

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">20</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR William K NICKNAME LAST SUFFIX "Ken" TRAPSCOTT Jr	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 571265 DALLAS TX 75357	Date Received <div style="text-align: center; font-size: 1.5em;">2018 FEB 26 PM 3:41</div> DALLAS COUNTY TEXAS JOHN F. WARREN COUNTY CLERK	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 203-8575	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR STEPHEN K NICKNAME LAST SUFFIX JOHNSTON	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3102 OAK LAWN AVE SUITE 1100 DALLAS TX 75219		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 521-3605 x524		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 THROUGH Month Day Year 01/26/18 02/24/18		
11 ELECTION	ELECTION DATE Month Day Year 03/06/18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) JUDGE, COUNTY CLERK AT LAW #4	13 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME William K TRSCOTT Jr

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

TURNOUT TEXAS PAC

SPECIFIC

COMMITTEE ADDRESS

2504 SUMMIT DRIVE
IRVING TX 75062-5320

COMMITTEE CAMPAIGN TREASURER NAME

DAVID BARDLEY

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

2504 SUMMIT DRIVE
IRVING TX 75062-5320

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 14,864.40

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 50,929.04

CONTRIBUTION
BALANCE

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

\$ 28,381.96

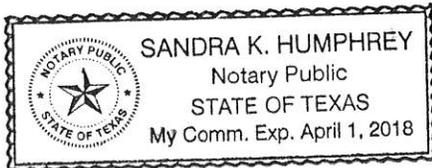
OUTSTANDING
LOAN TOTALS

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

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said William K TRSCOTT Jr, this the 26TH day of FEB, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sandra K Humphrey
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME <i>William K TAPSCOTT Jr</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ <i>9900</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>4964.40</i>
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>48,729.04</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>2,200-</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

1 OF 6

2 FILER NAME

William K TAPSCOTT J

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/18

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

HEALTH PAC - DALLAS COUNTY MEDICAL SOCIETY

6 Contributor address; City; State; Zip Code

P.O. BOX 4680 DALLAS, TX 75208

7 Amount of contribution (\$)

2,500.00

8 Contributor's principal occupation

PAC

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

2/15/18

Full name of contributor out-of-state PAC ID#: _____

K.P. BUTSCOCK, P.C.

Contributor address; City; State; Zip Code

550 FAWN LN, SUITE 240 BEAUMONT TX 77701

Amount of contribution (\$)

100.00

Contributor's principal occupation

MEDIATION

Contributor's job title

Law Firm

Contributor's employer/law firm

Law Firm

Law firm of contributor's spouse (if any)

—

If contributor is a child, law firm of parent(s) (if any)

Date

2/8/18

Full name of contributor out-of-state PAC ID#: _____

AVANT LAW FIRM

Contributor address; City; State; Zip Code

1595 N. CHITRA EXPWY PLYMOUTH, TX 75080

Amount of contribution (\$)

250.00

Contributor's principal occupation

LAW FIRM

Contributor's job title

OWNER

Contributor's employer/law firm

SELF

Law firm of contributor's spouse (if any)

—

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 2 of 6
2 FILER NAME William K. T. Scott Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ RYAN McCOMBER	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 4203 MARSHALL ROAD DALLAS, TX 75229		
8 Contributor's principal occupation LAWYER		9 Contributor's job title LAWYER
10 Contributor's employer/law firm F. G. Mc DANIEL		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/1/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DANIEL C. PHELPS	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 10440 N. CENTRAL EXPRESSWAY SUITE 950 DALLAS, TX 75231		
Contributor's principal occupation ATTORNEY - GENERAL		Contributor's job title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any) -
If contributor is a child, law firm of parent(s) (if any)		

Date 2/6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ROBERT V. KELLY	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4830 STONY BROOK DR DALLAS TX 75287		
Contributor's principal occupation ATTORNEY		Contributor's job title PARTNER
Contributor's employer/law firm SIOWAY AUSTIN		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3 of 6
2 FILER NAME William K TRISCOTT JR		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ TERMIK DEPRATT KHSBAIN	7 Amount of contribution (\$) 2,500.00
6 Contributor address; City; State; Zip Code 6131 NORWAY RD DALLAS TX 75230		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY
10 Contributor's employer/law firm STUTZMAN, BLONSKOG		11 Law firm of contributor's spouse (if any) MUNCK WISON
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ VAN WELY LAW P.C.	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 12720 HULLCREEK RD. #701 DALLAS TX 75230		
Contributor's principal occupation LAW FIRM		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LISA WU PAVITT	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 2206 SHARI LANE @ PLANO, TX 75043		
Contributor's principal occupation RETIRED		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 4 of 6
2 FILER NAME William K TRAYCOTT Jr		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ SHAN COX	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 12720 HILLCREST RD. SUITE 1045 DALLAS, TX 75220		
8 Contributor's principal occupation Attorney		9 Contributor's job title ATTORNEY
10 Contributor's employer/law firm STUCKER COGIMAN		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ FAITH BUNER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4925 CRENSHAW AVE. SUITE 200 DALLAS TX 75206		
Contributor's principal occupation MD. AOR		Contributor's job title OWNER
Contributor's employer/law firm SELF-FAITH BUNER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/15/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ CHARLES OLIVER	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 4925 CRENSHAW AVE. SUITE 200 DALLAS TX 75206		
Contributor's principal occupation MD. AOR		Contributor's job title OWNER
Contributor's employer/law firm CHARLES OLIVER MEDICATIONS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 5 of 6
2 FILER NAME William K. T. Pickett Jr		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ROBERT KEMP	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 4145 TAVIS ST. #201 DALLAS, TX 75204		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title OWNER
10 Contributor's employer/law firm ROBERT KEMP - SELF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/16/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRYTON WILLIAMS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8150 N. CENTRAL EXPWY 10TH FLOOR DALLAS, TX 75206		
Contributor's principal occupation ATTORNEY		Contributor's job title SENIOR COUNSEL
Contributor's employer/law firm KLEINFELDER LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/24/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ALLEN VAUGHN CAMPBELL	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 3102 OAKLAND AVE #110 DALLAS, TX 75219		
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm BROWN + BUDP, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>6 of 6</i>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kevin Queenan</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>731 Station Dr. Arlington, TX 76015</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>owner</i>
10 Contributor's employer/law firm <i>Queenan Law Firm, P.C.</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 OF 4</i>	
2 FILER NAME <i>William K TRSCOTT JR</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>7/23/18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TEXAS DEMOCRATIC PARTY</i>	8 Amount of Contribution \$ <i>3,225.00</i>	9 In-kind contribution description <i>VAN ACCESS JO-ER FILE</i>
7 Contributor address; City; State; Zip Code <i>1106 LAVACA SUITE 100 AUSTIN TX 78701</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>POLITICAL PARTY</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>1/26/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TURNOUT TX PAC</i>	Amount of Contribution \$ <i>252.31</i>	In-kind contribution description <i>PUSH CHAIRS / DOOR HANDLES</i>
Contributor address; City; State; Zip Code <i>2504 SUMMIT DR FORT WORTH TX 76102</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>PAC</i>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>2 of 4</i>	
2 FILER NAME <i>William W Tapscott Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>1/30/18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TURNOUT TX PAC</i> 7 Contributor address; City; State; Zip Code <i>2504 SUMMIT DR. FALWING TX 75002</i>	8 Amount of Contribution \$ <i>354.82</i>	9 In-kind contribution description <i>MAILER</i>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
11 Employer (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL) <i>PAC</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>2/8/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TURNOUT TX PAC</i> Contributor address; City; State; Zip Code <i>2504 SUMMIT DR. FALWING, TX 75002</i>	Amount of Contribution \$ <i>152.23</i>	In-kind contribution description <i>DOOR HANGERS</i>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's principal occupation (FOR JUDICIAL) <i>PAC</i>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>3 OF 4</i>	
2 FILER NAME <i>William K T. Scott Jr</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/19/18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TURNOUT TX PAC</i>	8 Amount of Contribution \$ <i>77.32</i>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <i>2504 Summit Dr Irving TX 75062</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <i>PAC</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>2/19/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TURNOUT TX PAC</i>	Amount of Contribution \$ <i>231.96</i>	In-kind contribution description
Contributor address; City; State; Zip Code <i>2504 Summit Dr Irving TX 75062</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>PAC</i>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4 of 4	
2 FILER NAME William K TRISOTT J		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 2/21/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNOUT TX PAC	8 Amount of Contribution \$ 119.39	9 In-kind contribution description SLATE CARDS
7 Contributor address; City; State; Zip Code 2504 Summit Dr Irving TX 75062		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) PAC		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 2/22/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNOUT TX PAC	Amount of Contribution \$ 551.37	In-kind contribution description
Contributor address; City; State; Zip Code 2504 Summit Dr Irving TX 75062		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) PAC		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1006	2 FILER NAME William C. TAPSCOTT Jr	3 Filer ID (Ethics Commission Filers)
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4 Date 12/29/18	5 Payee name Melissa Kethols
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6 Amount (\$) 5,000-	7 Payee address; City; State; Zip Code 1710 S. HARWOOD ST. DALLAS TX 75215
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/31/18	Payee name DALLAS TEJANO DEMS
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Amount (\$) 30-	Payee address; City; State; Zip Code 3330 N. GATEWAY MESQUITE TX 75150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMBERSHIP FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/1/18	Payee name MARK KNIGHT
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Amount (\$) 300-	Payee address; City; State; Zip Code PO. BOX 150711 DALLAS TX 75215
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 6</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/2/18</i>	5 Payee name <i>HEADBUCKLE PHOTOGRAPHY LLC</i>
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6 Amount (\$) <i>270.62</i>	7 Payee address; City; State; Zip Code <i>214 S. TYLOR ST. DALLAS TX 75208</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PHOTOGRAPHY EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/5/18</i>	Payee name <i>PRIMY ELETES PRINTING</i>
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Amount (\$) <i>11,691.00</i>	Payee address; City; State; Zip Code <i>1710 S. HARWOOD ST. DALLAS TX 75215</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING OF MAILERS</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/6/18</i>	Payee name <i>THE OCHER DESK</i>
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Amount (\$) <i>12,776.59</i>	Payee address; City; State; Zip Code <i>9840 MONROE DR suite 104 DALLAS TX 75220</i>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>MAILING / POSTAGE FOR MAILER</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3086	William K. Tarscott Jr	
4 Date	5 Payee name	
2/7/18	KOWROS + PARTHESOD	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
90.93	4733 DON DR. DALLAS TX 75247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	BANKING/PROMOTIONAL EXPENSE	
		(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
2/10/18	Mark Krueger	
Amount (\$)	Payee address; City; State; Zip Code	
1,000.00	P. O. BOX 150 711 DALLAS TX 75215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	ADVERTISING/CARD DISTRIBUTION	
		Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
2/12/18	BEYOND THE SLOW / ZACH BULLARD	
Amount (\$)	Payee address; City; State; Zip Code	
250.00	P.O. BOX 140101 DALLAS TX 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	ADVERTISING/PUSH CARD DISTRIBUTION	
		Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 6	2 FILER NAME William K TRSCOTT Jr	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/18	5 Payee name DAVIS EXAMINER	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code P.O. BOX 3720 DALLAS TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/13/18	Payee name JMI MULTIMEDIA LLC		
Amount (\$) 200.00	Payee address; City; State; Zip Code 922 DRAGON ST DALLAS TX 75207		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/FILMING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/18	Payee name COLEEN + COLEEN CO		
Amount (\$) 500.00	Payee address; City; State; Zip Code 3947 MACCUM X BLVD. DALLAS TX 75215		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>5 of 6</i>	2 FILER NAME <i>William K DABCOIT</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/16/18</i>	5 Payee name <i>GREGORY JOHNSON</i>	
6 Amount (\$) <i>340.00</i>	7 Payee address; City; State; Zip Code <i>3857 MILLER PARK DR. CARLISLE, TX 75042</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING / CARDS / BANNER DISTRIBUTION</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>2/7/18</i>	Payee name <i>THE NEW MEDIA FIRM</i>	
Amount (\$) <i>15,000</i>	Payee address; City; State; Zip Code <i>1730 RHOE ISLAND AVE, N.W. SUITE 213 WASHINGTON, DC 20036</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>2/7/18</i>	Payee name <i>CHASE BANK</i>	
Amount (\$) <i>35-</i>	Payee address; City; State; Zip Code <i>270 PARK AVE. NY, NY 10017</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEE FOR ELECTRONIC WIRE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER/NAME	3 Filer ID (Ethics Commission Filers)
6 of 6	William K. TRISOTT ✓	
4 Date	5 Payee name	
2/2018	PAYPAL	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
294.90	2211 NORTH FIRST ST. SAN JOSE CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees from online DONATIONS	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME: <i>William K TRISOTT J</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date: <i>2/23/18</i>	6 Payee name: <i>TEXAS DEMOCRATIC PARTY</i>	
7 Amount (\$): <i>2,200.00</i>	8 Payee address; City; State; Zip Code: <i>1106 LAVACA SUITE 100 AUSTIN TX 78767</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>VAN ACCESS - FEES VOTER DATA FOR MAILING</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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