

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **FILED**
COVER SHEET PG 1

2018 JUL 16 PM 5:11
18

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
JUDGE William K
TAPSCOTT Jr

JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY

Date Received BY DEPUTY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO BOX 571265
DALLAS TX 75357

Change of Address

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
NICKNAME LAST SUFFIX
MR. STEPHEN
JOHNSTON

Receipt # Amount \$

Date Processed

Date Imaged

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

- 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 Year
05/13/18 06/30/18

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
JUDGE, COUNTY COURT
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 TAPSCOTT Jr 15 Filer ID (Ethics Commission Filers)

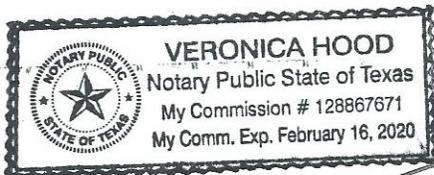
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>TURNOUT TX PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>2504 SUMMIT DRIVE</u>
	<u>IRVING TX 75062-5320</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>DAVID BRADLEY</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>2504 SUMMIT DRIVE</u>
	<u>IRVING TX 75062-5320</u>

Additional Pages

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)	\$ 24,706.18
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,854.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,598.79
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William K Tapscott Jr, this the 16th day of July, 20 18, to certify which, witness my hand and seal of office.

Veronica Hood Veronica Hood notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>William K. TRPSCOTT 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)	\$ 24,200-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 506.18
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	\$ 23,874.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,980-
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 8

2 FILER NAME

William K. TAPSCOTT JR

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/18

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

JERRY ALEXANDER

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

2500 RENAISSANCE TOWER DRIVE, TX 75270

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY/PARTNER

10 Contributor's employer/law firm

PASENA JONES

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

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

Date

5/14/18

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

CHRIS LUNA

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. BOX 131523 DALLAS TX 75313

Contributor's principal occupation

ATTORNEY

Contributor's job title

IN HOUSE COUNSEL

Contributor's employer/law firm

T-MOBILE

Law firm of contributor's spouse (if any)

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

Date

5/14/18

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

TEANSTARS LOCAL 745 PAC/DISK FUND

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

10007 JONKIN DALLAS TX 75217

Contributor's principal occupation

PAC

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:

2058

2 FILER NAME

William K TAPSCOTT JR

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/18

5 Full name of contributor

JONSTON / TORBY / BARUCH

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

2,000-

6 Contributor address;

3308 OAK GROVE AVE DALLAS TX 75204

City; State; Zip Code

8 Contributor's principal occupation

LAW FIRM

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

5/4/18

Full name of contributor

RAYTON LAW GROUP

out-of-state PAC ID#: _____

Amount of contribution (\$)

250.00

Contributor address;

1222 MORIT DRIVE, SUITE 1200 DALLAS, TX 75251

City; State; Zip Code

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

5/4/18

Full name of contributor

MOLLY SCOTT

out-of-state PAC ID#: _____

Amount of contribution (\$)

100.00

Contributor address;

7557 RAMBLER RD SUITE 950 75231-2313

City; State; Zip Code

Contributor's principal occupation

ATTORNEY

Contributor's job title

OWNER / PARTNER

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:

3 of 8

2 FILER NAME

William K. T. Scott Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/18

5 Full name of contributor

TORIN SHERWOOD

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

2926 MAPLE AVE. SUITE 200 DALLAS, TX 75201

8 Contributor's principal occupation

Attorney

9 Contributor's job title

OWNER

10 Contributor's employer/law firm

Self

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

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

Date

6/15/18

Full name of contributor

CWA COPE PAC

out-of-state PAC ID#: _____

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code

501 3rd ST, NW WASHINGTON, D.C. 20001

Contributor's principal occupation

PAC

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

5/21/18

Full name of contributor

Avery + Cravotta Williams

out-of-state PAC ID#: _____

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4428 Emerson Ave Dallas, TX 75205

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

McKool Smith

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 8

2 FILER NAME

William H. TRSCOTT Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/18

5 Full name of contributor

out-of-state PAC ID#:

HENRY + KRIKE ~~W~~ WEHLMANN

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

1700 Pacific Ave. Suite 3700 Dallas, TX 75201

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

FARROW GILLESPIE

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

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

Date

5/21/18

Full name of contributor

out-of-state PAC ID#:

TERRI HODGE

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code

7106 ABRAHAM ST. DALLAS TX 75231

Contributor's principal occupation

POLITICAL CONSULTING

Contributor's job title

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

5/21/18

Full name of contributor

out-of-state PAC ID#:

BLINDEN LAW FIRM

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

2217 HARWOOD ROAD BECKLEY, TX 76021

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)

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 8

2 FILER NAME

William K. TAPSCOTT Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/18

5 Full name of contributor

out-of-state PAC ID#:

LAW OFFICE OF JOE STALEY, JR. P.C.

