.16

**OUTSTANDING  
LOAN TOTALS**

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

\$ 5,000

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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 E. Paz*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ashley E. Paz, this the 7th 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**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$15730
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	\$ 6477.84
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:  
14**2** FILER NAME

ASHLEY PAZ

**3** Filer ID (Ethics Commission Filers)**4** Date

4/5/17

**5** Full name of contributor

AMANDA BAUER

☐ out-of-state PAC (ID#: \_\_\_\_\_)**6** Contributor address;

City;

State;

Zip Code

609 COLTS NECK CT, COLLEYVILLE, TX

**7** Amount of contribution (\$)

25.00

**8** Principal occupation / Job title (See Instructions)

TEACHER

**9** Employer (See Instructions)

SELF

Date

3/6/2017

Full name of contributor

ANETTE SOTO

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

4749 BRACKEN DRIVE, FORT WORTH, TX 76137

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

PROJECT MANAGER

Employer (See Instructions)

US DEPARTMENT OF TRANSPORTATION

Date

3/17/2017

Full name of contributor

ANGELA POPKO

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1817 FAIRMOUNT AVENUE, FORT WORTH, TX 76110

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

FWISD

Date

3/4/2017

Full name of contributor

ASHLIEGH POWELL

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

2900 TRAVIS AVE, FORT WORTH, TX 76110

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

N/A

**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**2** FILER NAME

ASHLEY PAZ

**3** Filer ID (Ethics Commission Filers)**4** Date

1/31/2017

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

BILL GREENHILL

**6** Contributor address;

City; State; Zip Code

1608 ASHLAND AVE, FORT WORTH, TX 76107

**7** Amount of contribution (\$)

250.00

**8** Principal occupation / Job title (See Instructions)

ATTORNEY

**9** Employer (See Instructions)

HAYNES AND BOONE

## Date

3/4/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

CATHY HOLT

## Contributor address;

City; State; Zip Code

8805 TURBERRY COURT, FORT WORTH, TX 76179

## Amount of contribution (\$)

25.00

## Principal occupation / Job title (See Instructions)

CONSULTANT

## Employer (See Instructions)

SELF

## Date

2/21/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DEBRA BARRETT

## Contributor address;

City; State; Zip Code

4220 HILDRING DRIVE WEST, FORT WORTH, TX 76109

## Amount of contribution (\$)

100

## Principal occupation / Job title (See Instructions)

REALTOR

## Employer (See Instructions)

SELF

## Date

4/5/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DIANA AND MARK KOCH

## Contributor address;

City; State; Zip Code

## Amount of contribution (\$)

1000.00

## Principal occupation / Job title (See Instructions)

WELDER

## 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:  
14**2** FILER NAME  
ASHLEY PAZ**3** Filer ID (Ethics Commission Filers)**4** Date  
  
2/20/2017**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
EDWARD LASATER**7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code  
2101 WARD PARKWAY, FORT WORTH, TX 76110**8** Principal occupation / Job title (See Instructions)  
ATTORNEY**9** Employer (See Instructions)  
SELF

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
ELIZABETH BROOKE

Amount of contribution (\$)

4/5/2017

Contributor address; City; State; Zip Code  
2813 PARK HILL DRIVE, FORT WORTH, TX 76109

100.00

Principal occupation / Job title (See Instructions)  
TEACHEREmployer (See Instructions)  
KENNEDALE ISD

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
ELIZABETH, WILLIS

Amount of contribution (\$)

2/5/2017

Contributor address; City; State; Zip Code  
2300 PRIMROSE AVE, FORT WORTH, TX 76109

1000.00

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
ERIC JOHNSON

Amount of contribution (\$)

1/27/2017

Contributor address; City; State; Zip Code  
3525 TURTLE CREEK BLVD #11A, DALLAS, TX 75219

