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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MCS AShley NICKNAME LAST	Elizabeth SUFFIX	OFFICE USE ONLY Date Received			
	Paz	SUPPIX	4/11/15 3:2) HB			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1086 FOCK	STATE; ZIP CODE	Date Hand-delivered or Postmarked			
change of address		76104	Receipt # Amount			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (617) 965 - 1253	EXTENSION	Date Processed 4/11/13			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI	Date Imaged 4 /11/13			
	NICKNAME LAST HARPER	SUFFIX	,			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 2248 574 AVE	CITY; STATE; FORT WORTH, TX	ZIP CODE 76110			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 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 H / 10 /	Year 2013			
11 ELECTION	ELECTION DATE Month Day Year OS/11/2013 ELECTION TYPE Primary	Runoff	General Special			
12 OFFICE	OFFICE HELD (if any)		rict 9 School			
		Board T	rustee			
	GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	shley F	cz	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,562.67
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEN	IIZED \$ Ø
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4935.63
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	\$ 4935.63 PAY \$ 9827.04
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 Y OF THE REPORTING PERIOD	**
18 AFFIDAVIT			
-			perjury, that the accompanying report information required to be reported by
(**)	EDWARD L. SPEARS, II Notary Public, State of Texes My Commission Expres AUGUST 4, 2013	ash	
		signature of Can	idate or Officeholder
AFFIX NOTARY STAM		me by the said Achley Paz-	, this the
1	of April	12	ny hand and seal of office.
All	5	EDWARD SPEARS	MANDER BUSEPISC
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Susan Darper		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/7/2013	6 (Jontributor address; City; State; Zip Code 4901 Mail Luke We, Fort	t Storete . W	\$150	
	1,7101 2 4400 0 2100 100, 30 4	76109	(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#_Raymond Dickerson)		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/2013	Condributor address; City; State: Zip Code 3121 Mantalello Dr., 304	t Mottu.	\$ 500	
	Seyas	16101	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See i	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution
3/17/13	Saac Manning Contributor address; City; State; Zip Code 2217 Mindson Pl, For	rt Storth,	blovo as	description (if applicable)
	\mathcal{H}	76110		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		Inity Morks
Date /	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/19/13	Contributor address; City; State; Zip Code 2308 Winton Str.,	Fort Worth,	\$2500	
	JK 74	109	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	lef
Date	Full name of contributor out-of-state PAE (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/13	Contributor address; City; State; Zip Code 2/0/ Mara Pkwy, Jost	Storth,	\$ 500	
	JU 70	0110		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	ef .
	0			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Susan Darper		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)
3/18/13	6 Contributor address; City; State; Zip Code 2717 (2001) Pkwy, 30		\$50000	
	JL. 16	109	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	llef
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/13	Contributor address; City; State; Zip Code 31 Outte Musa Out, Jan	Raface,	\$2500	
	I	4901	(If traval autoide (of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete schedule 1)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/13	Contributor address; City: State; Zip Code 4918 N. 10th St., Cyark,	Mo 65721	\$25	
·			(If travel outside	of Texas, complete Schedule T)
Principal occu	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)
3/21/13	Contributor address; City; State; Zip Code 242 Dr. Hull St., McCattle,	Da 30307	\$100	
			(If travel outside	I of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/13	Contributor address; City; State; Zip Code 10321 John Mill No., Charle	tte, NC 18210	\$100	
<u> </u>				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

SCHEDULE A

The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Sci	hedule A:
2 FILER NAME	san Darper		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/25/13	6 Contributor address; City: State: Zip Code 3023 3, UNWCUSLING M.	#301, Fort	\$ 500	
		h, AL 76109		of Texas, complete Schedule T)
	upation / Job title (See Instructions)	10 Employer (See I	Instructions) Mu	miam I Stace Co.
Date	Full name of contributor out-of-state PAC (ID#_ 3rancus & McCarthy		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/13	Contributer address; City; State; Zip Code 1208 St. Magnalla, First 1	Grorth, N	\$200	
		76104	(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor Out-of-state PAC (ID#_ M/M Hund. RVach		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/13	Contributor address; City; State; Zip Code 2805 alton Rd, Fort Mod		\$ 500	
		76109	(If travel outside c	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/13	201 Naun St. State; Zip Code, 201 Naun St. State; Zip Code, 31	Fort Proeth,	\$500	
Principal occur	pation / Job title (See Instructions)	L 74102	(If travel outside o	of Texas, complete Schedule T)
(Na		Employer (See In	Operating	Company, LLC.
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/13	7	Tost Shorta,	\$ 100	:
Principal occur	pation / Job title (See Instructions)			f Texas, complete Schedule T)
	audit 7 300 title (See Instituctions)	Employer (See In	structions)	