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3100 MONTICELLO AVE, SUITE 850 DALLAS, TX 75205

8 Contributor's principal occupation

LAW FIRM

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

5/21/18

Full name of contributor

out-of-state PAC ID#:

BURTON + RYBURN, L.L.P.

Amount of contribution (\$)

1,000 -

Contributor address;

City; State; Zip Code

~~2117~~ 500 N. AKARD, SUITE 3100 DALLAS, TX 75201

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

5/21/18

Full name of contributor

out-of-state PAC ID#:

THOMPSON + KNIGHT PAC

Amount of contribution (\$)

1,000 -

Contributor address;

City; State; Zip Code

1722 SOUTH ST. SUITE 1500 DALLAS, TX 75201

Contributor's principal occupation

LAW FIRM PAC

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:

6 of 8

2 FILER NAME

William K. TRAPSCOTT Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/18

5 Full name of contributor

out-of-state PAC ID#:

UA PLUMBERS & STEAMFITTERS LOCAL 100 PAC

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City; State; Zip Code

3629 W. Miller Rd. Garland, TX 75041

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

5/14/18

Full name of contributor

out-of-state PAC ID#:

ROBERT KEMP

Amount of contribution (\$)

2,500.00

Contributor address;

City; State; Zip Code

4145 FRED TAVIS ST. #201 DALLAS TX 75204

Contributor's principal occupation

ATTORNEY/SELF

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

5/14/18

Full name of contributor

out-of-state PAC ID#:

JAMES YOUNG

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3400 S. WHARSTONE DR. SUITE 114 PLANO TX 75073

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

CULHANE MEADOWS PLLC

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:

7 of 8

2 FILER NAME

William K. T. Scott Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/15/18

5 Full name of contributor

Chai's PAVAFIBER

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3232 McKinney Ave. Suite 610 Dallas, TX 75204

8 Contributor's principal occupation

Attorney

9 Contributor's job title

PARTNER

10 Contributor's employer/law firm

Simon Bekker Spink PAVAFIBER

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

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

Date

5/15/18

Full name of contributor

ALMAZHI, MALEWHIAN, + SKRUVES A

out-of-state PAC ID#: _____

Amount of contribution (\$)

5,000 -

Contributor address;

City; State; Zip Code

9330 LBJ HWY Suite 120 Dallas, TX 75243

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

5/15/18

Full name of contributor

ABDUL KHAAN

out-of-state PAC ID#: _____

Amount of contribution (\$)

2,000 -

Contributor address;

City; State; Zip Code

4355 I-30 #100 Mesquite, TX 75150

Contributor's principal occupation

DOCTOR / SURGEON

Contributor's job title

DOCTOR / SURGEON

Contributor's employer/law firm

SOUTHWEST EYE CLINIC

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:

8 of 8

2 FILER NAME

William K. T. Scott Jr

3 Filer ID (Ethics Commission Filers)

4 Date

5/6/18

5 Full name of contributor

Wesley Chambers

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

100 -

6 Contributor address;

City; State; Zip Code

1301 E. Collins Blvd #490 Richardson, TX 75081-2981

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Ayik + Assoc

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

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

Date

5/21/18

Full name of contributor

John Duncan

out-of-state PAC ID#: _____

Amount of contribution (\$)

2,500 -

Contributor address;

City; State; Zip Code

349 GAs Courts Blvd. Suite C Irving, TX 75039

Contributor's principal occupation

Body/Health scans

Contributor's job title

Owner

Contributor's employer/law firm

Viascan

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

out-of-state PAC ID#: _____

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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)

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:
1 of 1

2 FILER NAME
William W. TRISOTT Jr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
5/16/18

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

TUNNOR TX PAC

7 Contributor address; City; State; Zip Code

2504 SUMMIT DRIVE, IRVING, TX 75062

8 Amount of Contribution \$
506.18

9 In-kind contribution description
PHONE BANK SERVICES

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)

PAC

14 Contributor's employer/law firm (FOR JUDICIAL)

PAC

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

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

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)

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 6	2 FILER NAME William K TAPSCOTT Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5/15/18	5 Payee name NATHAN LEWIS	
6 Amount (\$) 6,000-	7 Payee address; City; State; Zip Code 848 TIMBER DELL DALLAS TX 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE/ POLLING/SOLICITATION	(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
---	-------------------------------	---------------	-------------

Date 5/16/18	Payee name CRAWFORD MARTIN		
Amount (\$) 120.00	Payee address; City; State; Zip Code 7805 CAMINO DALLAS TX 75248		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLL GREETING/ SOLICITATION	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 5/17/18	Payee name DOUG DAUGHTRY		
Amount (\$) 720.00	Payee address; City; State; Zip Code 9503 ZELKOVA CIRCLE DALLAS TX 75249		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLL GREETING/ SOLICITATION	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 206	2 FILER NAME William K TRIScott Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5/18/18	5 Payee name NISA ORTIZ	
6 Amount (\$) 720.00	7 Payee address; City; State; Zip Code 7229 FERGUSON RD. # 3403 DALLAS TX 75228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLL COLLECTING/ SOLICITATION	(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 5/18/18	Payee name Priscilla CISNROS	
Amount (\$) 720.00	Payee address; City; State; Zip Code 1912 HOLCOMB RD. DALLAS TX 75217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLL COLLECTING/ SOLICITATION	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 5/18/18	Payee name JULIE VASQUEZ (ALONZO)	
Amount (\$) 625-	Payee address; City; State; Zip Code 2510 S. MARSHALL AVE. DALLAS TX 75216	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLL COLLECTING/ SOLICITATION	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 6	2 FILER NAME William V. T. Scott Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5/19/18	5 Payee name TASHA CHAPPEL	
6 Amount (\$) 680.00	7 Payee address; City; State; Zip Code 4431 POINT BLVD #205 CARLAND TX 75043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLL GATHERING/ SOLICITATION	(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 5/19/18	Payee name LETA MAE WESTBROOK	
Amount (\$) 560.00	Payee address; City; State; Zip Code 2516 CUMBERLAND DR. CARLAND TX 75041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLL GATHERING/ SOLICITATION	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 5/19/18	Payee name DEMOCRACY TOOLBOX	
Amount (\$) 600.00	Payee address; City; State; Zip Code 8813 FALCONCREST DR. MCKINNEY TX 75070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	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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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: **4 of 6** 2 FILER NAME: **William K TRAPSCOTT Jr** 3 Filer ID (Ethics Commission Filers)

4 Date: **5/19/18** 5 Payee name: **SHIRLEY DANIELS**

6 Amount (\$): **2,000 -** 7 Payee address; City; State; Zip Code: **1360 FOX GLENN
CHOP HILL 75104**

8 PURPOSE OF EXPENDITURE: **POLL COLLECTING / SOLICITATION**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **5/19/18** Payee name: **BEYOND THE SLOGAN / ZACH BULLARD**

Amount (\$): **600 -** Payee address; City; State; Zip Code: **P.O. BOX 140101
DALLAS TX 75214**

PURPOSE OF EXPENDITURE: **CONSULTING / SOLICITATION**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **5/20/18** Payee name: **BEYOND THE SLOGAN / ZACH BULLARD**

Amount (\$): **1,000 -** Payee address; City; State; Zip Code: **P.O. BOX 140101
DALLAS TX 75214**

PURPOSE OF EXPENDITURE: **CONSULTING / SOLICITATION**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 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: 5066	2 FILER NAME William K TRIScott Jr	3 Filer ID (Ethics Commission Filers)
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4 Date 5/21/18	5 Payee name Philly Lectures
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6 Amount (\$) 3,442.36	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	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/21/18	Payee name NATHAN LEWIS
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Amount (\$) 4,200 -	Payee address; City; State; Zip Code 848 TIMBER DR DALLAS TX 75232
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING/ PER COLLECTING 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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Date 5/21/18	Payee name JAPP Marketing Group
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Amount (\$) 1,567 -	Payee address; City; State; Zip Code 625 MISSIONARY RIDGE DASOTO, TX 75115
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/SOLICITING 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6066	2 FILER NAME William R TRIScott Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5/23/18	5 Payee name CRAWFORD MARTIN	
6 Amount (\$) 120.00	7 Payee address; City; State; Zip Code 7805 LA MANCA DALLAS TX 75248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLL COLLECTION/ SOLICITATION	(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 6/4/18	Payee name SUPREME COURT HISTORICAL SOCIETY	
Amount (\$) 100-	Payee address; City; State; Zip Code 224 EAST CAPITOL ST. N.E. WASHINGTON, D.C. 20003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DUES/FEEs	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 6/19/18	Payee name DAYL FOUNDATION	
Amount (\$) 100.00	Payee address; City; State; Zip Code 2101 ROSS AVE. DALLAS TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DUES/FEEs	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 PERSONAL FUNDS

SCHEDULE G

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 G: <i>1 OF 1</i>	2 FILER NAME <i>William K TAPSCOTT Jr</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/13/18</i>	5 Payee name <i>NATHAN LEWIS</i>	
6 Amount (\$) <i>2,400 -</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>848 TIMAR DELL DALLAS TX 75232</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONSULTING 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/13/18</i>	Payee name <i>BEYOND THE SLOWLY / ZACH BULLARD</i>
Amount (\$) <i>580.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. BOX 140101 DALLAS TX 75214</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE / 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date <i>5/13/18</i>	Payee name <i>BEYOND THE SLOWLY / ZACH BULLARD</i>
Amount (\$) <i>1,000 -</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>P.O. BOX 140101 DALLAS TX 75214</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE / 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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