CANDIDAT	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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/GRS/MR FIRST MRS. ASHLEY NICKNAME LAST PAZ	MI E SUFFIX	OFFICE USE ONLY Date Received 7/15/13 C3: Y/
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE#; CITY; PO BOX / 1086 FORT WORTH TEXAS	STATE; ZIP CODE	Date Hand-delivered or Postmarked 7/15/13 Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 945-1253	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MRS SUSAN NICKNAME LAST HARPER	MI	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 2248 5th Avenue FORT WORTH, TEXAS	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 721 - 7223	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year C / 8 / 2013 THROUGH	Month Day	Year / 2 0 / 3
11 ELECTION	Month ELECTION DATE Day Year Primary C / 15 / 2013	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) FWISD BOARD OF TRUSTEE. 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	SILEU PA		CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY F	'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S) additional pages		COMMITTEE NAME TEXAS DEMOCRATIC PAR COMMITTEE ADDRESS WHITE, STE COMMITTEE CAMPAIGN TREASURER NAME CILBERTO HINDJOSA COMMITTEE CAMPAIGN TREASURER ADDRESS	TY F 104 AUSTW TX
		4818 E. BEN WHITE, STE	104 HUSTIN TX
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,285.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$31,454.73
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 48.93
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 890.00
AFFIX NOTARY STAM		I swear, or affirm, under penalty of perjuis true and correct and includes all informe under Title 15, Election Code. Signature of Candidat	mation required to be reported by
		me, by the said, to certify which, witness my h	
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: //3
2 FILER NAME	ASNUTY PAZ		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ AUTHOR ROUND 6 Contributor address; City; State; Zip Code 3 800 Montrice DR, Fee		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
- <u>-</u>		76107		of Texas, complete Schedule T)
9 Principal occui	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 6/4/13	Full name of contributor out-of-state PAC (ID#_ Sulluam Garage Out-of-state PAC (ID#_ Contributor address; City; State; Zip Code,	Hothler	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/10	6417 Dury In, Fort St	roeth M	250°	 -
	0	16/16	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor. \(\square\) out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/7/13	Contributor address; Ocity; State; Zip Code Pol Bou 2647, Fort Wort	tu, N _{961B}	/00 00 (If travel outside	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/1/13	Contributor address; City; State; Zip Code		3000	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 6	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/13	2650 Parkview De, For	Moter 1	2,000	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: 2/3
2 FILER NAME	ASULEY PAZ		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/9/13	6 Contributor address; City; State; Zip Code 252/ Ryan Pl. Dr., 30	LV 76115	500	
/ *	2321 pagaro 1 2 000,00	74110	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
69/13	Contributor address; City; State; Zip Code	K # # 100 K F # 16 # # #	500	
'			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		, total, total to
Date	Full name of contriputor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/12/13	Contributor address; City; State; Zip Code 6844 Blauts Ln, 340	76/16	1000	
·			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor put-of-state PAC (ID#_ Western K & Dwelley Y	Gurner	Amount of contribution (\$)	In-kind contribution description (if applicable)
0/13/13	27/7 Olonual Huy, 31	10 76109	25000	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Julian of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/11/13	Contributor address; City; State; Zip Code POL BOY 122269, GW 78	16121	50000	
Principal occup	pation,/ Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	VIC CO CEO			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3/3
2 FILER NAME	A -		3 ACCOUNT # (E	thics Commission Filers)
	ASHLEY PAZ			İ
	1			
4 Date	5 Full/hame of contributorout-of-state PAC (ID# JUNGE UCHSLEE)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
P0/13	6 Contributor oddress; City; /State; Zip Code	th 76110	60000	
	10 900000 001 00 9		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	#Aull name of contributor ut-of-state PAC (ID#:	١	Amount of	In-kind contribution
/a/An	Rickey Brantley		contribution (\$)	description (if applicable)
2) X /12	Contributor address; City; State Zip Code		2 10.	
