CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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3 CANDIDATE / OFFICE HELD (Reserved) A CANDIDATE / OFFICE HELD (Reserved) A CANDIDATE / OFFICE HELD (Reserved) ADDRESS (FO BOX: AFT / SUITE & CITY: STATE: ZIP CODE ADDRESS (FO BOX: AFT / SUITE & CITY: STATE: ZIP CODE ADDRESS (FO BOX: AFT / SUITE & CITY: STATE: ZIP CODE APEA CODE PHONE NUMBER EXTENSION Date Mand-delivered of Date Postmanh TREASURER (NAME) APEA CODE PHONE NUMBER STREET ADDRESS (NO PO BOX PLEASE: AFT / SUITE & CITY: STATE: ZIP CODE TREASURER (Residence or Business) APEA CODE PHONE NUMBER EXTENSION TREASURER (PROBLEMS (NO PO BOX PLEASE: AFT / SUITE & CITY: STATE: ZIP CODE THROUGH APEA CODE PHONE NUMBER EXTENSION APEA CODE PHONE NUMBER EXTENSION TREASURER (PROBLEMS) APEA CODE PHONE NUMBER EXTENSION TREASURER (PROBLEMS) APEA CODE THROUGH TO OFFICE BOILLY Date Processed Date Imaged TO Date Imaged TO CODE THROUGH TO OFFICE SOUGHT (Fill Income)	The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethlos Commission Filers)	2 Total page	es filed:
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

44 0/011 114145			
14 C/OH NAME		15	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OF OFFICE OF A PROPERTY OF THE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$
&		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550000
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
rear enever enever enever -	4. TOTAL F	POLITICAL EXPENDITURES	\$ 45,706
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	\$ s
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI Y OF THE REPORTING PERIOD	\$0-
AFFIX NOTARY STAME	/SEALABOVE	I swear, or affirm, under penalty of perj true and correct and includes all inform under Title 15, Election Code. Signature of Candid	attion required to be reported by me
Sworn to and subscrit		the said Mil Ritter o certify which, witness my hand and seal of office.	, this the 15+
Jane &	W	Jeanne Estes	
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Co	and the first first had been seen as a second secon
	Phillip Hoffer		Diminission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	ĮI.	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 4455
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$.
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 1516 62
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 1 24 4 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: 5te sen Costroni Contributor address; City; State; Zip Code 1999 Concile 1995 Living Code Amount of contribution (\$) 100 20 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_____ Contributor address; City; State; Zip Code Amount of contribution (\$) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Alt Dillipsions) Employer (See Instructions) Amount of contribution (\$) 2-C. Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 5 Full name of contributor □ out-of-state PAC (ID#:_____) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 11000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:____ Contributor address; City; State; Zip Code Amount of contribution (\$) 10000 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code 100000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Employer (See In Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ______ 7 Amount of contribution (\$) Contributor address; City: State: Zip Code 75201 Employer (See Instructions) ut-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code pation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:______) Amount of contribution (\$) Contributor address; City; State; Zip Code 10.5 8.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) ut-of-state PAC (ID#:____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:____ Contributor address; City; State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL 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

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 and lighted a bound)

Credit Card Payment	The instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(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 6 / 1 / 1/5	Payee name	next.
Amount (\$)	Payee address; City; State; Zip Code	753.51
PURPOSE OF EXPENDITURE	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 S / s S / / io	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E 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/Orticeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glift/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 obsert)

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Service		Salaries/V	Vages/Contract Labor	Travel Out Of Other (enter a	District category not listed above)
·	,		uction Guide ex	plains how to o	complete this form.		······································
1 Total pages Schedule F1:	,	9-19	, P.			1	Ethics Commission Filers)
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6 Amount (\$)	7 Payee a	ddress;	City; State:	; Zip Code		57	
23 7 W 25	7.7	A CAG	and the second				
8	(a) Category	/ (See Categorie	s listed at the top of t	this schedule)	(b) Description	3-1-7	
PURPOSE OF EXPENDITURE			y Property		Check if travel or	utside of Texas. Comp n, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OH		late / Officeho	older name		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee ad	dress;	City; State;	Zip Code			
	Category	(See Categories	listed at the top of th	nis schedule)	Description		
PURPOSE						side of Texas. Comple	ete Schedule T.
OF EXPENDITURE				,		TX, officeholder liv	
Complete ONLY if direct	Candida	ate / Officehol	der name		Office sought		O#
expenditure to benefit C/OH					amaa adagiit		Office held
Date	Payee nai	me					
Amount (\$)	Payee add	dress;	City; State;	Zip Code			
	Category	(See Categories I	listed at the top of thi	is schedule)	Description		
PURPOSE OF					Check if travel outsk	lde of Texas. Complete	e Schedule T.
EXPENDITURE				ļ		TX, officeholder livis	
	 						
Complete ONLY if direct expenditure to benefit C/OH	Candidat	te / Officehol	der name		Office sought		Office held
	ATT/	ACH ADDITI	ONAL COPIE	S OF THIS SO	CHEDIN É AS NEED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Printing	Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide exp	plains how t	o complete this form.	(Same goly Not lotted above)
1 Total pages Schedule G:	2 FILER NA	ME	- Á		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nan	10		his september of	
6 Amount (\$)	7 Payee add	ress; City; State;	Zip Code		
	The state of the s	Bu Mass	1 7 1	1	
Relmbursement from political contributions intended		John Committee of the C	1000	74 75%	
8 PURPOSE		See Categories listed at the top of the	is schedule)	(b) Description	
OF EXPENDITURE	į	and the same of th			e of Texas. Complete Schedule T. K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O		ite / Officeholder name		Office sought	Office held
Date	Payee nam	e			
Amount (\$)	Payee addi	ress; City; State;	Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of this	3 schedule)		of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought	Office held
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PURPOSE OF EXPENDITURE	Category (Se	ee Categories listed at the top of this	schedule)		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	Office held
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			
The C/OH Instruction	Gulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST PAIL P NICKNAME LAST	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	_	· ·	APR 7 2016 Date Hand-delivered of Date Bostmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS ACCITE NICKNAME LAST	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 9330 LFT Free D3/105 TX 75	· · · · · · · · · · · · · · · · · · ·	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 840 1516	EXTENSION	
9 REPORT TYPE	July 15 30th day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 3	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT known) Trustee, DI Dalles Course	strict 2 ty Commerty college
	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME			
		1	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I SUPPORT THE CAN KNOWLEDGE OR CO OF SUCH EXPENDIT	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	TURES MADE BY POLITICAL COMMITTEES TO ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECEIVE MOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Phil Rifer Com	
	SPECIFIC	COMMITTEE ADDRESS	#270
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Arcilia Acosta	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		Dallas TX 752-13	e 270
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE:	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ -0-
1950 (C)	2. TOTAL F	OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,1250
EXPENDITURE TOTALS	3. TOTAL POUNLESS	DLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ -0-
#40 NOV 250 C 250	4. TOTAL P	OLITICAL EXPENDITURES	\$ 5,5000
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA RTING PERIOD	8 23,625°02
OUTSTANDING LOAN TOTALS	LAST DAT	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	
18 AFFIDAVIT	IIIIIIIIIIIIII		
AFFIX NOTARY STAME	ANNE ESTERMINE	I swear, or affirm, under penalty of perjutrue and correct and includes all inform under Title 15, Election Code.	ury, that the accompanying report is lation required to be reported by me
WHITE WAR	TO FIELD	Calp 1.	Pette
THIN, 03	-06-2017 THE	Signature of Candida	ate or Officeholder
AFFIX NOTARY STAMP	REWI'VERONE	2	
70	Will are	the said Philip Ritter	
Sworn to and subserib	_	certify which, witness my hand and seal of office.	, this the
		Jeanne Estes	
Signature of officer adm	ninistering oath	Printed name of affice	Title of officer administering oath

