CANDIDATE	/	OFF	ICE	HO	LDER	2
CAMPAIGN	FI	NAN	CE	RF	PORT	-

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	Inrs. Usuay	MI	OFFICE USE ONLY Date Received
	NICKNAME PAST	SUFFIX	6/7/13
4 CANDIDATE / OFFICEHOLDER MAILING	Pa By 11086 Fort Mor	STATE; ZIP CODE	Date Hand-delivered or Postmarked
ADDRESS change of address	ple four more sources	16110	6/7//3 Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (\$17) 965-1253	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR / FIRST	МІ	Date Imaged 6 / 7 / / 3
	NICKNAME CLAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 2248 546 WE, Fort Hou	CITY; STATE; LLLY W. 16/10	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (\$17) 721-7223	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	/ 2013
11 ELECTION	Month Day Year ELECTION TYPE G / 15 / 2013 ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KAROWA) FWISH BOARD	strict 9
		Genool Board	1 Grustee
	GO TO PAG	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME /	10 1/	7	15 ACCOUNT # (Ethics Commission Filers)	
a	Welley to	ex		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,06500	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 24,329.58	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$ 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.				
EDWARD L. SPEARS, II NOTARY Public. State of Texas My Commission Expires AUGUST 4, 2013				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Achley 142 , this the				
day of JUNE, 20 13, to certify which, witness my hand and seal of office.				
Tilled	5	EDWARD SPEARS	MANGER, BUS Spt. SKC	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ntract Labor L	oan Repayment/Reimb	ursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Fransportation Equipme	nt & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations	
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officehold	er/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense (OTHER (enter a categor	ry not listed above)
	The Instruction Guide	explains how to	complete this form	n.	
1 Total pages Schedule F:	2 FILER NAME	1/21		3 ACCOUNT # (E	hics Commission Filers)
10	Xusan S	Narner /		, i	,
4.500					The state of the s
4 Date 5 2 /2	5 Payee name	GAL			
5 [3] 13	COTHUR KM	ECC			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
- 6 /	. 40	nul.	4		
2942.34	507 3 Main	, ItW	16104		
	(2) (2)	****	(In) (December 1)		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)		If travel outside of Texas, con	plete Schedule T)
OF EXPENDITURE	(INI) PATISIMA		mauli	<i>°∕</i> t∧)	
EXPENDITORE	under control		7.00000		
9 Complete ONLY if direct	Candidate / Officeholder name	!	Office sought		Office held
expenditure to benefit C/C	DH				
	1 -				·
Date 13	Payee name Aurmer)			
	2000 Justines				
Amount (\$)	Payee address; City; St	ate; Zip Code			
7		•			
P/I F D	100 1201 1151M	9±W16.	///		
1120	1 40 BOY 11911	Jaw W	110		
	1				
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (f travel outside of Texas, con	iplete Schedule T)
OF EXPENDITURE	1 MANIETTHA		Mu	AUTINA	
EXPENDITORE	Conducting		Un	much	
Complete ONLY if direct	Candidate / Officeholder rame		Office sought	U	Office held
expenditure to benefit C/C	DH				
	David dans				
Date	Payae name				
010110	Olapico				
Amount (\$)	Payee address; City; St	ate; Zip Code			
1 1.	111	0.44			
OIL IL	1100 MAINEA OITER	, 4H/).	76107		
84,71	1600 Willoward	, Sou	10101		
	Category (See categories listed at the to	f Abi b - d d d - 3	Description //	If travel outside of Texas, con	coloto Cobodula T\
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (ir traveroutside or rexas, con	ipiete Scriedule 1)
OF EXPENDITURE	After Bux	Wills			
	· · · · · · · · · · · · · · · · · · ·				
Complete ONLY if direct	Candida Officeholder name	!	Office sought		Office held
expenditure to benefit C/C	DH				
5. / /					
Date	Payee name	nt			
9/8/19	1 COMMUNE ROVER				
Amount (\$)	Payee address; City; St	ate; Zip Code			
	3.07		/		
2100 00	End Sylvain	A+41) 76	0104		
3692.89	1 Bol. I Mucho,	Jo W "	101		
2.700 0 1	Gatagori (G.)		Događatia : ::	VI	
PURPOSE	Category (See categories listed at the to	p or this schedule)	Description (If travel outside of Texas, con	ipiete Schedule T)
OF EXPENDITURE	(IAINTERTIAM)	9	/ //L/X/.	18rs	
	- Control Court Ity		7,000		
Complete ONLY if direct	Candidate / Officeholder narke	!	Office sought		Office held
expenditure to benefit C/	ОН				
	ATTACH ADDITIONAL C	ODIES OF THIS	CHEDIII E AC A	IEEDED	
	ATTACH ADDITIONAL C	OFIES OF I TIS	POUEDOFE WO M	ILCUEU	
			The state of the s		

P.O. Box 12070

	EXPENDITURE C	ATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking	•	Salaries/Wages/Cor Solicitation/Fundrais		Loan Repayment/Rein	
Consulting Expense	5	Travel In District		Transportation Equipm Contributions/Donation	ent & Related Expense
Event Expense		Travel Out Of Distr			older/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a categ	ory not listed above)
	The Instruction Guide e	xplains how to c	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME WAYPE	N)		3 ACCOUNT#(Ethics Commission Filers)
4 Date 7/13	5 Payer name : Parmer	J			
6 Amount (\$)	7 Payee address; City; State	e; Zip Code			
1209	POBOX 11517 3	ItW 7	16110		
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description (If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Courciltens	•			
EXPENDITORE	0070000				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name . 4				
5/10/13	Sialys Plan	(Gr)			
Amount (\$)	Payee address; City; State	e; Zip Code			
Amount (\$)	Payee address; City; State	s; Zip Code			
1150	Pa Box 11517, 3	ttW 76	110		
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
OF	(antsat)Ale	(01)	YNO FPN	Walker	2 0
EXPENDITURE	Commune envi	,	VWV	7 00 000	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date 14 13	Payer name COM				
Amount (\$)	Payee address; City; State				
19.90	49016 Milmont	Dr. Fre	emont (U 14538	
PURPOSE	Category (See categories listed at the top of			If travel outside of Texas, co	
OF EXPENDITURE	(1d118stirence		1198	Posite	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	70000	Office held
expenditure to benefit C/O	OH				
5 14 13	Sightly Photog	naphy			
Amount (\$)	Payee address; City; State	; Zip Code			
135.31	106 & Daggett, 5	Aus	10¢		
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (I	If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	advertising		Sphot	ographs	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sought	0 1	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	IEEDED	
			*		

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C	ontract Labor Loan Repayment/	Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	• • • • • • • • • • • • • • • • • • • •	uipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Don	ations Made By ceholder/Political Committee
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F		category not listed above)
1 003	The Instruction Guide explains how to		ategory not nated above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUN	T # (Ethics Commission Filers)
	SUSAN HARPER		
4 Date	5 Payee name		
5/14/13	WIX. Com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
19.90	49016 MILMONT DR	, fremont, CA	94538
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	ADVELTISING	WEBSITE	
	Candidate / Officeholder name	<u> </u>	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office field
Date . ,	Payee name		
5/14/13	TARGET		
Amount (\$)	Payee address; City; State; Zip Code		
00		7.1	
72.99	FORTWORTH CENTRAL, F	+ WORTH, 1X	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	EVENT SUPPLIES	Misc	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		
Date	Payee name		
5/14/13	TAUCS DONUTS		
Amount (\$)	Payee address; City; State; Zip Code		
	0 0		IN TO
13.57	PAULS DONNTS 1324	HEMPHILL, FE	WORTH, IX
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	EVENT SUPPLIES	DONUTS	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C)H		
Date ,	Payee name O		THE STATE OF THE S
5/14/12	T+1 INVERN		
Amount (\$)	Payee address; City; State; Zip Code	5.2	***
2 2 00			
20.	221 W. LANCASTEL	FIWORTH, TX	76102
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	EVENT SUPPLIES	FOOD	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
		The state of the s	

P.O. Box 12070

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense T	ransportation Equipr	nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	C	Contributions/Donatio	
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeh	older/Political Committee
Fees	Printing Expense	Office Overhead/R	tental Expense O	OTHER (enter a cate	gory not listed above)
	The Instruction Guid	le explains how to	complete this form	٦.	
1 Total pages Schedule F:	2 FILER NAME SUSTAINED	rper		3 ACCOUNT#	(Ethics Commission Filers)
4 Date 5/14/13	5 Payee name				
6 Amount (\$)	7 Payee address; City; S	itate; Zip Code			
15.14	1600 5 Universite	J, 96W	76107		
8 PURPOSE	(a) Category (See categories listed at the	p of this schedule)	(b) Description (If	travel outside of Texas, of	complete Schedule T)
OF EXPENDITURE	Office Over	read			
9 Complete ONLY if direct expenditure to benefit C/O	Candigate / Officeholder name OH	е	Office sought		Office held
Date	Payee name				
5/15/13	Jeyas Va	N			
Amount (\$)		State; Zip Code			
7500	4818 & Ben Wh	ite Blod	, austin,	N 789	41
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If	travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	Other Dag	ta			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	€	Office sought		Office held
Date	Pduo nama				
5/16/13	4575				
Amount (\$)	Payee address; City; St	tate; Zip Code			
54.28	2800 8th ave	, Itw	76110		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, o	omplete Schedule T)
OF EXPENDITURE	Fundraise	ng	Sta	mps	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	, (Office sought		Office held
Date 5/19/13	Payee name Catherine	Galazar	ر		
Amount (\$)	Payee address; City; Si	tate; Zip Code			
7000	ItW 76	6110			
PURPOSE	Category (See categories listed at the to	of this schedule)	Description (If	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Contract L	alor	block	Walke	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	÷	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITUR Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor Lo nising Expense Ti C trict	ontributions/Donations	ent & Related Expense s Made By der/Political Committee
1 663	The Instruction Guid		•	, ,	ny not listed above)
1 Total pages Schedule F:	2 FILER NAME	b)	complete this form		thics Commission Filers)
4 Date /2013	5 Payee name	rsow		_ I	
6 Amount (\$)	7 Payee address; City; S	State; Zip Code			400
50000	PO BOX 89.	2, 3Ho	46102		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description (If	travel outside of Texas, co	mplete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	е	Office sought		Office held
Date 23/13	Payee name - Parma	Er			
Amount (\$)	Payee address; City; S	State; Zip Code			
	PQ BOY 11517,	Ister 16	6110		
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description (If	travel outside of Texas, con	mplete Schedule T)
OF EXPENDITURE	Polling Expens	18	Suone	e Calls	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	e	Office sought		Office held
Date 23/13	Payee name Kashii				
Amount (\$)	Payee address; City; S	state; Zip Code			
590.54	12404 Llury 1:	555, Iyli	er 757 03		
PURPOSE OF	Category (See categories listed at the t	op of this schedule)	Description (If	travel outside of Texas, cor	mplete Schedule T)
EXPENDITURE	Clavertising,	END	Mara	Mans	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam PH	e /	Offige sought		Office held
5/28/13	Payer/name MOMUS Rep	rographic	<i>'</i> S		
Amount (\$) 481,71	Payee address; City, S	itaté:/zipkode t, GtW	-76102		
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)		travel outside of Texas, con	nplete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nam OH	e /	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX $8(a)$

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (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)
	SUSAN HARPER		
5/28/13	5 Payee name FACEBOOK		
6 Amount (\$)	7 Payee address; City; State; Zip Code		-
30.00			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING	ONLINE	ADS
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 5/29/13	Payee name COMAILK DIRECT	¥ ,48	
Amount (\$)	Payee address; City; State; Zip Code		
2094.43	507 MAINST, FT	WORTH,	TX 76104
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
EXPENDITURE	ADVELTISING EXP	MAILI	NE
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 5/30/13	Payee name TRAJIS PARMEL CONSU Payee address; City; State; Zip Code	LTING	
Amount (\$)	Payee address; City; State; Zip Code		
\$1500.00	PO BOX 11517, FE WOR	etal, Tx	76110
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
EXPENDITURE	CONSULTING	(ausu	LTING
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5.30.13	STAPLES		
Amount (\$)	Payee address; City; State; Zip Code		
40.56	1600 S. UNIVERSITY,	FT WORTH	TX 76107
PURPOSE OF	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
EXPENDITURE	Office Supplies	PAPER	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District	ising Expense	Contributions/Donation	ent & Related Expense ns Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dist Office Overhead/R		Candidate/Officeho OTHER (enter a categ	older/Political Committee
, 555	The Instruction Guide		•	·	ory not fisted above)
1 Total pages Schedule F:	2 FILEDINAME JALAY		•		Ethics Commission Filers)
4 Date	5 Payed name /				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		10-1	
300	Ca)			
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	advertising	·			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt	Office held
Date 0 1 13	Payee name Otaples				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
25.97	1600 Universe	ty, Ith	b 7610%	7	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	1 PAUL WEINE	ad			
Complete ONLY if direct expenditure to benefit C/O	Omblidate / Officeholder name		Office sough	it	Office held
Date 6/1/3	Page game STUPLES				
Amount (\$)	Payee address; City; Sta	•			
79.50	1600 Universit	ty, ItW	76/07		
PURPOSE OF	Category (See categories listed at the top	of this schedule)		(If travel outside of Texas, co	omplete Schedule T)
EXPENDITURE	Hece Overne	ad			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt	Office held
61113	Payee name Littu				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
7.57	2700 8th ave	, anw	76110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, co	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Carbidate / Officeholder name DH		Office sough	if	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/Rexplains how to	ising Expense trict tental Expense	Contributions/Donation Candidate/Officeho OTHER (enter a categ	ent & Related Expense is Made By Ider/Political Committee
1 Total pages Schedule F:	2 FILER NAME SUSAN HAR	PER		3 ACCOUNT # (Ethics Commission Filers)
4 Date 6-1-13	5 Payee name LEE HENDERSON				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
500.00	Po Box 892,	ForWor	LTH, TX	76102	
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)	(b) Description (If travel outside of Texas, co	omplete Schedule T)
EXPENDITURE	CONSULTING				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date 6-2-13	Payee name TRAVIS PARMER	_			
Amount (\$)	(A) BOX	e; Zip Code	x 761	10	
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (I	f travel outside of Texas, co	emplete Schedule T)
EXPENDITURE	HONE CALL	S			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date 6-4-13	Payee name FACE BOOK				
Amount (\$)	Payee address; City; State	e; Zip Code			
30.00					
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (I	f travel outside of Texas, co	emplete Schedule T)
EXPENDITURE	ADVERTISING	EXP	ONLI	INE HOS	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				2 20
6-2-13	ESSEX GRAPHICS		m awai (2000) - 10 m		
Amount (\$)	Payee address; City; Stat	e; Zip Code			
165.00	2232 COLLEG	SE AVE,	Frwor	TH, TX	
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (I	f travel outside of Texas, co	emplete Schedule T)
EXPENDITURE	ADVERTISING E	XP	PHOT	DBRAPHS	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS N	IEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Re	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense Travel In District		ment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of District	Contributions/Donati- Candidate/Officel	ons made by holder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a cate	egory not listed above)
	The Instruction Guide	explains how to complete thi	s form.	
1 Total pages Schedule F:	2 FILER NAME	nf.)	3 ACCOUNT #	(Ethics Commission Filers)
45.4	susan Dur			
4 Date 0/4/13	5 Payer name . Survival furme			
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
108200	PO BOY 11517	, ItW 76110		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Descrip	tion (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Polling END	Sh	one Calls	
9 Complete ONLY if direct	Candidate / Officeholder name	Office so	ought	Office held
expenditure to benefit C/C	Н			
Date	Paye pame			
6/4/13	Tryp	V. S. W. S. W.		
Amount (\$)	Payee address; City; Sta	te; Zip Code		
1119	100 0 + 10 A	rlington, M.	76010	
91/11	100 6 D-20, a	rungion, of i	18 18	
PURPOSE	Category (See categories listed at the top	of this schedule) Descrip	tion (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Other over	head		
Complete ONLY if direct	Candidate / Officeholder name	Office so	ought	Office held
expenditure to benefit C/O	Н			
Date /	Payee flame / /			
6/5/13	Comark VI	rect		
Amount (\$)	Payee address; City; Stat	te; Zip Code		
2114. 50	507 S. Main,	JAW 7610	id	
PURPOSE	Category (See sategories listed at the top	of this schedule) Descrip	tion (If travel outside of Texas,	complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office so	pught	Office held
Date / / .	Payee name	1		
6/5/13	Comark Direct	<i>t</i>		
Amount (\$)	Payee address; City; Sta	· •	/	
1696.28	507 3 Main,	2xW 76108		
PURPOSE	Category (See categories listed at the top	of this schedule) Descrip	tion (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	UNIVERTINA	$ $ $ $ $ $ $ $	you hange	W.O
Complete ONLY if direct	Candidate / Officeholder name	Office so	ought #	Office held
expenditure to benefit C/0	он			
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070

		CATEGORIES FOR B	• •	
Advertising Expense		Salaries/Wages/Contract La		epayment/Reimbursement
Accounting/Banking	_	Solicitation/Fundraising Expo		ortation Equipment & Related Expense
Consulting Expense	• .	Travel In District		utions/Donations Made By
Event Expense Fees	5 1	Travel Out Of District		didate/Officeholder/Political Committee
rees	- '	Office Overhead/Rental Exp		(enter a category not listed above)
	The Instruction Guide 6	explains how to complete	e this form.	
1 Total pages Schedule F:	2 FILER NAME AND	arper	3	ACCOUNT # (Ethics Commission Filers)
4 Date 5 13	5 Payedname Almalinou			
6 Amount (\$)	7 Payee address; City; State	e; Zip Code		
100000	POBON 890, 2.	t W 76100	3	
8 PURPOSE	(a) Category (See categories listed at the top o	of this schedule) (b) De	scription (If travel o	outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting	C	ampai	in mge
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Offic	ce sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	te; Zip Code		
Athount (\$)	Payee address, Oity, Olat	e, zip code		
PURPOSE	Category (See categories listed at the top or	of this schedule) De:	scription (If travel o	outside of Texas, complete Schedule T)
OF			•	
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Offic	ce sought	Office held
Date	Payee name			
Date	1			
				122
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE	Category (See categories listed at the top or	of this schedule) Des	scription (If travel or	outside of Texas, complete Schedule T)
OF EXPENDITURE				
EXPENDITORE	<u> </u>			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Offic	ce sought	Office held
Date	Payee name		- X.=0	
	1			
		-11217		
Amount (\$)	Payee address; City; State	e; Zip Code		
	1			
	l .			
PURPOSE	Category (See categories listed at the top of	f this schedule) Des	scription (If travel or	utside of Texas, complete Schedule T)
OF	ı			
EXPENDITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Offic	ce sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDI	II F AS NEEDE	:D

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 14
2 FILER NAME	usan Warper		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	4	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/4/10	6 Contributor address; City; State; Zip Code of PUBAY 128, BANDURANT,	Ory James	25000	
	100 Max 1000 1 100 100	82122	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/3/13	Contributor address, City; State; Zip Code 3824 Monticello Dr., Force	t Morta	50000	
		16101	(If travel outside o	of Texas, complete Schedule T)
Principal occup	patign / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5 5 3	Contributor address; City; State; Zip Code 2828 Manorwood II,	9th	10000	
		76109	(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#_ Barbara McMahow		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/5/13	Contributor address; City; State; Zip Code 11840 Windwille In, Will	to, H	5000	
· · · · · · · · · · · · · · · · · · ·		16008		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)
7/1/13	Contributes address; City; State; Zip Code 4062 Mattison awt, It	W 76107	25000	
Dringing!	pation / Joh title (Coe Instructions)	Employer (Scale		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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Austin, Texas 78711-2070 **Texas Ethics Commission** P.O. Box 12070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 7 Amount of In-kind contribution Date contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution Date Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID# In-kind contribution Amount of contribution (\$) description (if applicable) City; State; Zip Code