100/19	\sim \sim \sim \sim \sim		2000	
	1308 (Noutry bls Mr.			
	2000 MIMMUNO SOUCETT.		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)//6/	′ .
	attorney		Meg	
Date	Full name of contributor Out-of-state PAC-UD#)	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
	TEXAS DEMOCRATIC PART	.		Harta File
-14/2	Contributor address; City; State; Zip Code		\$200 00	Voten file Access
5/16/13		A.	1 200.	Access
*	4818 E. BEN WHITE #1	04, AUSTIN		
	* MOTICED 7/10/2013		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	* * * * * * * * * * *		
	Contributor address, City, State, Zip Code			1
			/16 August 2014-14	of Tours assemblets Onto duly To
Dringing! coour	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Principal occup	Jation / Job title (See instructions)	Employer (See)	nau deaona)	
Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
			CONTRIBUTION (4)	description (ii applicable)
	Contributor address; City; State; Zip Code			
	Continuator address, City, State, Zip Code			
				l <u>. </u>
Bit it		Empleyee (O.)		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS	e e			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ges Schedule E:
2 FILER NAME 3 ACCOUNT			NT# (Ethics Commission Filers)	
ASHLEY	PAZ			
TOTA	L OF UNITEMIZED LOANS;	\$\diam\diam\diam\diam\diam\diam\diam\diam	>	\$ 0
5 Date of loan	7 Name of lender	out-of-state PAC (ID#)	9 Loan Amount (\$)
6/8/13	ASUREY PAZ			\$ 890 =
6 is lender a financial	8 Lender address; City; State;	Zip Code		10 Interest rate
Institution?				0 %
Y 🕟				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
EVENT F	LANN ET	SECIE		
14 Description of Coll		15 Check if personal funds were	deposited	into political account
none			•	
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender [out-of-state PAC (ID#		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interestrate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	1	
Description of Colla	ateral	Check if personal funds were d	ieposited	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEED		quirements.

P.O. Box 12070

	EXPENDITURE	CATEGORIES F	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		Loan Repayment/Rein	
Accounting/Banking	Legal Services	Solicitation/Fundrais Travel In District	• .		ent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of Distri		Contributions/Donation Candidate/Officeho	Is Made By Ilder/Political Committee
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a categ	ory not listed above)
	The Instruction Guide	explains how to c	omplete this for	m.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
, 1/13	HSHLUY PAZ				
4 Date 7 13	5 Payer name	と			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code			
\$4000 0 <u>0</u>	POBOX 11517, For	t Worth	76110		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Salaries/Wages/	Ontract	WA	lkers	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H Ushley Per	.			
Date /	Parvee name				
6/1/13	savis turner				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
150000	Ple Boy 11517, 30	rt Mort	n 76110)	_
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	(annibtrica		(An	MIPHINEY	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Julion J	Office held
expenditure to benefit C/O	17				
Date /	Rayee name un				
Date H 13	Menter Mendal	whomb 7	reus		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	ws		
Amount (4)	A - /	•	m . /		
32900	Telbox 24264, 5	ort Mou	th. M	76124	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	advertisin	G	NEW	spaper i	la
Complete ONLY if direct	Candidate / Officeholder name	/	Office sought		Office held
expenditure to benefit C/C	ЭН			·	
Date 6 /1/13	Payee name Wild	-			
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
2299.85	507 S. Main, 3	AW 761	04		
PURPOSE	Category (See categories listed at the top	of this schedule)	A CONTRACTOR OF THE CONTRACTOR	If ₍ travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	() NILL TO NIMA		Ma	clers	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	1	Office held
-	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS I	NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reim	bursement
Accounting/Banking	Legal Services	Solicitation/Fundra			
Consulting Expense	Food/Beverage Expense	Travel In District	• ,	ontributions/Donation	ent & Related Expense
Event Expense	Polling Expense	Travel Out Of Dist			der/Political Committee
Fees	Printing Expense	Office Overhead/R		THER (enter a catego	
	The Instruction Guide				ory mot motor above,
	The instruction Suite	explains now to	complete this form		
1 Total pages Schedule F:	2 FILER NAME	•		3 ACCOUNT # (I	Ethics Commission Filers)
2/13	ASULEY A	PAT			
4 Date /	5 (Payee name	/			
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رازا با	June & sicas	wes			<u>,</u>
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
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556	2901 / (Mach)	300 14	700		
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description (If	travel outside of Texas, co	mplete Schedule T)
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EXPENDITURE	grass awara		しょ	Murts	
0.0000000000000000000000000000000000000	Candidate / Officeholder name		Office sought	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Onice sought		Office field
expenditure to benefit C/C	У П				
Dath 4	Pagee name // /	110			
12/4/12	The abunshing	Thank	ch		
0/0/10	Magnoonvoa	Mark	α		
Amount (\$)	Payee address; City; St	ate; Zip Code			
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4483	MIM MENSIL	4711 16	110		
07.00	mill source,		••		
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EXPENDITURE	(INIA)(A)		ELYME	EXDREN	
	Candidate (Office halden name		Office sevents	071	Office held
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	חת				
Date / 1	Payee name /	1 Ln			
Parg / 13	1 116 -till	a TUBIT	-		
$\Psi[0]ID$	TOO WE SOO	Virtual			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
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18 0/2	1949 Q HI /114	4711	76/10		
10.00	2/// 000000		14110		
	Catagory (San retension listed at the ter	af this schoolule)	Description //fr	travel outside of Texas, co	malete Schedule T)
PURPOSE OF	Category (See categories listed at the top	o or this schedule)		_	mpate scriedule 1)
EXPENDITURE	HOWA CHILLE	EUM.			
	Soull row orage	,000	700		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C)H				
Date!	Defense manage				
Date 6 / 13	Payee name				
618115	Other				
Amount (\$)	Payee address; City; Sta	ate; Zip Code	44	·	
		7	7 W 76	160	
61.62	1/2/20 8 //MILIE	souter !	+ 115 16	0/07	
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	Catagonia	of this part and the	Deserted:	Annual autoba - des	evelote Cohe I de Ti
PURPOSE	Category (See categories listed at the top	o or this schedule)	Description (If	travel outside of Texas, co	mpiete Schedule 1)
OF EXPENDITURE	I OTAL MILANIIO	9/1)	MALINA	MUNITAMA.	11
	1 of complete		1 JIJ	UUUUU	un_
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/	ОН				`
	ATTACH ADDITIONAL C	ODIES OF THIS	SCHEDIII E AS NE	EDED	
	AT IACH ADDITIONAL C	OFILS OF I HIS	POLICIOLE NO ME		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		
Accounting/Banking	Legal Services Solicitation/Fundr		
Consulting Expense	Food/Beverage Expense Travel In District		
Event Expense Fees	Polling Expense Travel Out Of Di- Printing Expense Office Overhead/		
1 663	The Instruction Guide explains how to	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers))
3/13	ASHLEY PAZ	,	
4 Date/	5 Payee name	<u> </u>	
6/9/13	7- CLEVEN		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
32.35	1622 Semphill, Fll	76104	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF	SINENT PILLEMAR	1 We	
EXPENDITURE	Candidate / Officeholder same	Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date/9/13	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	A .	
