

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: 26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME		OFFICE USE ONLY Date Received 6/7/13 F5 Date Hand-delivered or Postmarked 6/7/13 Receipt # _____ Amount _____ Date Processed 6/7/13 Date Imaged 6/7/13
	FIRST Ashley LAST Paz MI E. SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; P.O. Box 11086		CITY; Fort Worth, Texas
5 CANDIDATE / OFFICEHOLDER PHONE	APT / SUITE #; 76110		STATE; TX
6 CAMPAIGN TREASURER NAME	AREA CODE (817)		PHONE NUMBER 965-1253
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 2248 5th Ave.		CITY; Fort Worth, TX.
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)		PHONE NUMBER 721-7223
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 5 / 12 / 2013 THROUGH 6 / 7 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 6 / 15 / 2013		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) FWISD District 9 School Board Trustee

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ashley Paz **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

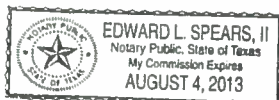
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,065.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,329.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 24,524.06

18 AFFIDAVIT

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



Ashley Paz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ashley Paz, this the 7 day of JUNE, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

EDWARD SPEARS
Printed name of officer administering oath

MANAGER, BUS. SPT. SVC.
Title of officer administering oath

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>10</u>	2 FILER NAME <u>Susan Harper</u>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>5/3/13</u>	5 Payee name <u>Comark Direct</u>	
6 Amount (\$) <u>2942.34</u>	7 Payee address; City; State; Zip Code <u>507 S Main St W 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>mailers</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>5/6/13</u>	Payee name <u>Navis Parmer</u>	
Amount (\$) <u>\$1150</u>	Payee address; City; State; Zip Code <u>PO Box 11517, JTW 76110</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Consulting</u>	Description (If travel outside of Texas, complete Schedule T) <u>Consulting</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>5/6/13</u>	Payee name <u>Staples</u>	
Amount (\$) <u>84.41</u>	Payee address; City; State; Zip Code <u>1600 University, JTW 76107</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Office Supplies</u>	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 <u>5/8/13</u>	Payee name <u>Comark Direct</u>	
Amount (\$) <u>3692.89</u>	Payee address; City; State; Zip Code <u>507.5 Main, JTW 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>mailers</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:		2 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/7/13</i>		5 Payee name <i>Travis Parmer</i>			
6 Amount (\$) <i>1209</i>		7 Payee address; City; State; Zip Code <i>PO Box 11517 Ft W 76110</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consulting</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/10/13</i>		Payee name <i>Travis Parmer</i>			
Amount (\$) <i>1150</i>		Payee address; City; State; Zip Code <i>PO Box 11517, Ft W 76110</i>			
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>Block Walkers</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/14/13</i>		Payee name <i>Driv.com</i>			
Amount (\$) <i>19.90</i>		Payee address; City; State; Zip Code <i>49016 Milmont Dr, Freemont CA 94538</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>Website</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/14/13</i>		Payee name <i>Slightly Photography</i>			
Amount (\$) <i>135.31</i>		Payee address; City; State; Zip Code <i>106 E Daggett, Ft W 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>Photographs</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:		2 FILER NAME <i>SUSAN HARPER</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/14/13</i>		5 Payee name <i>Wix.com</i>			
6 Amount (\$) <i>19.90</i>		7 Payee address; City; State; Zip Code <i>49016 MILMONT DR, FREMONT, CA 94538</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>WEBSITE</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/14/13</i>		Payee name <i>TARGET</i>			
Amount (\$) <i>72.99</i>		Payee address; City; State; Zip Code <i>FORTWORTH CENTRAL, FT WORTH, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT SUPPLIES</i>		Description (If travel outside of Texas, complete Schedule T) <i>MISC</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/14/13</i>		Payee name <i>PAULS DONUTS</i>			
Amount (\$) <i>13.57</i>		Payee address; City; State; Zip Code <i>PAULS DONUTS 1324 HEMPHILL, FT WORTH, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT SUPPLIES</i>		Description (If travel outside of Texas, complete Schedule T) <i>DONUTS</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/14/13</i>		Payee name <i>T+P TAVERN</i>			
Amount (\$) <i>20.00</i>		Payee address; City; State; Zip Code <i>221 W. LANCASTER FT WORTH, TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT SUPPLIES</i>		Description (If travel outside of Texas, complete Schedule T) <i>FOOD</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:		2 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/14/13</i>		5 Payee name <i>Staples</i>			
6 Amount (\$) <i>15.14</i>		7 Payee address; City; State; Zip Code <i>1600 S University, JtW 76107</i>			
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>5/15/13</i>		Payee name <i>Texas Van</i>			
Amount (\$) <i>75.00</i>		Payee address; City; State; Zip Code <i>4818 E Ben White Blvd, Austin, TX 78741</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Other/Data</i>		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	
Date <i>5/16/13</i>		Payee name <i>UPS</i>			
Amount (\$) <i>54.28</i>		Payee address; City; State; Zip Code <i>2800 8th Ave, JtW 76110</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Fundraising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Stamps</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>5/19/13</i>		Payee name <i>Catherine Salazar</i>			
Amount (\$) <i>70.00</i>		Payee address; City; State; Zip Code <i>JtW 76110</i>			