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

Texas Ethics Cor	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS schedule A						
The	Instruction	Guide explains how to	complete this	s form.	1 Total pages Scho	edule A:
2 FILER NAME	u Mar	per			3 ACCOUNT # (E	hics Commission Filers)
4 Date	5 Full nam	ry Minister	of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5 10 13	6 Contributed 25 M	utobaddress; City; Status St. #	te; Zip Code	y, hy	20000	of Texas, complete Schedule T)
9 Principal occu	pation / Job t	itle (See Instructions)		10 Employer (See	1	ir lexas, complete occledule 1)
Date	Full nan	ne of contributor 🗆 out	-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/10/13	2031 V	. /1	ate; Zip Code 4, J. Y. V.	76110	10000	
Principal occu	pation / Job t	itle (See Instructions)		Employer (See		f Texas, complete Schedule T)
Date	Dan	Barrett	-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/11/13	6844 B	luts fu , Gity; Sta Luuts fu , Gitu	7/6/16		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job t	itle (See Instructions)		Employer (See	Instructions)	
Date	Edwa	rd C.Lasaster	of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/13/10	21016	Mard Plewy,	Joet 1	16116		f Texas, complete Schedule T)
Principal occu	pation tob t	itle (See Instructions)		Employer (See		
Date	Mar	y Cenn Ktar	rof-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/19/13	619	Rivercrest,	Allo	76101	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job t	itle (See Instructions)		Employer (See		

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME In-kind contribution 7 Amount of Date contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date In-kind contribution Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Date description (if applicable) contribution (\$) City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution ut-of-state PAC (ID#: description (if applicable) contribution (\$) City; State; Zip Code tributor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (if applicable) contribution (\$) 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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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME	Susan Darper		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor 9 out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/17/13	6 Contributor address; City; State; Zip Code	16109	10000	
	/200 accuracy -	<u> </u>	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / 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)
5/17/13	Contributor address; City; State; Zip Code 1600 Jepast, St. 2 603, 31		5000	1
		•		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor aut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/17/13	2701 Muling We, 9th		/00 00	
Principal occu	pation / Job title (See Instructions)	Employer (See I	11	
Date	Full natine of contributor aut-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/20/13	(contributor address; City; State; Zip Code 2805 alton Rd, Itle 761		50000	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PACND#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/20/13	Contributor address; City; State; Zip Code 4100 Barks Wt, JtW 1		100°C	
Principal occu	pation / Job title (See Instructions)	Employer (See		or rocked, complete consedic 1)

Austin, Texas 78711-2070

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Texas Ethics Co	mmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
		ONTRIBUTION PLEDGES (_	NS		SCHEDULE A
The	e Instruction	Guide explains how t	o complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Elisa	n Darper)		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full nam	e of contributor	t-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/21/13	111	tor address; City; S	State; Zip Code 1490, Jou		10000	 - -
9 Principal occu	upation / Job tit	le (See Instructions)		10 Employer (See		of Texas, complete Schedule T)
Date	Full nam	e of contributor of	out-of state PAG (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/21/13	Contribu		State: Zip Code John 16		50000	
	4731 1		304 16			of Texas, complete Schedule T)
Principal occu	ipation (Job tit	le (See Instructions)		Employer See	(hstructions)	
Date	Ela	ine Petr	out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/21/13	3736C		State; Zip Code	HU 16109	250 <u>00</u>	of Texas, complete Schedule T)
Principal occu	pation / Job tit	le (See Instructions)	,	Employer (See	1	revas, complete scriedule ()
Date	Hill	e of contributor The	ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/21/13	Contribut	or address; City; S	itate; Zip Code	12 76118	10000	
Principal occu	pation / Job tit	le (See Instructions)	01/9/0	Employer (See		f Texas, complete Schedule T)
Date	Full name Sary	, Le Vassel	ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/24/13	Contribute 2237)	or address; City; S	tate; Zip Code EUVE, GX	HU 76/18	2500	
Principal occu	pation / Job titi	e (See Instructions)		Employer (See		f Texas, complete Schedule T)
					,	
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A:		
2 FILER NAME	usan Jarper		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)	
5/24/13	6 Contributor address; City; State; Zip Code		25000		
	4705 Cennamon Sill, It	W 16/33	(If travel outside	f Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	FGII name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/24/13	Contributor address; City; State; Zip Code 3991 W. Vicktry, 9tW	76101	20000		
	0		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor Q out-of-plate PAC (ID# SECOND TO THE PACE (I		Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/24/13	Contributor address; City; State; Zip Code 8812 Mesa Dr., Austin	18159	10000	 	
Deinainal assura	policy / Joh Alde (Con Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	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)	
5/24/13	Gentributor address; City Ustate; Zip Code 3535 M Hh, Jth 1610	1	2500		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Multiname of contributor, Out-of-stalger Upit	7U	Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/24/13	Contributor address; City; State; Zip Code 2025 Mara Pkwy, Ita	1/16/10	// Margin outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		.,,	
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Gusan Darper		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Quit-of-state PAC (ID#_Citutes) Citutes Contributor Citutes Citut		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/24/13	6 Contributor address; City; State; Zip Code	16107	62500	 -
•	3983 (11. Vickery) 5000	16101	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/24/13	Contributor address; City; State/Zip Code	the min	3,000	
	2000 \$1010000000000000000000000000000000	16107	(If travel outside o	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instrugtions)	Employer (See I	nstructions) Au	f
Date	Full name of contributor out-of staje PAC (ID#_ McLinda Pachana		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/26/13	Contributor address; City; State; Zip Code 2608 Molkingwird Ct,	Isth 16109	3000 (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)
5/26/13	Contributor address; City; State; Zip Code 3304 Ultruld, Jew	16109	50000	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	unch Th	oney
Date	Fall name of contributor Day out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/25/13	Contributor address; City; State; Zip Code 201 Main 3t, 3te 2700, 3	Itth/6102	(If traval outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		H

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SCHEDULE A

The Ins	truction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME SU	usan Darper		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5	Full name of contributor out-of-state PAC (ID#_	tund	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/25/13	Contributor address; City; State; Zip Code 201 Main St, St. 2500, 3	21/1/2/2	150000	
	<u> </u>		•	of Texas, complete Schedule T)
9 Principal occupation	on / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full hame of contributory poul-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/25/13	Contributor address, City; State; Zip Code OBW 16514, 3±W 76162		10000	
'''	WISOU LESET JULY TOOM			
			(If travel outside	of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Deut-of-state PAC (ID#.)	Keenhell	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/25/13	Contributor address; City; State; Zip Code 208 Ashland WE, 3th	76107	250°00	
<u> </u>				of Texas, complete Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC/AP#_	nning	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/25/13	Contributor address; Cfty; State; Zip Code	O	100000	
2	al elvicos		/If traval autoida	of Texas, complete-Schedule T)
Principal occupation	on / Job title (See Instructions)	Employer (See I		enity Forks
Date	Full name of contributor out-of-state PAC (ID#	\	Amount of	In-kind contribution
Jake	Herk or Dumer De	earcy	contribution (\$)	description (if applicable)
5 25 13	Contributor address; City; State; Zip Code	W 76116	10000	
1 1 4	Suusimun pa, Sul	שוושן ע	القائمة المرامة المرامة	of Toyon, complete Schodule Ti
Principal accuration	on / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME	Eusan Darper		3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-fi-state BAC (ID#_	Lasater	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
5 25 13	6 Contributor address; City; State; Zip Code 38 15 Luly 2t, State 203,	9+41296111	100000		
	Jo 12 Sun Mon, One and 1	Ju 00 14110	(If travel outside o	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	7	
Date	full name of contributer gut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/25/13	Contributor address; City; State; Zip Code	1. 10. Z	5000	,	
' /	4200 5 Dulen, 5te 614, 5	to W 76119			
	100 3 0000000, //	10.01	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	sco Lana Co.	
Date	Full name of contributor and of-state PAC (ID#_		Amount of	In-kind contribution	
1 (UNICONTENNE PRICALLET		contribution (\$)	description (if applicable)	
5/26/13	Contributor addless; City; State; Zip Code	, 01	25000	1	
	1401 N Bowie, Meatherfor	a, 3476086		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# FULL & WHATEUD		Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/26/13	Contributor address; City; State: Zip Code 100 Hulling Rd, Clicko,	IL Mont	50000		
	100 / 0.00	. 10000	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	171	
Date	Full name of contributory out-of-state PAC (ID#:_	Heaver	Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/26/13	Contributor address; City; State; Zip Code 44110 Mestalale & Jth	76109	1000		
Principal accur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
-incipal occup	AND THE (OPE HENDENIE)	Linployer (See	maa aadona)		
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Eusan Parper		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorbut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/26/13	6 Contributor address; City; State; Zip Code 4410 Mutalale Ct, 9th		/0000 (If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/26/13	Contributor address; City; State; Zip Code 1404 3 address, Jt V 76		5000	`
Principal occuj	 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date /	Euil name of contributor out-of-state PAC (ID#_ Milliam & July On	ley	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/26/13	Contributor address; City; State; Zip Code PURY 128, Bondurant	01.11	250 D (If travel outside of	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 5/20/12	Foil name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
والعراد	5020 Sanbark, Dalla	1.000		 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	Gerson L'Extal
Date	Full name of contributor, Pout-of-state PAC (IDIE) Contributor, address; City; State; Zip Code	& Berry	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/29/13	6217 Denzoa Rd, 954	76116	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	llwood Real Est.
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	Gusan Jarper		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)
5/29/13	6 Contributor address; City; State; Zip Code 1207 Juliurust St., So.	et 10 76107	500 ac	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		our group LP
Date	Full name of contributor out-gl-state PAG (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/29/13	Contributor address; City; State; Zip Code 500 40 746 #27, 8te/007,	It was	500°	•
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full frame of contributor out-of-state PAG (ID#_	les	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/29/13	Contributor address; City; State; Zip Code		2500	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_	Ols	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contrib/ftor address/ City; State; Zip Code 3985 A Vickery Blvd,	AtW76107	2650 00_	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ DLUM)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/50/13	108 Enchanted Ct 71, 4	Wilson 1003		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	7/	ondona i assœ
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SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:						
2 FILER NAME SUSAN KARPER			3 ACCOUNT # (Ethics Commission Filers)					
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
2/20/19	3318 avondale ave, Joll	76109	250 (If travel outside o	 of Texas, complete Schedule T)				
9 Principal occup	Principal occupation / Job title (See Instructions) 10 Employer (See		nstructions)					
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)				
5/30/13	Contributor address; City; State; Zip Code 4200 J Julen Ste 6/7,	IHU 7/0/109	250∞	,				
		14101	(If travel outside o	of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)						
5/30/13	Full name of contributor out-of-state PAC (ID#_ BEALAND J. BURGUER		Amount of contribution (\$)	In-kind contribution description (if applicable)				
	Contributor address; City; State; Zip Code 1616 KWERCREST.CH, Ft	W 76107	250 ²⁰	 				
Principal occupation / Job title (See Instructions) Employer (ee Instructions)					
Date	First name of contributor out of state PAC (IDII:_	<i>'</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
5 30 13	Contributor address; City; State; Zip Code 2709 Manoruvod III,	INW 1610	500 CO	i i j of Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)				or coas, comprese confedere i/				
Date 6/3/13	Full name of contributor out-of-state PAC (ID) Out-of-state PAC (ID)	echman'	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	Contributor address; City; State; Zip Code 1229 Addy Oako In, It	W 76169	(If traval outside	i - 				
Principal occup	pation / Job title (See Vhstructions)	Employer (See I		or round, comprise confidence ()				
**								

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SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:					
2 FILER NAME	Dusun Narger		3 ACCOUNT # (E	thics Commission Filers)			
4 Date	5 Full name of contributor pout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
6/3/13	6 Contributor address; City; State; Zip Code 374/ Sum mercressor,	9.8W76109	25 W (If travel outside o	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#_ Brandy O'GUUN)		Amount of contribution (\$)	In-kind contribution description (if applicable)			
6/3/13	Contributor address; City; State; Zip Code 2837 Milling WE, Jt W	11.110	5000	1			
	2851 Dillungine, 3500	10110	(If travel outside o	of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)					
Date	Full name of contributor Pout-of-state PAC (IDIT)	arvey	Amount of contribution (\$)	In-kind contribution description (if applicable)			
6/5/13	Contributor address; City; State; Zip Code 4316 Ridgehawen Ct, 974W 16116		(If travel outside	 - 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code			 			
Principal occur	pation / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (ede :					
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		/IF travel outside	of Toyan, complete Schedule T			
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) Employer (See Instructions)					
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