58.38	2900 Ronaissance of	2, HW	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	FIRMA DIMENIA		
EXPENDITURE	win equine	Office country	_
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date / 10 / 10	Payer name		
6/101/2	SMM JLAUND		
Amount (\$)	Payee address; City/ State; Zip Code		
324.64	Berry St, FW	76109	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	FIRMA AUMANING	1 THERY	
EXPENDITURE	wind appendix	0000	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date, / 6	Mayee name		
6110113	(CLEMITAL FOOD TUDY)		
Amount (\$)	Payee address; City; State; Zip code		
25.85	3233 Cleburne Rd,	Flo 761102	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event Expense	lce	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	
			_

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tra Polling Expense Tra	laries/Wages/Contract Labor licitation/Fundraising Expense avel In District avel Out Of District	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		fice Overhead/Rental Expense	OTHER (enter a category not listed above)
		plains how to complete this f	
1 Total pages Schedule F:	ASHLY Paz		3 ACCOUNT # (Ethics Commission Filers)
4 Date 11 13	5 Page name Slaws Parmer	,	
6 Amount (\$) 460®	Publy 11517, 94	Zip Code V 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories issted at the top of the	is/schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
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Pate 11 13	Paytre name Relighborh vod	Market	
Amount (\$)	Payee address; City; State;	Zip Code	
25,98	417 Berry, FU	1 46110	
PURPOSE	Category (See categories listed at the top of th	is schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food, Veverage e	spens ic	L. Company of the com
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ght Office held
Daté (1) 13	Payee name SEE MENDERS	OT .	
Amount (\$)	Payee address; City; State;		
10000	7 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	0 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	is schedule) Description	n (If travel outside of Texas, grapplete Schedule T) While Manager Manage
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ght Office held
Date/ 6/11/13	Palee name Wirth Wirth	rt	
Anthount (\$) 2557.59	Payee address; City; State; 507 S. Main,	JW 76104	4
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Advittising		n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ght Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS	\$ NEEDED

P.O. Box 12070

<u> </u>	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages		oan Repayment/Reimbursement
Accounting/Banking	•		Fransportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of E	,	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	3		OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this for	n.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
5/13	HOWEY PAR		
4 Date /////3	5 Pagee name Comark Nitect		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
2027. 52	507 S. Main, FW	76104	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel of tside of Texas, complete Schedule T)
OF EXPENDITURE	<i>udvertesing</i>	svoc	nangars_
	Candidate / Officeholder name	Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Onice sought	Office field
Date /	Payee name /		
6/11/13	af Internation	al	
Amount (\$)	Payee address; City; State; Zip Code		
47300	Pa Box 610587, 3th	F Alla	75261
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	POSENT OVIDENAS.	VI)	MD
	Candidate / Officeholder name	Office sought	, , , , , , , , , , , , , , , , , , ,
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office field
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Date / / / / 3	Payee name		
O I I I	4/5 Sminavanae		
Amfount (\$)	Palvee address; City; State; Zip Code		
414.50	PC Box 610587, Dall	as 75261	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	lu sur	MO
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date 12 13	Payde name Fucilizati		
Amount (\$)	Payee address; City; State; Zip Code		
30 [©]			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	advertising	FB	ads
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS N	IEEDED

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FILER NAME ASULOY PAZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12 13	5 Payachame Hughborhood Mar	ket
6 Amount (\$)	7 Payee address; City; State; Zip Code	
30.98	111 Berry, 9to 76	110
8 PURPOSE OF	(a) Category (See categories (seed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Tood, Velleage	Soft dunks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nawhe	Office sought Office held
Date (12/13	Payee name)	
Amount (\$)	Payee address; City; State; Zip Code	
119.60	8th ave, 340 76110	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Overhead	Stamp
Complete ONLY if direct expenditure to benefit C/C	Candidate (b)fficeholder name	Office sought Office held
Date 6/12/13	Payee pame Staplts	
Amount (\$)	Payee address; City; State; Zip Code	
32.31	1600 University,	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this chedule) Office of the categories and the control of the category (See categories listed at the top of this chedule)	Description (If travel outside of Texas, complete Schedule T) Old Supplies
Complete ONLY if direct expenditure to benefit C/C	OH OH	Office sought Office held
Date 12 13	Comark Direct	
Amount (\$)	Payee address; City; State; Zip Code	
1806.74	507 3. Main, 2W	76104
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		•	t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra			quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District			nations Made By
Event Expense	Polling Expense	Travel Out Of Dist			ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	•	•	category not listed above)
	The Instruction Guide	explains how to	complete this fo	orm.	