SCHEDULE A

	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	hedule A:
2 FILER NAMI	Usan Sarper		3 ACCOUNT # (E	Ethics Commission Filers)
3/25/13	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		· · · · · · · · · · · · · · · · · · ·
Date 2/nc//n	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/20/10	Contributor address; City; State; Zip Code 2210 Meatherwee St., Sh		150	
	JK 7	16/10	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See li		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/13	Contributor address; Oty; State; Zip Code 15/8 TUP SUMW, Fort Short	th, IV. 16104	#30	ATours consider O to 11 To
Principal occuj	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/10	Contributor address; City; State; Zip Code, 3414 Clarke ave, State		\$ 25	
Principal occur	pation / Job title (See Instructions)	6107	(If travel outside of	Texas, complete Schedule T)
	action, 555 title (See Matheetions)	Employer (See In	istructions)	
Date 3/25/13	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	2258 Fairmount, Fort &	roeth, N	\$20	
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)

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SCHEDULE A

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	san Narper		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ RUMAN RULLU 6 Contributoryaltdress; / City; State Zip Coppe		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
المحال	6 Contributor address; City: State Zip Core 2100 MEMPHUL, FORT 110	rtu, A. 16110	\$20]
9 Principal accu	pation / Job title (See Instructions)			of Texas, complete Schedule T)
9 Frincipal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor Jout-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/23/13	Contributor address, City; State: Zin Code 1916 Oth WE, Fort North		\$ 40	
	,	76110	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II		rexas, complete scriedule 1)
Date	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/13	Contributor address; City; State; Zip Code 2215 Mult Park 1964, 91		\$100	
Principal occur				f Texas, complete Schedule T)
Frincipal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/13	Contributor address; City; State; Zip gode, 2214 Jurmount, Jurn Jurn Jurn Jurn Jurn Jurn Jurn Jurn	Broctu,	\$50	1
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/26/10	Contributor address; City: State; Zip Jode 2031 Ward TRWY, Ford	Storth, 46110	\$ 100	
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

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. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Date Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) ut-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution 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) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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. FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Date Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution 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