500.00

Principal occupation / Job title (See Instructions)  
CONSULTANTEmployer (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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 14
<b>2</b> FILER NAME ASHLEY PAZ		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/3/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELIPE GUTIERREZ <b>6</b> Contributor address; City; State; Zip Code 429 College Ave , #419, Fort Worth Texas 76104 US	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions) CUSTOMER SERVICE TECHNICIAN		<b>9</b> Employer (See Instructions) ATT
Date 3/6/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELIPE GUTIERREZ Contributor address; City; State; Zip Code 429 College Ave , #419, Fort Worth Texas 76104 US	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) CUSTOMER SERVICE TECHNICIAN		Employer (See Instructions) ATT
Date 3/3/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Gonzalez-Garcia Contributor address; City; State; Zip Code 4220 Hardy Street, Fort Worth Texas 76106 US	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) RETAIL BUSINESS OWNER		Employer (See Instructions) SELF
Date 1/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Wright Contributor address; City; State; Zip Code 4300 Ledgeview Rd, Fort Worth TX 76109 US	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>14</b>
<b>2</b> FILER NAME ASHLEY PAZ		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/2/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irasela (Tari) Bauer <b>6</b> Contributor address; City; State; Zip Code 609 Colts Neck Ct, Colleyville TX 76034 US	<b>7</b> Amount of contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) First United Methodist Church		<b>9</b> Employer (See Instructions) Benevolent Fund Administrator
Date 3/4/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Bender Contributor address; City; State; Zip Code 1712 6th Ave, Fort Worth TX 76110 US	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) FITNESS INSTRUCTOR		Employer (See Instructions) self
Date 3/4/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Nuttall Contributor address; City; State; Zip Code 1000 Boxcar Blvd, Apt 425, Fort Worth, TX 76107	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 1/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAY OPPENHEIMER Contributor address; City; State; Zip Code 3510 Turtle Creek Boulevard, Apt 12D, Dallas TX 75219 US	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Private Investments		Employer (See Instructions) The Oppenheimer Group
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:  
14**2** FILER NAME

ASHLEY PAZ

**3** Filer ID (Ethics Commission Filers)**4** Date

3/22/2017

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

JILL BLACK

**6** Contributor address;

City; State; Zip Code

2031 Ward Pkwy, Fort Worth, TX 76110

**7** Amount of contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)

PROPERTY MANAGEMENT

**9** Employer (See Instructions)

LOFTIN WITCHER

Date

2/14/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Goff

Contributor address;

City; State; Zip Code

500 Commerce street, ste 700, fort worth, tx

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jesus Miranda

Contributor address;

City; State; Zip Code

1914 Lexington Ave, Allen TX 75013 US

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Karen Vermaire Fox

Contributor address;

City; State; Zip Code

6801 Briarwood Drive, Fort Worth Texas 76132 US

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Quindigo Management

**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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 14
<b>2</b> FILER NAME ASHLEY PAZ		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/3/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathryn Omarkhail <b>6</b> Contributor address; City; State; Zip Code 2055 W Lotus Ave, Fort Worth Texas 76111 US	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions) Social work		<b>9</b> Employer (See Instructions) Baylor Scott & White Hospital - All Saints
Date 1/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Spicer Contributor address; City; State; Zip Code 6938 Lovell Ave, Fort Worth Tx 76116 US	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 1/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith Marshall Contributor address; City; State; Zip Code 1227 Holly Glen Place, Dallas Texas 75232 US	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) Abbott labs
Date 3/3/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelly Smith Contributor address; City; State; Zip Code 6508 Genoa Rd., Fort Worth Texas 76116 US	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Tommy's Kitchen
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 14
<b>2</b> FILER NAME ASHLEY PAZ		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/28/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRIS SAVAGE ..... <b>6</b> Contributor address; City; State; Zip Code 2837 Willing Ave, Fort Worth, TX 76110	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions)
Date 3/30/2017	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 (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2017	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 (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOFTIN WITCHER ..... Contributor address; City; State; Zip Code 3025 W VICKERY BLVD, FORT WORTH, TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
14

**2** FILER NAME

ASHLEY PAZ

**3** Filer ID (Ethics Commission Filers)

**4** Date

2/5/2017

**5** Full name of contributor

LON BURNAM

☐ out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address;

City; State; Zip Code

2103 6TH AVE, FORT WORTH, TX 76110

**7** Amount of contribution (\$)

250.00

**8** Principal occupation / Job title (See Instructions)

RETIRED

**9** Employer (See Instructions)

Date

2/7/2017

Full name of contributor

LYNNE JOHNSON

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

1600 TEXAS STREET, APARTMENT 21101, FORT WORTH, TX 76102

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/4/2017

Full name of contributor

MARY LOU MARTINEZ

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

4900 TERRACE TRAIL, FORT WORTH TX 76109

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

OUTREACH

Employer (See Instructions)

NORTH TEXAS AREA COMMUNITY HEALTH CENTER

Date

3/13/2017

Full name of contributor

Melissa Mitchell

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

2429 Rogers Ave., Fort Worth TX 76109 US

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Administrative Manager

Employer (See Instructions)

Bennett Benner Partners

**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**2** FILER NAME

ASHLEY PAZ

**3** Filer ID (Ethics Commission Filers)**4** Date

2/23/2017

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mollie Lasater

**7** Amount of contribution (\$)

250.00

**6** Contributor address; City; State; Zip Code

3815 Libson St, Ste 203, Fort Worth, TX 76107

**8** Principal occupation / Job title (See Instructions)

retired

**9** Employer (See Instructions)

## Date

1/28/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Nur nicholson

## Amount of contribution (\$)

75.00

## Contributor address; City; State; Zip Code

3009 glasgow dr, Arlington Tx 76015 US

## Principal occupation / Job title (See Instructions)

Supply Chain

## Employer (See Instructions)

Galderma

## Date

3/31/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

RICHARD ABRAMS

## Amount of contribution (\$)

\$1,000.00

## Contributor address; City; State; Zip Code

6145 WEDGWOOD DR., FORT WORTH TX 76133 US

## Principal occupation / Job title (See Instructions)

retired

## Employer (See Instructions)

## Date

3/30/2017

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rick Herring

## Amount of contribution (\$)

\$250.00

## Contributor address; City; State; Zip Code

## Principal occupation / Job title (See Instructions)

VICE PRESIDENT

## Employer (See Instructions)

WELLS FARGO BANK, NA

**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
2 FILER NAME ASHLEY PAZ		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ricky Brantley 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Rickey Brantley Law Firm
Date 3/3/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosalinda Martinez Contributor address; City; State; Zip Code 2907 Ellis Ave, Fort Worth Texas 76106 US	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Tarrant County College
Date 3/8/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ruth Karbach Contributor address; City; State; Zip Code 3058 Ryan Place Drive, Ft. Worth Texas 76110 US	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Indepedent Scholar
Date 3/4//2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandy Russell Contributor address; City; State; Zip Code 10336 tammaron trail , Fort Worth, Texas 76140 US	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) FWISD
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 14
<b>2</b> FILER NAME ASHLEY PAZ		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/4/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDY RUSSELL <b>6</b> Contributor address; City; State; Zip Code 10336 TAMMARON TRAIL, FORT WORTH, TX, 76140	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) FWISD
Date 3/4/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARA MEADORS Contributor address; City; State; Zip Code 1805 6th Ave , Fort Worth Texas 76110 US	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Consultant		Employer (See Instructions) Magnolia Strategies
Date 2/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Maxwell Contributor address; City; State; Zip Code 3904 Driskell Blvd, Fort Worth, tX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BAILEY AND GALYEN
Date 2/28/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Poole Contributor address; City; State; Zip Code 3612 W 5th St, FORT WORTH, TX 76109	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) United Educators Association
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
14**2** FILER NAME

ASHLEY PAZ

**3** Filer ID (Ethics Commission Filers)**4** Date

2/5/2017

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Susan Harper

**6** Contributor address; City; State; Zip Code

2248 5th Ave, Fort Worth, TX 76110

**7** Amount of contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)

retired

**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

3/3/2017

Taunya Gates

Contributor address; City; State; Zip Code

4032 Elridge Street, Fort Worth TX 76107 US

\$25.00

Principal occupation / Job title (See Instructions)

Operations Director

Employer (See Instructions)

Howard Kane

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4/5/2017

Taunya Gates

Contributor address; City; State; Zip Code

4032 Elridge Street, Fort Worth TX 76107 US

\$25.00

Principal occupation / Job title (See Instructions)

Operations Director

Employer (See Instructions)

Howard Kane

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2/20/2017

Thomas "Tag" Green

Contributor address; City; State; Zip Code

8553 Trinity Vista Trl, Hurst TX 76053 US

\$100.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Central Tube and Bar

**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

2 FILER NAME

ASHLEY PAZ

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/2017

5 Full name of contributor

Tina Maness

☐ out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

615 NE McAlister Road, Burleson TX 76028 US

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Manager

9 Employer (See Instructions)

Texas Health Huguley

Date

3/3/2017

Full name of contributor

Tina Maness

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

615 NE McAlister Road, Burleson TX 76028 US

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Texas Health Huguley

Date

4/5/2017

Full name of contributor

Tina Maness

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

615 NE McAlister Road, Burleson TX 76028 US

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Texas Health Huguley

Date

3/20/2017

Full name of contributor

Tonya Veasey

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

PO BOX 11298, FORT WORTH, TX 76110

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

OCG | PR

**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**2** FILER NAME

ASHLEY PAZ

**3** Filer ID (Ethics Commission Filers)**4** Date

3/30/2017

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

MARTHA AND RICHARD LINNARTS

**6** Contributor address; City; State; Zip Code

1400 ROBINWOOD DRIVE, FORT WORTH, TX 76111

**7** Amount of contribution (\$)

\$200.00

**8** Principal occupation / Job title (See Instructions)

BED AND BREAKFAST OPERATOR

**9** Employer (See Instructions)

AZALEA PLANTATION BED AND BREAKFAST

Date

3/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DAVID COLLYER

Contributor address; City; State; Zip

2212 PRIMROSE AVE, FORT WORTH, TX 76111

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Texas Health Huguley

Date

3/30/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lon Burnam

Contributor address; City; State; Zip Code

2103 6TH AVE, FORT WORTH, TX 76110

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Texas Health Huguley

Date

Full name of contributor

☐ 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.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME ASHLEY PAZ		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/1/2017		<b>5</b> Payee name FACEBOOK			
<b>6</b> Amount (\$) 87.09		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/17/2017		Payee name DANWAL SIGNS			
Amount (\$) 2040.85		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  PRINTING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/1/2016		Payee name fACEBOOK			
Amount (\$) 56.87		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  ADVERTISING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME ASHLEY PAZ	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/9/2017	<b>5</b> Payee name PARMER CONSULTING	
<b>6</b> Amount (\$) 3500.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  CONSULTING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 3/10/2017	Payee name TEXAS DEMOCRATIC PARTY	
Amount (\$) 280.00	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  OTHER: VOTER ACCESS NETWORK	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
Date 3/30/2017	Payee name 3H HARDWARE	
Amount (\$) 10.93	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  OTHER: TOOLS FOR SIGN INSTALLATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/3/2017		<b>5</b> Payee name LOWES			
<b>6</b> Amount (\$) 129.25		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  OTHER: MATERIALS FOR SIGN INSTALLATION		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/3/2017		Payee name FACEBOOK			
Amount (\$) 166.79		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  ADVERTISING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/16/17-4/5/17		Payee name PAYPAL			
Amount (\$) \$126.00		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  FEES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**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 ☐ 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  
☒ none**15** Check if personal funds were deposited into political  
account (See Instructions)  
☒**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address; City; State; Zip Code☒ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender ☐ 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  
☐ noneCheck if personal funds were deposited into political  
account (See Instructions)  
☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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.**