1 Total pages Schedule,F:	2 FILER NAME	\		3 ACCOU	NT # (Ethics Commission Filers)
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4 Date /	5 Paylee name	, 4			
6/13/13	1 PHIME THE	a Coulms	115		
6 Amount (\$)	7 Payee address: City: Sta	ate; Zip Code			
o ranount (v)			4		
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30.16	3233 CLEVUIN	e pa, i	7W 14	7710	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Te	exas, complete Schedule T)
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EXPENDITURE	tood, veverag	6		<i>-</i>	
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/O	н С				
Date / / / / / / / / / / / / / / / / / / /	Payer name .				
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Amount (\$)	Payee address; City; St	ate; Zip Code			
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	What in a duling	NE	SM.	one all	אואי או
	Candidate / Officeholder hame	na	Office sough		Office held
Complete ONLY if direct expenditure to benefit C/O			Office sough	THE	Office field
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
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EXPENDITURE	Constact cal	W	u	Jakkees	
Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/O	PH .				
Date / / / / 2	Payee name				
6/14/19	Studes				
Amount (\$)	Payee address; City; St	ate; Zip Code			
1-	110 (1)	1 NUI	11/16/		
45.01	I (ORI) TIMILIERA	Fire +(1)	76109		
12.01	, eve will out				
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
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EXI ENDITORE	OXXIVE UUUJUU	we	0/5	Coupp	
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expenditure to benefit C/0					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense Tr	ansportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/R	•	THER (enter a category not listed above)	
	The Instruction Guide	explains how to	complete this form	•	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
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4 Date / /	5 Playee name				
6/14/12	18/11/18 Horn	YIDDSALL			
DI PI J	Curune Sova	apress		· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			
30.16	3233 Cleburne	Ra, Ill	r 16118		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)	
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EXPENDITURE	toog olverage		nce		
9 Complete ONLY if direct	/ Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/O					
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Amount (\$)	Payee address; City; Sta	ate; Zip Code			
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
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Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/O	Н				
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
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EXPENDITURE	1 TOO, veverage	/	Just gu		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Date /	Aguaga nama . h	. /)	4		
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	sudde madou	www.	laus		
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
397.00	PU BOX 242 64,	2w 1	16124		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	advertising	·	news	paper ad	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundraising Expense Travel In District Co Polling Expense Travel Out Of District		Loan Repaymen Transportation E Contributions/Do Candidate/Of Se OTHER (enter a	t/Reimbursement quipment & Related Expense mations Made By ficeholder/Political Committee category not listed above)	
	the instruction duide exp	ains now to complete ti	118 101111.		
1 Total pages Schedule F:	2 FILER NAME ASHLEY PAZ		3 ACCOU	NT # (Ethics Commission Filers)	
4 Date //////3	5 Payer hame Wa Patio B	er & brill	'		
6 Ambunt (\$) 20.43	7 Payee address: City; State; 1051 M Magna	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this	(b) Descr	iption (If travel outside of To	exas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought	Office held	
Date /17/13	Payee name / Dlupts				
Amount (\$)	Payee address City; State;	Zip Code			
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PURPOSE	Category (See categories listed at the top of this	schedule) Descr	iption (If travel outside of Te	exas, complete Schedule T)	
OF	Alline NOLDINGS	and M	MILLANDI	2 1	
EXPENDITURE	office overe	all of	Suppu	ω	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office	sought	Office held	
Date 17/13	Payed name Ounalds				
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PURPOSE	Category (See categories listed at the top of thi	schedule) Descr	iption (If travel outside of To	exas, complete Schedule T)	
OF EXPENDITURE	Lord, Veverage		unch		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	sought	Office held	
Date 6/17/13	Payee name 1- WWW				
Amount (\$)	Payee address; City; State;	Zip Code			
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of thi	s schedule) Descr	ription (If travel outside of To	exas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/	OH Candidate / Officeholder name	Office	sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense	•	T	n Repayment/Reimbursement	
Accounting/Banking	•		nsportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In Di		tributions/Donations Made By	
Event Expense	Polling Expense Travel Out (Candidate/Officeholder/Political Committee	
Fees	-		IER (enter a category not listed above)	
	The Instruction Guide explains ho	ow to complete this form.		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
10/13	15HLEY PAZ			
4 Date / /	5 Payer name			
6/10/13	Stells Fargo			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de		
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule	(b) Description (If train	vel outside of Texas, complete Schedule T)	
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EXPENDITURE	office or oficial	algor	el vieraix	
9 Complete ONLY if direct	Captidate / Officeholder name	Office sought	Office held	
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	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)	
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EXPENDITURE	I SMITTINE LUVOU	week	ler -	
	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		O.11100 000g	Gilde IIII	
expenditure to bonom a				
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PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)	
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	Н			
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PURPOSE OF	Category (See categories listed at the top of this schedule)) Description (it trav	rel outside of Texas, complete Schedule T)	
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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		n Repayment/Reimbursement		
Accounting/Banking	Legal Services	Solicitation/Fundra		repayment Remodisement repayment Repayment & Related Expense		
Consulting Expense	Food/Beverage Expense	Travel In District		tributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee		
Fees	Printing Expense	Office Overhead/R		HER (enter a category not listed above)		
	The Instruction Guide		•	(
4 Tatal pages Oaks to the				2 ACCOUNT # (511) - C 1 511		
1 Total pages Schedule F:	2 FILER NAME	5		3 ACCOUNT # (Ethics Commission Filers)		
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4 Date /	5 Payee name					
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	7 Payer add 2	ata: Zin Onda				
6 Amount (\$)	7 Payee address City; St	ate; Zip Code				
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8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)		
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EXPENDITURE	convair le	wou	wat	nu -		
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held		
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EXPENDITURE	OFFICE OUT	nead	CIUE	Cko		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held		
expenditure to benefit C/O			-			
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PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)		
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expenditure to benefit C/	(// /		-	\mathcal{U}		
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	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDED		

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distric Office Overhead/Re	tract Labor Loar ing Expense Tran Conl ct C	tributions/Donation Candidate/Officehol	ent & Related Expense
	The Instruction Guide	e explains how to co	omplete this form.		
1 Total pages Schedule F:	2 FILER NAME ASILUT 5 Palvee name	Dae		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date (7) 13	Brittney Roger	1 - Shew ate: Zip Code			
230 ⁶⁰	7 Payee address; // City; St	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If trav	vel outside of Texas, co	mplete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	-	Office held
Date 6/17/13	Servee name Bowa	en			
Amount (\$)	Payee address; City; St	ate; Zip Code			
129.50					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Wall	vel outside of Texas, co	mplete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date 14/13	Payee name Your	ll			
Amount (\$) 481,50	Payee address; // Citÿ; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If trav	vel outside of Texas, co	mplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
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148,50	Payee address; Cly; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If trav	vel outside of Texas, co	mplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held

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EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R explains how to	ising Expense crict dental Expense	Transportation E Contributions/Do Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILER NAME ASHLEY	Pare		3 ACCOU	NT # (Ethics Commission Filers)
4 Date (6/30/13	5 Payee name TYL NETWORK Co	MSOLTING			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
*730.00	P.O. Box 892 FOR	T WORTH	TX 76,	101-	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	SALARIES / WACES /	CONTRACT LAD	CANUA	ASSING	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office soug	ht	Office held
Date 6/20/13	Payee name ROCKA				
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	SPLANIES/WAGES/CONTR	DET LADOR	CANUAS	SINC	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug		Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office soug	ht	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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