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	san Warper		3 ACCOUNT# (E	thics Commission Filers)
4 Date 4 2/13	5 Full name of contributorout-of-state PAC (ID#	th, DK 76107	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See	1	of Texas, complete Schedule T)
Date 4/2/13	Full name of contributor out-of-state PAC(ID#_ PACIFEL WILKES Contributor address; City; State; Zip Code 1425HENDERSON, ST, FAW.	·		In-kind contribution description (if applicable) CRAPHIC DESIGN of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/2/13	Full name of contributor out-of-state PAC (ID#_ Put Fundres Contributor address; City; State; Zip Code LIOS Cinnamon Hill D	۲.	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	Fort Worth, TX 76133 pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T)
T Tiricipal occup	salon, 300 title (Get instructions)	Employer (dee 1	matructiona)	
Date 4/2/13	Full name of contributor out-of-state PAC (ID#:_ Semueth Darrett Contributor address; City; State; Zip Code 6/07 30 Uthwest Duy, 5 te And Martin	250, , N 76109	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occuş	pation / Job title (See Instructions) AUMER	Employer (See 1		of Texas, complete Schedule T)
Date ###################################	Full name of contributor out-of-state PAC (ID#:	Morth, 76/16 Employer (See I		In-kind contribution description (if applicable) of Texas, complete Schedule T)
	ATTACH ADDITIONAL CODIES C	AE TUIC COUEDIU F	AC NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME	2 FILER NAME 4			3 ACCOUNT # (Ethics Commission Filers)		
	Ousan Sarper			10		
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
4/2/13	6 Contributor address; City; State; Zip Code		\$40	 		
			(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#_ Western M. Geren, Jr. Ma.	nagement	Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/2/13	Contributor address; City; State; Zip Code 4200 J. Juliu H., Ste 61	9, Stust	100	 		
	Sort Worth, IN 761	109	(If travel outside o	l 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	In-kind contribution		
4/2/13	Contributor address; City; State; Zip Code 1229 Shady Oaks Sm	hman Fort North	scontribution (\$)	description (if applicable)		
	M.	16107	(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
4/5/13	Pel 134 472179, Fort Mo	rtn, N 16147	\$ 100			
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#:)	Amount of	In-kind contribution		
1/1/12	Jane & & Dary M. Cumul Contributor address: Ony: State: Zip Code	lico	contribution (\$)	description (if applicable)		
4410	400 Stillow Ridge Rd, J	ort North,	\$50			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
i incipal occup	Saudin 7000 title (Occ matidations)	Employer (Gee I				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	usandarper	N	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 4/9/13	5 Full name of contributor out-of-state PAC (ID#_ Made unn flet 6 Contributor address; City; State; Zip Code 4204 Manock at, Joan	t Storth,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	J. 7	16109	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date /	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/13	Contributor address; City; State; Zip Code 4805 Spring willow Rd,	Fort Proute	\$ 100	
	\mathcal{W}	76109	VIE traval autoida	 of Toyon, complete Schodule T\
Principal occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)
- Tillcipal occup	validity 300 title (See instructions)	Limployer (Gee 1	matructions)	
Date	Fully name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/13	Contributor address; City; State; Zip Code 2857 Lakbriar Scl., 300	_	\$ 25	[]
	N 76.	109	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/7/13	Contributor address; City; State; Zip Code		467.64	1 Campaign 1 Wardrobe
	1301 Humble CT, Fort Wort	n. Tx 76107		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Principal occup	validity 300 title (366 ilistractions)	Employer (See 1	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
3/23/13	Brad Morican Contributor address; City; State; Zip Code 1701 Sittenderson, Fortwor	+	\$30.00	description (if applicable) Beer for kickoff Party
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or revas, complete sollecture ()
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDULE	AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Con Solicitation/Fundrais	ing Expense T		nt & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District		ontributions/Donations Candidate/Officehole	Made By der/Political Committee
Fees	Printing Expense	Office Overhead/Re	· · · ·	THER (enter a catego	
	The Instrucțion Guide	e explains how to co	omplete this form	•	
1 Total pages Schedule F:	2 FILER NAME SUSPER	·)		3 ACCOUNT # (E	thics Commission Filers)
4 Date 3/15/13	5 Payee name				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
4800	84 LAVE Station,	Fort Aron	th, N 7	6110	
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If	travel outside of Texas, cor	nplete Schedule T)
OF EXPENDITURE	office overhead	rental exp	Pa	Bax rente	te
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office sought		Office held
Date 3 17 13	Payee name Haples				
Amount (\$)	Payee address; City; St	tate; Zip Code			
34.06	1600 5 Universe		t North	, IV. 7610	7
PURPOSE	Category (See categories listed at the to	p of this schedule)		travel outside of Texas, cor	·
OF EXPENDITURE	office overnead/re	ntal Exp.	office	, Supplie	5 0
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office sought		Office held
Date 3/23/13	Payee name. Parmer	1			
Amount (\$)	Payee address; City; St	ate; Zip Code			
1000.00	Pa Bax 11517, =	Fort Stor	th, W	96110	
PURPOSE	Category (See categories listed at the to	·	•	travel outside of Texas, cor	mplete Schedule T)
OF EXPENDITURE	Consulting EXF	Pense	Con	sulting	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sought	<i>b</i>	Office held
3/23/13	The Bastron				
Amount (\$)	Payee address; City; St				
749.63	2100 Demphile,	Fort Pro	oth, Il	.76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Went EXPENSE		•	travel outside of fexas, con	nplete Schedule T) - H EVENT
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	Legal Services	Salaries/Wages/Co Solicitation/Fundrai	sing Expense T		ent & Related Expense
Consulting Expense Event Expense		Travel In District Travel Out Of District		ontributions/Donation Candidate/Officeho	ns Made By Ilder/Political Committee
Fees		Office Overhead/Re	ental Expense C	THER (enter a categ	ory not listed above)
	The Instruction Guide	explains how to	complete this form	1.	
1 Total pages Schedule F:	2 FILER NAME AUSAN DE	arper		3 ACCOUNT#(Ethics Commission Filers)
3 21 13	5 Payee name Staples				
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	24	4 (
\$ 12.76	1600 5. Universi	ity, Fort	Groth,	W. 76101	7
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)		travel outside of Texas, c	
OF EXPENDITURE	office overhead/ren	tal exp.	offu	ie Supply	£5
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date 3/29/13	Paysename Parme	ie)			
Amount (\$)	Payee address; City; Stat	te; Zip Code			
1300.00	Pa Box 11517,	Fort St	orth, M	76110	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Consulting &	spense	con	sulting	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	<i></i>	Office held
Date 4 / 1 / 13	Wy Nessane Design &	Paphies	/		-
Amount (\$)	Payee address; City; State	e; Zip Code			
\$ 1519.05	12404 Dury 153	75, Syl	ler, IX	15403	
PURPOSE	Category (See categories listed at the top of	<u> </u>		travel outside of Texas, c	-
OF EXPENDITURE	advertising of	Jense	Camp	algu Il	gns
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	<i>V</i>	Office held
Date 4/11/13	Payee name . Navus Parme	と			
Amount (\$)	Payee address; City; State	e; Zip Code		1	
\$1150.08	Pl Bay 11517,	Fort Ar	orth, M	16110	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Consulting Of &	rense	Con	sulting	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeh order name OH		Office sought	0	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense		
1 Total pages Schedule G:	2 FILER NAME AShley Paz		3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/19/2013	5 Payee name Staples		
6 Amount (\$) 15.14 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1600 S University Drive		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Supplies		n (If travel outside of Texas, complete Schedule T)
3/123/2013	Payee name Balloons Fantast. que		
Amount (\$) 17.65 Reimbursement from political contributions	Payee address; City; State; Zip Code 1607 W Berry St. Ft. Worth, TX 76110		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVEN+ Expense	Description	(If travel outside of Texas, complete Schedule T) Party Decor
Date 3/19/2013	Payee name Trader Joe's		
Amount (\$) SQ.34 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2701 Hulen, Fort Worth, TX 76109		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVEN+ Expense		Refreshments/Stock
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED