

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 19 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MRS. NICKNAME ASHLEY LAST PAZ | FIRST E. MI E. SUFFIX | OFFICE USE ONLY Date Received 7/15/13 @ 3:41 [Signature] Date Hand-delivered or Postmarked 7/15/13 [Signature] Receipt # _____ Amount _____ Date Processed 7/15/13 Date Imaged 7/15/13 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 11086 FORT WORTH, TEXAS 76110 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 965-1253 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MRS. NICKNAME SUSAN LAST HARPER | FIRST S. MI S. SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2248 5th Avenue FORT WORTH, TEXAS 76110 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 721-7223 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 6 / 8 / 2013 6 / 30 / 2013 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 6 / 15 / 2013 | | |
| 12 OFFICE | OFFICE HELD (if any) FWISD BOARD OF TRUSTEES DISTRICT 4 | | |
| 13 OFFICE SOUGHT (if known) | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Asuley Paz

15 ACCOUNT # (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

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

TEXAS DEMOCRATIC PARTY

COMMITTEE ADDRESS

4818 E. BEN WHITE, STE 104 AUSTIN TX

COMMITTEE CAMPAIGN TREASURER NAME

GILBERTO HINDOZA

COMMITTEE CAMPAIGN TREASURER ADDRESS

4818 E. BEN WHITE, STE 104 AUSTIN TX

☐ additional pages17 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)

\$ 4,285.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 31,454.73

CONTRIBUTION
BALANCE

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

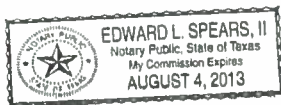
\$ 48.93

OUTSTANDING
LOAN TOTALS

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

\$ 890.00

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1/3

2 FILER NAME

ASHLEY PAZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/7/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

JAYCE & ROY BROWNING

6 Contributor address; City; State; Zip Code

3800 MONTICELLO DR, FORT WORTH, TX
76107

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/7/13

Full name of contributor

☐ out-of-state PAC (ID#)

William H & Connie Koehler

Contributor address; City; State; Zip Code

6417 Drury Ln, Fort Worth, TX
76116

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/13

Full name of contributor

☐ out-of-state PAC (ID#)

Larry Lydeck

Contributor address; City; State; Zip Code

PO Box 2647, Fort Worth, TX
76113

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/13

Full name of contributor

☐ out-of-state PAC (ID#)

Joan McElung

Contributor address; City; State; Zip Code

Amount of contribution (\$)

30⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/13

Full name of contributor

☐ out-of-state PAC (ID#)

GFWAR

Contributor address; City; State; Zip Code

2650 Parkview Dr, Fort Worth
76107

Amount of contribution (\$)

2,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PAC

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 / 3

2 FILER NAME

Asuley Paz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/9/13

5 Full name of contributor

Steven Bratka

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

2521 Ryan Pl. Dr., FW 76110

7 Amount of contribution (\$)

50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/9/13

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

5⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/12/13

Full name of contributor

Debra Barrett

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6844 Brants Ln, FW 76116

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/13/13

Full name of contributor

Wesley R & Shirley Y. Turner

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2717 Colonial Hwy, FW 76109

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/17/13

Full name of contributor

William S. Davis

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

PO Box 122269, FW 76121

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Oil CO CEO

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3/3

2 FILER NAME

ASHLEY PAZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/20/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

George Achziger

6 Contributor address; City; State; Zip Code

13 Chase Ct, Fort Worth 76110

7 Amount of contribution (\$)

600.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

6/28/13

Full name of contributor

☐ out-of-state PAC (ID#)

Rickey Brantley

Contributor address; City; State; Zip Code

2308 Shenton Ave Dr.

Amount of contribution (\$)

2000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

N/A

Date

5/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

TEXAS DEMOCRATIC PARTY

Contributor address; City; State; Zip Code

4818 E. BEN WHITE #104, AUSTIN
* NOTICED 7/10/2013

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Voter File Access

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

111

2 FILER NAME

ASHLEY PAZ

3 ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date of loan

6/8/13

7 Name of lender

ASHLEY PAZ

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

\$ 890.00

6 Is lender
a financial
institution?Y ☒ N**8** Lender address; City; State; Zip Code**10** Interest rate

0%

11 Maturity date**12** Principal occupation / Job title (See Instructions)

EVENT PLANNER

13 Employer (See Instructions)

SELF

14 Description of Collateral☒ none**15** Check if personal funds were deposited into political account☒**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

☐ none

Check if personal funds were deposited into political account

☐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.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|-------------|
| 1 Total pages Schedule F: <i>1/13</i> | | 2 FILER NAME <i>ASHLEY PAZ</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>6/7/13</i> | | 5 Payee name <i>Travis Farmer</i> | | | |
| 6 Amount (\$) <i>\$4000.00</i> | | 7 Payee address; City; State; Zip Code <i>PO Box 11517, Fort Worth 76110</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Salaries/Wages/Contract</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>walkers</i> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name <i>Ashley Paz</i> | | Office sought | Office held |
| Date <i>6/7/13</i> | | Payee name <i>Travis Farmer</i> | | | |
| Amount (\$) <i>1500.00</i> | | Payee address; City; State; Zip Code <i>PO Box 11517, Fort Worth 76110</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Consulting</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Consulting</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/7/13</i> | | Payee name <i>Greeter Meadowbrook News</i> | | | |
| Amount (\$) <i>329.00</i> | | Payee address; City; State; Zip Code <i>PO Box 24264, Fort Worth, TX 76124</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>advertising</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Newspaper ad</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/7/13</i> | | Payee name <i>Comark Direct</i> | | | |
| Amount (\$) <i>2299.85</i> | | Payee address; City; State; Zip Code <i>507 S. Main, FW 76104</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Advertising</i> | | Description (If travel outside of Texas, complete Schedule T) <i>Mailers</i> | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---------------------------------------|---|
| 1 Total pages Schedule F: <i>2/13</i> | 2 FILER NAME <i>ASHLEY DAZ</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|--|---------------------------------------|---|

| | |
|-----------------------------|--|
| 4 Date <i>6/4/13</i> | 5 Payee name <i>Stink & Treasures</i> |
|-----------------------------|--|

| | |
|--|---|
| 6 Amount (\$) <i>350⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>2901 N Main, FW 76106</i> |
|--|---|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>gifts/awards</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>t-shirts</i> |
|---------------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|---------------------------------------|
| Date <i>6/8/13</i> | Payee name <i>Neighborhood Market</i> |
|--------------------|---------------------------------------|

| | |
|--------------------------|--|
| Amount (\$) <i>84.83</i> | Payee address; City; State; Zip Code <i>717 Berry, FW 76110</i> |
|--------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>drinks</i> | Description (If travel outside of Texas, complete Schedule T) <i>EVENT EXPENSE</i> |
|------------------------|---|---|

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

| | |
|--------------------|-------------------------------------|
| Date <i>6/8/13</i> | Payee name <i>8th Ave Food Mart</i> |
|--------------------|-------------------------------------|

| | |
|--------------------------|---|
| Amount (\$) <i>18.06</i> | Payee address; City; State; Zip Code <i>2747 8th Ave, FW 76110</i> |
|--------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Food, Beverage Exp.</i> | Description (If travel outside of Texas, complete Schedule T) <i>ice</i> |
|------------------------|--|---|

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

| | |
|--------------------|---------------------------|
| Date <i>6/8/13</i> | Payee name <i>Staples</i> |
|--------------------|---------------------------|

| | |
|--------------------------|---|
| Amount (\$) <i>61.62</i> | Payee address; City; State; Zip Code <i>1600 S. University, FW 76109</i> |
|--------------------------|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>ofc supplies</i> | Description (If travel outside of Texas, complete Schedule T) <i>Office Overhead</i> |
|------------------------|---|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|--|-------------|
| 1 Total pages Schedule F: <u>3/13</u> | | 2 FILER NAME <u>ASHLEY PAZ</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>6/9/13</u> | | 5 Payee name <u>7-Eleven</u> | | | |
| 6 Amount (\$) <u>32.35</u> | | 7 Payee address; City; State; Zip Code <u>1622 Kempf Hill, FW 76104</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>Event Expense</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>ice</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/9/13</u> | | Payee name <u>Draemart</u> | | | |
| Amount (\$) <u>58.38</u> | | Payee address; City; State; Zip Code <u>2900 Renaissance Sq, FW</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Event Expense</u> | | Description (If travel outside of Texas, complete Schedule T) <u>ice</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/10/13</u> | | Payee name <u>Kings Liquor</u> | | | |
| Amount (\$) <u>324.64</u> | | Payee address; City; State; Zip Code <u>Berry St, FW 76109</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Event Expense</u> | | Description (If travel outside of Texas, complete Schedule T) <u>beer</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/10/13</u> | | Payee name <u>Cleburne Food Express</u> | | | |
| Amount (\$) <u>25.85</u> | | Payee address; City; State; Zip Code <u>3233 Cleburne Rd, FW 76102</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Event Expense</u> | | Description (If travel outside of Texas, complete Schedule T) <u>ice</u> | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|--|-------------|
| 1 Total pages Schedule F: <u>4/13</u> | | 2 FILER NAME: <u>ASHLEY DAZ</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date: <u>6/11/13</u> | | 5 Payee name: <u>Shawn Farmer</u> | | | |
| 6 Amount (\$): <u>460.00</u> | | 7 Payee address; City; State; Zip Code: <u>PO Box 11517, JW 76110</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule): <u>salaries/wages/contract</u> | | (b) Description (If travel outside of Texas, complete Schedule T): <u>walkers</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date: <u>6/11/13</u> | | Payee name: <u>Neighborhood Market</u> | | | |
| Amount (\$): <u>25.98</u> | | Payee address; City; State; Zip Code: <u>717 Berry, JW 76110</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule): <u>food, beverage expense</u> | | Description (If travel outside of Texas, complete Schedule T): <u>ice</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date: <u>6/11/13</u> | | Payee name: <u>Lee Henderson</u> | | | |
| Amount (\$): <u>1000.00</u> | | Payee address; City; State; Zip Code: <u>PO Box 892, JW 76102</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule): <u>Salaries, Wages</u> | | Description (If travel outside of Texas, complete Schedule T): <u>Campaign Manager</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date: <u>6/11/13</u> | | Payee name: <u>Comark Direct</u> | | | |
| Amount (\$): <u>2557.59</u> | | Payee address; City; State; Zip Code: <u>507 S. Main, JW 76104</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule): <u>advertising</u> | | Description (If travel outside of Texas, complete Schedule T): <u>mailer</u> | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|-------------|
| 1 Total pages Schedule F: <u>5/13</u> | | 2 FILER NAME <u>Asuley Paz</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>6/11/13</u> | | 5 Payee name <u>Comark Direct</u> | | | |
| 6 Amount (\$) <u>2027.52</u> | | 7 Payee address; City; State; Zip Code <u>507 S. Main, FW 76104</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>Advertising</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>door hangers</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/11/13</u> | | Payee name <u>ajl International</u> | | | |
| Amount (\$) <u>473.00</u> | | Payee address; City; State; Zip Code <u>PO Box 610587, TX Dallas 75261</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>event expense</u> | | Description (If travel outside of Texas, complete Schedule T) <u>limo</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/11/13</u> | | Payee name <u>ajl International</u> | | | |
| Amount (\$) <u>414.50</u> | | Payee address; City; State; Zip Code <u>PO Box 610587, Dallas 75261</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Event Expense</u> | | Description (If travel outside of Texas, complete Schedule T) <u>limo</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/12/13</u> | | Payee name <u>Facebook</u> | | | |
| Amount (\$) <u>30.00</u> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Advertising</u> | | Description (If travel outside of Texas, complete Schedule T) <u>FB ads</u> | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|-------------|
| 1 Total pages Schedule F: <u>6/13</u> | | 2 FILER NAME <u>Asuley Paz</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>6/12/13</u> | | 5 Payee name <u>Neighborhood Market</u> | | | |
| 6 Amount (\$) <u>30.98</u> | | 7 Payee address; City; State; Zip Code <u>417 Berry, FW 76110</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>food, beverage</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>soft drinks</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/12/13</u> | | Payee name <u>USPS</u> | | | |
| Amount (\$) <u>119.60</u> | | Payee address; City; State; Zip Code <u>8th Ave, FW 76110</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>office overhead</u> | | Description (If travel outside of Texas, complete Schedule T) <u>stamps</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/12/13</u> | | Payee name <u>Staples</u> | | | |
| Amount (\$) <u>32.31</u> | | Payee address; City; State; Zip Code <u>1600 University, FW 76109</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>office overhead</u> | | Description (If travel outside of Texas, complete Schedule T) <u>ofc supplies</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/12/13</u> | | Payee name <u>Comark Direct</u> | | | |
| Amount (\$) <u>1806.74</u> | | Payee address; City; State; Zip Code <u>507 S. Main, FW 76104</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) | | Description (If travel outside of Texas, complete Schedule T) | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F: <u>7/13</u> | | 2 FILER NAME <u>ASHLEY POZ</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>6/13/13</u> | | 5 Payee name <u>Cleburne Food Express</u> | | | |
| 6 Amount (\$) <u>30.16</u> | | 7 Payee address; City; State; Zip Code <u>3233 Cleburne Rd, FW 76110</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>food, beverage</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>ice</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>6/13/13</u> | | Payee name <u>Travis Parmer</u> | | | |
| Amount (\$) <u>2761.09</u> | | Payee address; City; State; Zip Code <u>PO Box 11517, FW 76110</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Polling Expense</u> | | Description (If travel outside of Texas, complete Schedule T) <u>phone calls</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>6/14/13</u> | | Payee name <u>Travis Parmer</u> | | | |
| Amount (\$) <u>5,000</u> | | Payee address; City; State; Zip Code <u>PO Box 11517, FW 76110</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Contract Labor</u> | | Description (If travel outside of Texas, complete Schedule T) <u>Wakker</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>6/14/13</u> | | Payee name <u>Staples</u> | | | |
| Amount (\$) <u>45.01</u> | | Payee address; City; State; Zip Code <u>1600 University, FW 76109</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Office Overhead</u> | | Description (If travel outside of Texas, complete Schedule T) <u>ofc supplies</u> | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 Total pages Schedule F: <u>8/13</u> | | 2 FILER NAME <u>ASULEY PAZ</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>6/14/13</u> | | 5 Payee name <u>Cleburne Food Express</u> | | | |
| 6 Amount (\$) <u>30.16</u> | | 7 Payee address; City; State; Zip Code <u>3233 Cleburne Rd, FW 76110</u> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>food, beverage</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>ice</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>6/15/13</u> | | Payee name <u>Neighborhood Market</u> | | | |
| Amount (\$) <u>34.64</u> | | Payee address; City; State; Zip Code <u>717 Berry, FW 76110</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>food, beverage</u> | | Description (If travel outside of Texas, complete Schedule T) <u>ice</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>6/15/13</u> | | Payee name <u>Perratti's Pizza</u> | | | |
| Amount (\$) <u>35.56</u> | | Payee address; City; State; Zip Code <u>3021 Greene Ave, FW 76109</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>food, beverage</u> | | Description (If travel outside of Texas, complete Schedule T) <u>pizza</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <u>6/15/13</u> | | Payee name <u>Greater Meadowbrook News</u> | | | |
| Amount (\$) <u>397.00</u> | | Payee address; City; State; Zip Code <u>P.O. Box 24264, FW 76124</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Advertising</u> | | Description (If travel outside of Texas, complete Schedule T) <u>Newspaper ad</u> | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|-------------|
| 1 Total pages Schedule F: <i>9/13</i> | | 2 FILER NAME <i>ASHLEY DAZ</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>6/17/13</i> | | 5 Payee name <i>Shaw's Patio Bar & Grill</i> | | | |
| 6 Amount (\$) <i>20.43</i> | | 7 Payee address; City; State; Zip Code <i>1051 St Magnolia</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>Food, Beverage</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>lunch</i> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/17/13</i> | | Payee name <i>Staples</i> | | | |
| Amount (\$) <i>60.22</i> | | Payee address; City; State; Zip Code <i>1600 S University, TX 76109</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>office overhead</i> | | Description (If travel outside of Texas, complete Schedule T) <i>ofc supplies</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/17/13</i> | | Payee name <i>McDonalds</i> | | | |
| Amount (\$) <i>6.98</i> | | Payee address; City; State; Zip Code <i>3901 Airport Hwy, TX 76111</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Food, Beverage</i> | | Description (If travel outside of Texas, complete Schedule T) <i>lunch</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>6/17/13</i> | | Payee name <i>7-Eleven</i> | | | |