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>block walker</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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:		2 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/21/13</i>		5 Payee name <i>Lee Henderson</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; City; State; Zip Code <i>PO Box 892, Jolo 76102</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consulting exp</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign mgr.</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/23/13</i>		Payee name <i>Navis Parmer</i>			
Amount (\$)		Payee address; City; State; Zip Code <i>PO Box 11517, Jolo 76110</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Polling Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>phone calls</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/23/13</i>		Payee name <i>Design Graphics</i>			
Amount (\$) <i>590.54</i>		Payee address; City; State; Zip Code <i>12404 Nury 1555, Tyler 75703</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising exp</i>		Description (If travel outside of Texas, complete Schedule T) <i>yard signs</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>5/28/13</i>		Payee name <i>Thomas Reprographics</i>			
Amount (\$) <i>481.71</i>		Payee address; City; State; Zip Code <i>805 Lamar St, Jolo 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising exp</i>		Description (If travel outside of Texas, complete Schedule T) <i>push cards</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:		2 FILER NAME SUSAN HARPER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/13		5 Payee name FACEBOOK			
6 Amount (\$) 30.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) ONLINE ADS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/29/13		Payee name COMARK DIRECT			
Amount (\$) 2094.43		Payee address; City; State; Zip Code 507 MAIN ST, FT WORTH, TX 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXP		Description (If travel outside of Texas, complete Schedule T) MAILING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/30/13		Payee name TRAVIS PARMER CONSULTING			
Amount (\$) \$1500.00		Payee address; City; State; Zip Code PO Box 11517, FT WORTH, TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING		Description (If travel outside of Texas, complete Schedule T) CONSULTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-30-13		Payee name STAPLES			
Amount (\$) 40.56		Payee address; City; State; Zip Code 1600 S. UNIVERSITY, FT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE SUPPLIES		Description (If travel outside of Texas, complete Schedule T) PAPER	
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:		2 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/31/13</i>		5 Payee name <i>Facebook</i>			
6 Amount (\$) <i>30.00</i>		7 Payee address; City; State; Zip Code <i>CA</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>6/1/13</i>		Payee name <i>Staples</i>			
Amount (\$) <i>25.97</i>		Payee address; City; State; Zip Code <i>1600 University, JWB 76107</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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>6/1/13</i>		Payee name <i>Staples</i>			
Amount (\$) <i>79.50</i>		Payee address; City; State; Zip Code <i>1600 University, JWB 76107</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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>6/1/13</i>		Payee name <i>Firsta</i>			
Amount (\$) <i>7.57</i>		Payee address; City; State; Zip Code <i>2700 8th Ave, JWB 76110</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>paper</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:		2 FILER NAME SUSAN HARPER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6-1-13		5 Payee name LEE HENDERSON			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code PO Box 892, Ft WORTH, TX 76102			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONSULTING		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-2-13		Payee name TRAVIS FARMER			
Amount (\$) 600.00		Payee address; City; State; Zip Code PO Box 11507, Ft WORTH, TX 76110			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PHONE CALLS		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 6-4-13		Payee name FACEBOOK			
Amount (\$) 30.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXP		Description (If travel outside of Texas, complete Schedule T) ONLINE ADS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6-2-13		Payee name ESSEX GRAPHICS			
Amount (\$) 165.00		Payee address; City; State; Zip Code 2232 COLLEGE AVE, FTWORTH, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXP		Description (If travel outside of Texas, complete Schedule T) PHOTOGRAPHS	
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:		2 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/4/13</i>		5 Payee name <i>Travis Farmer</i>			
6 Amount (\$) <i>1082.00</i>		7 Payee address; City; State; Zip Code <i>PO Box 11517, TX 76110</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Polling exp</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>phone calls</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>6/4/13</i>		Payee name <i>Trip</i>			
Amount (\$) <i>91.79</i>		Payee address; City; State; Zip Code <i>102 E I-20, Arlington, TX 76018</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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>6/5/13</i>		Payee name <i>Comark Direct</i>			
Amount (\$) <i>2114.50</i>		Payee address; City; State; Zip Code <i>507 S. Main, TX 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
Date <i>6/5/13</i>		Payee name <i>Comark Direct</i>			
Amount (\$) <i>1696.28</i>		Payee address; City; State; Zip Code <i>507 S Main, TX 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>door hangers</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:	2 FILER NAME <i>Susan Harper</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6/5/13</i>	5 Payee name <i>Lee Henderson</i>	
6 Amount (\$) <i>1000.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 892, Ft W 76102</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Consulting</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign mgr</i>
	9 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 _____	