| Amount (\$) <i>4.95</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>Food, Beverage</i> | | Description (If travel outside of Texas, complete Schedule T) <i>water</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|-------------|
| 1 Total pages Schedule F: <i>10/13</i> | | 2 FILER NAME <i>ASHLEY PAZ</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>6/10/13</i> | | 5 Payee name <i>Greus Fargo</i> | | | |
| 6 Amount (\$) <i>3.00</i> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <i>office overhead</i> | | (b) Description (If travel outside of Texas, complete Schedule T) <i>deposit detail</i> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/13 6/18/13</i> | | Payee name <i>Carl Nutt</i> | | | |
| Amount (\$) <i>410.00</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>contract labor</i> | | Description (If travel outside of Texas, complete Schedule T) <i>walker</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/2/13 6/18/13</i> | | Payee name <i>Cody Grech</i> | | | |
| Amount (\$) <i>650.50</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>contract labor</i> | | Description (If travel outside of Texas, complete Schedule T) <i>walker</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/6/18/13</i> | | Payee name <i>Barrow Branch</i> | | | |
| Amount (\$) <i>761.50</i> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <i>contract labor</i> | | Description (If travel outside of Texas, complete Schedule T) <i>walker</i> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|-------------|
| 1 Total pages Schedule F: <u>11/13</u> | | 2 FILER NAME <u>ASHLEY PAZ</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>6/17/13</u> | | 5 Payee name <u>Barry Jones</u> | | | |
| 6 Amount (\$) <u>296.00</u> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>contract labor</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>Walker</u> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>4/30/13</u> | | Payee name <u>Harland Clarke</u> | | | |
| Amount (\$) <u>61.23</u> | | Payee address; City; State; Zip Code <u>thru Wells Fargo</u> | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>office overhead</u> | | Description (If travel outside of Texas, complete Schedule T) <u>checks</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>5/10/13</u> | | Payee name <u>Wells Fargo</u> | | | |
| Amount (\$) <u>35.00</u> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>office overhead</u> | | Description (If travel outside of Texas, complete Schedule T) <u>overdraft fee</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/7/13</u> | | Payee name <u>Wells Fargo</u> | | | |
| Amount (\$) <u>23.50</u> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>office overhead</u> | | Description (If travel outside of Texas, complete Schedule T) <u>transaction fee</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|-------------|
| 1 Total pages Schedule F: <u>12/13</u> | | 2 FILER NAME <u>Asimov Dae</u> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <u>6/17/13</u> | | 5 Payee name <u>Brittney Rogers-Shen</u> | | | |
| 6 Amount (\$) <u>230.00</u> | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) <u>contract labor</u> | | (b) Description (If travel outside of Texas, complete Schedule T) <u>walker</u> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/17/13</u> | | Payee name <u>Jordan Bowden</u> | | | |
| Amount (\$) <u>729.50</u> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Contract labor</u> | | Description (If travel outside of Texas, complete Schedule T) <u>walker</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/17/13</u> | | Payee name <u>Collin Yonall</u> | | | |
| Amount (\$) <u>787.50</u> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Contract labor</u> | | Description (If travel outside of Texas, complete Schedule T) <u>walker</u> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <u>6/17/13</u> | | Payee name <u>Robyn Doyle</u> | | | |
| Amount (\$) <u>148.50</u> | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) <u>Contract labor</u> | | Description (If travel outside of Texas, complete Schedule T) <u>walker</u> | |
| 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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|-----------------------------------|--|
| 1 Total pages Schedule F: 13/13 | 2 FILER NAME ASHLEY PAE | 3 ACCOUNT # (Ethics Commission Filers) |
|---|-----------------------------------|--|

| | |
|--------------------------|---|
| 4 Date 6/30/13 | 5 Payee name TYL NETWORK CONSULTING |
|--------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$730.00 | 7 Payee address; City; State; Zip Code P.O. Box 892 FORT WORTH TX 76101- |
|----------------------------------|--|

| | | |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR | (b) Description (If travel outside of Texas, complete Schedule T) CANVASSING |
|--------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|-----------------------------------|
| Date 6/20/13 | Payee name LORENA ROCKA |
|------------------------|-----------------------------------|

| | |
|--------------------------------|--------------------------------------|
| Amount (\$) \$110.00 | Payee address; City; State; Zip Code |
|--------------------------------|--------------------------------------|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR | Description (If travel outside of Texas, complete Schedule T) CANVASSING |
|------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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

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