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 _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

14

2 FILER NAME

Susan Warner

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/4/13

5 Full name of contributor ☐ out-of-state PAC (ID#)

William & Lucy Conley

6 Contributor address; City; State; Zip Code

P.O. Box 128, Bonduant, Ark 62922

7 Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/5/13

Full name of contributor ☐ out-of-state PAC (ID#)

Donna Dezier

Contributor address; City; State; Zip Code

3824 Monticello Dr, Fort Worth 76109

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

homemaker

Employer (See Instructions)

Date

5/5/13

Full name of contributor ☐ out-of-state PAC (ID#)

Laura Morris

Contributor address; City; State; Zip Code

2828 Manorwood Dr, FtW 76109

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/13

Full name of contributor ☐ out-of-state PAC (ID#)

Barbara McMahon

Contributor address; City; State; Zip Code

11840 Windville Ln, Aledo, TX 76008

Amount of contribution (\$)

50⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/7/13

Full name of contributor ☐ out-of-state PAC (ID#)

Doug Woodson

Contributor address; City; State; Zip Code

4062 Mattison Ave, FtW 76107

Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/7/13

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

William E. Bailey

6 Contributor address; City; State; Zip Code
PO Box 510, Italo 76101

7 Amount of contribution (\$)

125⁰⁰

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

5/7/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Shade For Bettye C. Nowlen

Contributor address; City; State; Zip Code

510 Hazelwood Dr, Italo 76101

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

5/7/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Robert L & Anne M. Jameson

Contributor address; City; State; Zip Code

*6705 Meadows West Dr S.
Italo 76132*

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

5/7/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jennifer Gaines Drez

Contributor address; City; State; Zip Code

6 Nestore Rd, Italo 76107

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/7/13

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ellen Grathoe

Contributor address; City; State; Zip Code

2701 Grilling Ave, Italo 76110

Amount of contribution (\$)

50⁰⁰

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics 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)

5/10/13

Susan Harper

6 Contributor address; City; State; Zip Code

25 Murray St #100, NY, NY 10007

200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/10/13

Jill Black

Contributor address; City; State; Zip Code

2031 Ward Parkway, St. Louis 63110

100.00

(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#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/11/13

Dan Barrett

Contributor address; City; State; Zip Code

6844 Brants Ln, St. Louis 63116

200.00

(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#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/15/13

Edward C. Lasater

Contributor address; City; State; Zip Code

2101 Ward Pkwy, St. Louis 63116

1250.00

(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#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

5/15/13

Mary Ann Harris

Contributor address; City; State; Zip Code

619 Rivercrest, St. Louis 63107

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/15/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sofin Archer Rental Acct

6 Contributor address; City; State; Zip Code

3991 Vickery, FortW 76107

7 Amount of contribution (\$)

250⁰⁰

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

5/15/13

Full name of contributor

☐ out-of-state PAC (ID#)

Citizens for Great Schools

Contributor address; City; State; Zip Code

*3985 W. Vickery
FortW 76107*

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

5/17/13

Full name of contributor

☐ out-of-state PAC (ID#)

Dennis Johnson

Contributor address; City; State; Zip Code

2116 Park Place Ave, FortW 76110

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

5/17/13

Full name of contributor

☐ out-of-state PAC (ID#)

Lynne Johnson

Contributor address; City; State; Zip Code

1600 Texas St. Apt 977, FortW 76102

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/17/13

Full name of contributor

☐ out-of-state PAC (ID#)

Terri R Montesi

Contributor address; City; State; Zip Code

100 E. 15th St, Ste 200, FortW 76102

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)

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 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/17/13

5 Full name of contributor

Richard D. Thunker

☐ out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

4258 Altura Rd, Jolo 76109

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

5/17/13

Full name of contributor

Orlean M. Gould

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1600 Jaxx St, Ste 21203, Jolo 76109

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/17/13

Full name of contributor

Ellen K. Barthoe

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2701 Kruing Ave, Jolo 76110

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

5/20/13

Full name of contributor

John V. Roach

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2805 Alton Rd, Jolo 76109

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)

Retired

Date

5/20/13

Full name of contributor

Robert A. Brown, MD

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4100 Parks Ave, Jolo 76109

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)

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 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/21/13

5 Full name of contributor

John C. Snyder

☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

201 Main St, Ste 1450, Fort Worth 76102

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

5/21/13

Full name of contributor

John R. McManis

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

4731 Harley Ave, Fort Worth 76107

Amount of contribution (\$)

50000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Self

Date

5/21/13

Full name of contributor

Glenn E. Petrus

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3736 Country Club Cir, Fort Worth 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

5/21/13

Full name of contributor

William R. Theadous

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

3904 Hamilton Ave, Fort Worth 76110

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

5/24/13

Full name of contributor

Gary E. Vasseur

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2233 Hawthorne Ave, Fort Worth 76110

Amount of contribution (\$)

2500

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/24/13

5 Full name of contributor

Patricia A. Linares

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4705 Cinnamon Hill, Jtlw 76133

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/24/13

Full name of contributor

Lofun Stotcher

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3991 W. Vickery, Jtlw 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/13

Full name of contributor

George Lambert Bristol

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8812 Mesa Dr, Austin 78759

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/13

Full name of contributor

JG Llewellyn

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3535 St Hh, Jtlw 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/13

Full name of contributor

Shotney Patman Brown

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2025 Orard Pkwy, Jtlw 76110

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Busan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/24/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Citizens For Great Schools</i>	7 Amount of contribution (\$) <i>625⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3985 St. Vickery, Itlw 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>PAC</i>		10 Employer (See Instructions)	
Date <i>5/24/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Rickey Brantley</i>	Amount of contribution (\$) <i>3,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2308 Shinton Terr St, Itlw 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>5/26/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Thelinda Bachand</i>	Amount of contribution (\$) <i>30⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2608 Mockingbird Ct, Itlw 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/26/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Lirk Jeffries</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3304 Alton Rd, Itlw 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Lunch Money</i>	
Date <i>5/25/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Edward P. Bass</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Main St, Ste 2700, Itlw 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>developer</i>		Employer (See Instructions) <i>Self</i>	

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 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/25/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Good Government Fund</i>	7 Amount of contribution (\$) <i>1500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>201 Main St, Ste 2500, Ft Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>PAC</i>		10 Employer (See Instructions)	
Date <i>5/25/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Valleau (Katie), Jr.</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 16514, FTLW 76162</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/25/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William D & Ann M Greenhill</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1608 Ashland Ave, FTLW 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/25/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Isaac & Elizabeth Thanning</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2217 Grindor</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>President</i>		Employer (See Instructions) <i>Trinity Parks</i>	
Date <i>5/25/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J Kirk or Sumner Searcy</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6300 Klamath Rd, FTLW 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/25/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Barland M & Mollie L Lavater

6 Contributor address; City; State; Zip Code

3815 Lusbon St, Ste 203, Ft W 76116

7 Amount of contribution (\$)

1000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

investor

10 Employer (See Instructions)

Self

Date

5/25/13

Full name of contributor

☐ out-of-state PAC (ID#)

Payton & Motheral

Contributor address; City; State; Zip Code

4200 S Gulen, Ste 614, Ft W 76109

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

VP

Employer (See Instructions)

Cassco Land Co.

Date

5/26/13

Full name of contributor

☐ out-of-state PAC (ID#)

Am de Jane Thicalet

Contributor address; City; State; Zip Code

1401 N Bowie, Weatherford, TX 76086

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

5/26/13

Full name of contributor

☐ out-of-state PAC (ID#)

Paul & Andrews

Contributor address; City; State; Zip Code

700 Jenkins Rd, Alledo, TX 76008

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

TTI

Date

5/26/13

Full name of contributor

☐ out-of-state PAC (ID#)

Aubrey & Mary Ann Seaver

Contributor address; City; State; Zip Code

4410 Westdale Ct, Ft W 76109

Amount of contribution (\$)

10⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/26/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mary Ann Harris

6 Contributor address; City; State; Zip Code

4410 Westdale Ct, GtW 76109

7 Amount of contribution (\$)

100.00

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

5/26/13

Full name of contributor

☐ out-of-state PAC (ID#)

Jason Amos

Contributor address; City; State; Zip Code

1404 S Adams, GtW 76104

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/26/13

Full name of contributor

☒ out-of-state PAC (ID#)

Miriam & Lucy Conley

Contributor address; City; State; Zip Code

PO Box 128, Bonduant, OK 73222

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29/13

Full name of contributor

☐ out-of-state PAC (ID#)

David Alamee

Contributor address; City; State; Zip Code

5020 Janbark, Dallas 75229

Amount of contribution (\$)

15,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Jefferson Dental

Date

5/29/13

Full name of contributor

☒ out-of-state PAC (ID#)

Michael & Michael A Berry

Contributor address; City; State; Zip Code

6217 Geneva Rd, GtW 76116

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Willwood Real Est.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/29/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John M Stevenson</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1207 Hillcrest St, Fort W 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Businessman</i>		10 Employer (See Instructions) <i>Leystone Group LP</i>	
Date <i>5/29/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Malcolm Louden</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 W 7th #27, Ste 1007, Fort W 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions) <i>Malsh & Watts</i>	
Date <i>5/29/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lorraine York Dukes</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1100 Elizabeth Blvd, Fort W 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/30/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Citizens for Great Schools</i>	Amount of contribution (\$) <i>2650⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3985 St Vickery Blvd, Fort W 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Pac</i>		Employer (See Instructions)	
Date <i>5/30/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brad J. Borrondona</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>108 Enchanted Ct N, Burleson 76028</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions) <i>Borrondona & Assoc</i>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Susan Harper

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/30/13

5 Full name of contributor ☐ out-of-state PAC (ID#:

Sarah J Temple

6 Contributor address; City; State; Zip Code

3318 Avondale Ave, JHU 76109

7 Amount of contribution (\$)

250⁰⁰

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

5/30/13

Full name of contributor ☐ out-of-state PAC (ID#:

R. Denny Alexander

Contributor address; City; State; Zip Code

4200 S Gulen Ste 617, JHU 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

5/30/13

Full name of contributor ☐ out-of-state PAC (ID#:

Bedford L. Burgher

Contributor address; City; State; Zip Code

1616 Rivercrest Ct, Jolo 76107

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

6/30/13

Full name of contributor ☐ out-of-state PAC (ID#:

Melody A Johnson

Contributor address; City; State; Zip Code

2709 Manorwood Dr, JHU 76109

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

6/3/13

Full name of contributor ☐ out-of-state PAC (ID#:

Arnold & Harriette Bachman

Contributor address; City; State; Zip Code

1229 Juddy Oaks Ln, JHU 76109

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)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Susan Harper</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/3/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jackie Ferguson</i>	7 Amount of contribution (\$) <i>25⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3741 Summercrest Dr, JMW 76109</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brandy O'Quinn</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2837 Skilling Ave, JMW 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bourke & Stephanie Harvey</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4316 Ridgelyaven Ct, JMW 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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