SUBTOTALS - C/OH

19 FILERNAME Philip Ritier	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CON	TRIBUTIONS \$ 7-9,12-5
2. SCHEDULE A2: NON-MONETARY (IN-KIND) F	POLITICAL CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES	MADE FROM POLITICAL CONTRIBUTIONS \$ 3.500
6. SCHEDULE F2: UNPAID INCURRED OBLIGAT	TIONS \$
7. SCHEDULE F3: PURCHASE OF INVESTMEN	NTS MADE FROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD \$
9. SCHEDULE G: POLITICAL EXPENDITURES	MADE FROM PERSONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLIT	TICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURE	ES MADE FROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, RETURNED TO FILER	REFUNDS, AND CONTRIBUTIONS \$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 3-17-16 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 7 Code 8 Principal occupation / Job title (See Instructions) 9 Employer (7 Amount of contribution (\$) 10000 9 Employer (See Instructions) Date Full name of contributor oul-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; Dr Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor Date Out-of-state PAC (ID#:_ John Siburt Contributor address; City: State; Zip Code 2406 Roberta Cr Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 3-21-16 Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#:_ Bobby Ly le Contributor address; City; State; Zip Code 6688 NC Expressional Amount of contribution (\$) Principal occupation / Job title (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 2000 Do 1/25 TX 7529 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Out-of-state PAC (ID#:___ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code 3990 Diffy Address # 759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:____ Amount of contribution (\$) Thomas Leise; Contributor address; 3012 the prover Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE A1

Ir	ne Instruction Guide explains how to complete ti	blo fo	1 Total pages Calendal
2 FILER NAM		nis 10rm.	1 Total pages Schedule A1:
	Phillip Ritter	30	3 Filer ID (Ethics Commission Filers
4 Date		PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City: Sta	nl Tx 75044	25030
	apadon / 500 title (See instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	AC (ID#:)	
-79-16	Donald Hawkes		Amount of contribution (\$)
	Full name of contributor out-of-state PA Donald Hawkes Contributor address; City; State Full name of contributor out-of-state PA Contributor address; City; State Double state PA Double st	te; Zip Code	500
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of contributor		Amount of contribution (\$)
27-16	Contributor address: City: State 6/68 Screen 4 Tr	zip Code	100 00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full come of contributes		
	Full name of contributor out-of-state PAC	3 (ID#:)	Amount of contribution (\$)
29-16	Contributor address; City; State 3720 MA Plewad	; Zip Code	500 €
Principal occupa	ation / Job title (See Instructions)		
		Employer (See Instruction	ons)
			,

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100 00 Out-of-state PAC (ID#: Fred Nargolin Contributor address; City; State; Zip Code 3505 Turfle Creek 4A Amount of contribution (\$) 2000 Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:____ Contributor address; City; State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_____ 3-29-16 Contributor address; City; State; Zip Code 6930 Mill Falls Dr Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	e Instruction Guide explains how to complete this fo	Total pages Schedule A1:
2 FILER NAM	Phillip Petter	3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor Out-of-state PAC (ID:	(\$)
3-29-16	6 Contributor address; City: State; 3 99 MUYTAY STATE 153 MEKINACY upation / Job title (See Instructions)	Zip Code / 0 = 1
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	
-79-16	Contributor address; City; State; 1810 Vista Ocks City Dellas TX	Zip Code 5508 2
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
-29-16	Richard & Warg Contributor address: City; State; z Aladden Dalle T	ip Code 200 = 200 = 200
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
29-16	Contributor address; City; State; Zip	\$3
Principal occupa	No. / John Col. (Co.)	Employer (See Instructions)

SCHEDULE A1

2 FILER NA	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
4 Date	- Phillip Ritter	3 Filer ID (Ethics Commission Filer
		7 Amount of contribution (\$)
2/27/1/	6 Contributor address; City; State; Zip Code 7304 Fev SA-1/Jes Divisor X 7 Code	15000
B Principal o	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	1
	- Improver (See Insti	ructions)
Date	Full name of contributor	
3/2.96	Jon T Doblander	Amount of contribution (\$)
15 1/18	Contributor address; City; State; Zip Code 3776 Regal Cede Dollas Tx: 75-2-9 upation / Job title (See Instructions) Employer (See Instru	10000
Principal occ	upation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1-29-16	Contributor address; City; State; Zip Code	300 20
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
	Employer (See Instructions)	tions)
Date	Full name of contributor	Amount
29-16	Contributor address; City; State; Zip Code Dd/ks TX 7524 ation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
	738 10 Gracin Line LA	100
rincipal occup	ation / Job title (See Instructions)	
	Employer (See Instructions)	ons)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 / Ann Margolin 6 Contributor address; City; State; Zip Code 7 / Date 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 25000 Amount of contribution (\$) 500 00 Dollas TX 7523p Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name Tom Luce Tom Luce City; State; Zip Code 19 G(warts Low) Cf Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Date Full name of comments Gray Mayes Contributor address; City: State; Zip Code 1720 Ridge haver, Dr Plano, TX 75093 Employer (See Full name of contributor Amount of contribution (\$) Employer (See Instructions)

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

SCHEDULE A1

	The Instruction Guide explains how to complete to	his form.	1 Total pages Schedule A1:
2 FILER NAI	Phillip Riter		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of a suit	PAC (ID#:)	7 Amount of contribution (\$)
730-4	TON HARAGET	ite; Zip Code	10000
B Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruc	
	C E C	9 Employer (See Instruc	fairs Coursi
Date	Full name of contributor out-of-state PA	AC (ID#.	Amount of contribution (\$)
2-19-16	Contributor address; City; Stat	e; Zip Code	50000
		75230	500 —
Principal occu	spanorry bob title (See Instructions)	Employer (See Instruction	ons)
	Manager	Self	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2-17-16	Rodney Schlassey Contributor address: City: State	; Zip Code	ug o E
Principal occu	pation / Job title (See Instructions)	732-35	
	Marketing	Employer (See Instruction A Sur 1 and	ns)
Date	Full name of contributor		Amount of contribution (\$)
21-10	Ken Menges Contributor address; City; State;	Zip Code	
	1700 Beific # 400	0.5	1000
Principal occup	pation / Job title (See Instructions)	7.5zo1	
	Att	Employer (See Instruction	is)
	Florney	AKIN GUA	a f
		3	
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		- and gaide for additional repo	orting requirements.

SCHEDULE A1

name of contributor out-of-state PAC ob title (See Instructions) name of contributor out-of-state PAC ob title (See Instructions)	e; Zip Code 7. 75 22 5 9 Employer (See Instruction of the Code) C (ID#:	Amount of contribution (\$)
name of contributor out-of-state PA City; State De Color Do title (See Instructions) De Color City; State City; State	e; Zip Code 9 Employer (See Instruct C (ID#:	7 Amount of contribution (\$) 500 tions) Device keeping end Amount of contribution (\$)
name of contributor out-of-state PA City; State De Color Do title (See Instructions) De Color City; State City; State	e; Zip Code 9 Employer (See Instruct C (ID#:	tions) Devic la present Amount of contribution (\$)
name of contributor out-of-state PAG ributor address; City; State Della Ty otitle (See Instructions)	9 Employer (See Instruction of Direction of	Amount of contribution (\$)
name of contributor out-of-state PAG ributor address; City; State Della Ty otitle (See Instructions)	9 Employer (See Instruction of Direction of	Amount of contribution (\$)
ributor address; City; State De (165 T) otitle (See Instructions)	Employer (See Instruct C (ID#:	Amount of contribution (\$)
ributor address; City; State MAJene Cliff Vu- Dellas TX Dellas TX	C (ID#:) Final Code The state of the	Amount of contribution (\$)
ributor address; City; State - MAlene Cliff Vue Dellas Ty	Employer (See Instruct	50000
Dellas Ty	75206 Employer (See Instruct	• • •
title (See Instructions)	Employer (See Instruct	
	# See Instruct	
	10 A-	ions)
	(ID#:)	Amount of contribution (\$)
Ny Abranson ibutor address; City; State; 9 Nicholson La Street	Zip Code	12500
title (See Instructions)	to mis soffi	
Paurt	Employer (See Instruction	ons)
ame of contributor	(ID#:)	Amount of contribution (\$)
butor address; City: State; Nicholsen La Fier	Zip Code	12500
North Bethedia M	D 76856	
title (See Instructions)	Employer (See Instruction	ns)

Forms provided by Texas Ethics Commission

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Revised 9/8/2015

SCHEDULE A1

		<u></u>	
<u>-</u>	he instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAM	Fhillip Ritter		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state	PAC (ID#:)	7 Amount of contribution (\$)
2-24-16	5 Full name of contributor out-of-state 6 Contributor address; City; St cupation / Job title (See Instructions)	ate; Zip Code	25000
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tione
	Keevil wer	TEXASIA	struments
Date	Full name of contributor Out-of-state F		Amount of contribution (\$)
2-24-16	Mrs Eugene M= Dev Contributor address; City; Sta 4701 Drakel Dr	te; Zip Code	1,000 00
	Dalas TX 7	5005	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	Investor	N/4	
Date	Full name of contributor	C (ID#:	
1-26-16	Full name of contributor out-of-state PA	⊋; Zip Code	Amount of contribution (\$)
	Dallas -	~ ~ 52-5e4	250
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
CAM	reversi Meal Estate	Self	
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)
-26-16	O-marks	; Zip Code	2-5000
Delegated		x 75229	
Principal occupa	Retived	Employer (See Instruction	ns)
	51		

SCHEDULE A1

Th	e Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAM	Phillip Ritter		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state	PAC (ID#:)	7 Amount of contribution (\$)
2-20-16	5 Full name of contributor out-of-state Ros 5 fe in the feature of contributor address; City; State of the feature of contributor of cont	ate; Zip Code	100 30
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Banker	Retired	
Date	Full name of contributor Out-of-state F	PAC (ID#:)	Amount of contribution (\$)
2-22-16	Full name of contributor out-of-state F Lewis MS MA had Contributor address; City; Sta 1147 Hill From Dalla Dation / Job title (See Instructions)	ite; Zip Code	1000
Principal occur	Dalla Dalla Dalla	TX	
	Retirel	Employer (See Instructi	
Date	Full name of contributor out-of-state P/	AG (ID#:)	Amount of contribution (\$)
2-22-16	James RAdams Contributor address; City; State 209 Genesco	e; Zip Code	5000
	ation / Job title (See Instructions)	Employer (See Instruction	
гтпораг оссор	Bettned	I	
		Re- red	
Date	Full name of contributor □ out-of-state PA	C (ID#:	Amount of contribution (\$)
2-24-16	Contributor address; City; State 3549 RANKIN Dellas T	e; Zip Code	150=
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)
			*
	ATTACH ADDITIONAL COPIES O	ETHIS SCHEDULE AS ADDE	

L COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 2 FILER NAME Philip Riter 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 A Tem Englbaus 6 Contributor address; City; State; Zip Code 20 Stady Bend Dr. Melissa Tx 75454 124 Stale (See Instructions) 9 Employer (See Instructions) 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1,000 ut-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Geoff Newton Contributor address; City; State; Zip Code 10334 Lennex LN Employer (See Instruct Amount of contribution (\$) Date Full name of continuous. Er le Nye Contributor address; City; State; Zip Code | Null Creek Forest | Dallas TX 75230 | Employer (See Ins.) Amount of contribution (\$)

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

SCHEDULE A1

	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM	Phillip Riter		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3-28-6	5 Full name of contributor	Zip Code	Congress of the same
	1839 ME Commas Dollas	DX 752.06	
Principal occ		9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Deedle Rose Contributor address; City; State; Swillow end Dellas Tr	Zip Code	1,0000
	5 Willowed Dallas Tr	75205	
Principal occuj	pation / Job title (See Instructions)	Employer (See instruct	tions)
Date	Full name of contributor	ID#:	Amount of a set of a
-18-16	Mark Shank Contributor address; City: State; 3405 Wandy LN Dalles T	Zip Code	Amount of contribution (\$)
	3405 Wesney LN Dalles T	X 75214	,
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor Out-of-state PAC (ID	0#:	Amount of contribution (\$)
	Ted Enjec Contributor address; City; State;	Zip Code	(60 C2
	8823 Bridtwood Lu Dalla	5 Tx 7529	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor Out-of-state PAC (ID#:_____ 4 Date 5 Full name of community Mike Poss 6 Contributor address; City; State; Zip Code 4 FOR Merc 1025 Ave DAS 1/25 TX 752-14 10 (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Richard Agnich Contributor address; City; State; Zip Code 6016 WANDER PI Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code (211 W New Hory 250) 250 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 ... 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) (30 °° 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of continual Sam Cod's Contributor address; City: State; Zip Code 26 Ryddington PL Dallas TX 75256 Employer (See Instruction of the continual of the contin Amount of contribution (\$) Date Full name of contributor 3-3-16 Contributor address; City; State; Zip Code 9436 Meddowlorsox TX 75220 Employer (See Instr. ut-of-state PAC (ID#:__ Amount of contribution (\$) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: ela. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Date Full name of cornum. Evic Convey. Contributor address; City: State; Zip Code Zir 46 - Ferrictions) Employer (See Instruc Amount of contribution (\$) Date Full name of contributor Jerome -ferrington Contributor address; City; State; Zip Code 7.3.** Desca Dr Dollas TX 75225 Employer (See Instructions) Employer (See Instru Amount of contribution (\$) Date Full name of contributor Henry C Be contributor Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code Amount of contribution (\$) Employer (See Instructions)

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SCHEDULE A1

	JOINED DEL M
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME PRINCE PRINC	3 Filer ID (Ethics Commission Filers)
Date	7 Amount of contribution (\$)
Jeffiney Fearon 6 Contributor address; City; State; Zip Code 9785 Addition PL. Dallas TX 75220	100 =
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1/711 Forest Ct Dellas TX 75230	1000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code Yo! N central 5 teg in DAI As Tx 752=1 Principal occupation / Job title (See Instructions) Employer (See Instructions)	50000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (FD#: Robert L Thornton	Amount of contribution (\$)
2111 Preston Rd 2d Floor	5000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE if contributor is out-of-state PAC, please see instruction guide for additional re	DED porting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: 3-77-16 Jason W Downing Contributor address; City: State; Zip Code 5629 Dartmosth, Ave. Dallas TX 75205 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name or commun. 3-2-16 Contributor address; City: State: Zip Code 3929 Potena - Ave Dallas TX 75205 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1,000 Date Full name of contributor L G Fuller Contributor address; City; State; Zip Code 1825 Market Center Blud Dallas TX 75207 Employer (See In Amount of contribution (\$) 100000 Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	Phillip Ritter		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
29-16	6 Contributor address; City; State	e; Zip Code	250 2
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Kenneth Luca	C (ID#:)	Amount of contribution (\$)
-15-16	Contributor address; City; State 19 G kneed on Dollas	e; Zip Code	500 00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	1		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards Memorials Expense Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment 1 Total pages Schedule F1: 2 FILER NAME The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Payee address; City; State; Zip Code 6 Amount (\$) 9322 Mass Trail Dallas 7x 7523! 300000 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Fres Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 2-16-16 Payee address: City: State: Zip Code 73-22 Mess Trail 2011/2012/2013/ Amount (\$) FINENCE COPES Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE d' formaties Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 2-16-16 Fraghics Management Amount (\$) Pavee address: 2300 00 9322 Moss Trail Dallas Category (See Categories listed at the top of this schedule) **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. Nebsite site setup Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		 	
The C/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 / M	SULIX	OFFICE USE ONLY
	Ritter		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO		RECEIVED Received by Round Lite APR 2 9 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 840-15	EXTENSION	Date Hand-deliverer of tate Pretmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI 4 Die son was van name	Receipt # Amount \$ Date Processed
	NICKNAME LAST A = 0.5 Ta	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 9330 LBJF	recovery # 270	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (972) 840-1516	EXTENSION	
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 4	Day Year 2-8 /16
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 7 / 16 General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	none		Sammorty Sammorty
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		15 1	Filer ID (Ethics Commission Filers)	
			,	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFURES.	IT THE CAMBIDATE'S OR OFFICE US BEE!	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	Phil Ritter Campain		
	SPECIFIC	COMMITTEE ADDRESS 2330 LEV Free way St	270	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages	21	Arcilla Acosta		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	120	
		Daya. Tx 752 45		
17 CONTRIBUTION TOTALS	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ _	
o w wee me .	2. TOTAL I (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,61000	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
*** **** *****	4. TOTAL POLITICAL EXPENDITURES \$ 15,275			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 33,017.			
OUTSTANDING LOAN TOTALS	6. TOTAL P. LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0-	
AFFIX NOTARY STAMP	OF TEAM	I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code. Signature of Candidate	on required to be reported by me	
AFFIX NOTARY STAMP	/SEALABOVE			
Sworn to and subscri	bed before me, by	the said Phillip Ritter	_, this the 🙎 🖔	
day of April	, 20 <u>14</u> , to	certify which, witness my hand and seal of office.		
garre	502	<u>Jeanne</u> Estes		
Signature of officer ad	ministering oath	Printed name of officer administering oath Tit	tle of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME Phillip Ritter	20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2.4.610 30
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	(0)	\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 15,215 35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	ONS	\$

SCHEDULE A1

	e Instruction Guide explains how to complete this form	1 Total pages Schedule A1:	ı
FILER NAMI	Phillip Ritter	3 Filer ID (Ethics Commission F	
Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)	
+-7-16	Whitney Strauss 6 Contributor address; City State; Zi 3620 (State: Stane: 7 Japanion / Job title (See Instructions) 9	p Code	
Principal occi	pation / Job title (See Instructions)	mployer (See Instructions)	
Date #-9-16	Full name of contributor out-of-state PAC (ID#:	AMOUNT of contribution (¢)	
	0904 Takalon Dr 25214	Code	
Principal occur	-N / (-) NO - (-)	nployer (See Instructions)	
		news (Gee instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_		
17-16	Contributor address; City; State; Zip 17234 Club Hill Drive Dallas Tx 7	Code 200 200 200 200 200 200 200 200 200 20	
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
1-7-16	Crayton Webb Contributor address; City; State; Zip Sos w University Bird Dallas Tx		
Principal occupa	Alon / Interference (Company)	aployer (See Instructions)	
		,	
			_
	8		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date ut-of-state PAC (ID#: Marcia fage Contributor address; City; State; Zip Code 330 & Las Collado Blyon Millian Amount of contribution (\$) 10000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out Out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Mark Mrozek Contributor address; City; State; Zip Code 4032 Veer Vailey Dallas Tx 75244 ut-of-state PAC (ID#:____ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

SCHEDULE A1

T+	a Instruction Cuida cuntains to	
2 FILER NAM	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	Phillip Ritten	3 Filer ID (Ethics Commission Filers
4 Date		7 Amount of contribution (\$)
4-18-16	Full name of contributor	de /0 = 1
8 Principal occ	upation / Job title (See Instructions) 9 Emplo	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4-19-16	Maria T Briggle Contributor address; City; State; Zip Cod 77/2 Glenshannonct	500 00
Principal occur	pation / Job title (See Instructions) Employ	
	Епіріоў	/er (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
1-19-16	Contributor address; City; State; Zip Code	10000
Principal occup	additional for the state of the	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1-19-16	Contributor address; City; State; Zip Code 12-16 Heatherdale Dr Dollas TX 75243	2-50 00
Principal occupa		er (See Instructions)
		,

SCHEDULE A1

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethica Commission Ethi
	hillip Ritter		3 Filer ID (Ethics Commission Filers
I Date	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$)
1 - 1 - 1 to	MANIN Self		
7	MANIN SCIF 6 Contributor address; City; State 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	te; Zip Code	3000
Principal occu	pation / Job title (See Instructions)	3-76	
i iliopai occi	pation 7 300 title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:	
	1 Michael Gosslee		Amount of contribution (\$)
1-17-16	Contributor address; City; State	e; Zip Code	20000
	ation / Job title (See Instructions)	Employer (See Instruct	
			ions)
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Robert E Wilson		
19-16	Contributor address; City; State	; Zip Code	25000
	D*/125 TX 75	275	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		
12 - 1/-	Eric V fox	(ID#:)	Amount of contribution (\$)
-13-16	Contributor address; State 35/3 Overten Park To Ft warth Tx 76109	; Zlp Code	25000
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
 _		.	17
2 FILER NAME	Phillip Ritter		3 Filer ID (Ethics Commission Filers)
1-19-16	5 Full name of contributor out-of-state PAI 6 Contributor address; City; State	C (ID#:)	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Douglas Deason	C (ID#:)	Amount of contribution (\$)
1-27-16	Contributor address; City; State 10134 WAILET > 20/125 TX 75229	; Zip Code	1,50000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
-27-16	Contributor address; City; State; 30 = Jak, Grpenter.	Zip Code Frwy 662	600 -00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
-27-16	Contributor address; City; State; 10134 Walley Ex	Zip Code	750 00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		[]
	PhillipRitter	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
4-26-16	Clarice M= Coy 6 Contributor address; City; State; Zip Code 4/// Temberra LUAY Dellas TX 75220	100=
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
-27-16	Contributor address; City; State; Zip Code	5020
	Dallas TX 75229	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-27-16	Contributor address; City; State; Zip Code	5000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-27-16	Contributor address; City; State; Zip Code 2426 W 15th 22//35 TX 752/1	750°
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Phillip Ritter	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	
Vicki Mitchell 6 Contributor address; City; State; Zip Code 1219 Whispering Coks Dr. Desoto Tx. 75115	20000
Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 6011 Desco Dr Dallas TX 75225	25000
Displication of the state (O. 1) and the state (O. 1)	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address: Shad City: State; Zip Code Lollas X 75227	15000
	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
12-16 Todd A Williams Contributor address; City; State; Zip Code 3963 MAPIC Ave #290	1000 -
Principal occupation / Job title (See Instructions) Employer ((See Instructions)

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

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Phillip Ritter	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor	7 Amount of contribution (\$)
413-16	6 Contributor address; City; State; Zip Code upation / Job title (See Instructions) 9 Employer (See Instructions)	500 00
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
-4-16	Contributor address; City; State; Zip Code	1000
Principal occup	Pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
1-16	Contributor address; City; State; Zip Code 708 Kessler Woods Tr	50 00
Principal occup	Dellas TX 75200 Pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (ID#:) Kern Wildenthall	Amount of contribution (\$)
-1-16	Contributor address; City; State; Zip Code 400/ Hanavey Dellas TX 75225	25000
Principal occupa	ation / Job title (See Instructions) Employer (See Instruction	ons)
	V	

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Full name of contributor out-of-state PAC (ID#:___ 7 Amount of contribution (\$) Mike A Myers 6 Contributor address; City; State; Zip Code 315 Lemmon Ave # 200 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 200000 Amount of contribution (\$) Contributor address; City; State; Zip Code 12770 Merit D. 24 Flaor Dallas TX 7525 Principal occupation / Job title (See Instruction Employer (See Instructions) out-of-state PAC (ID#:_ 7-4-16 Contributor address; City; State; Zip Code 2632 Follo Lang 75073 Employe Amount of contribution (\$) 10000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:__ Amount of contribution (\$) 4-1-16 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 7-4-16 6 Contributor address; City; State; Zip Code 239 237 Frecusty Ste 1430 23/33 7x 75243 9 Employe 25000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 75000 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code 32/7 ## Strong Ave 100/45 77 752-65

Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Fay L Hunt
Contributor address; City; State; Zip Code
1900 North Akard 5+ 250000 Dallas Tr 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

3-30-16

25000

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4-5-16 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) 250000 Date Full name of contributor out-of-state PAC (ID#:____ Nancy ANN Hunt Contributor address; City; State; Zip Code 1900 North Akand List/as Tx 7520/ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 4-13-16 Contributor address; City; State; Zip Code 7501 Inward Pool Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

POLITICAL 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

Event Expense Fees Food/Beverage Expense Gilt/Awards.Memorials Expense Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
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 Phillip Ritter 3 Filer ID (Ethics Commission			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
4-19-16	Grantics Manage			
6 Amount (\$)	7 Payee address; City; State; Zip Code	100 00 00 0		
	972 Moss Trail			
356757	Dalas Tx 75	231		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	h h	Check if travel outs	ide of Texas. Complete Schedule T.	
OF EXPENDITURE	Contract LADOY &	Check if Austin,	TX, officeholder living expense	
	7057392			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Thillip Ritier Dec	Office sought	Office held Hace 2 None	
Date	Payee name			
4-19-16	Payee address; City; State; Zip Code	150 Am 100 Am 100		
Amount (\$)	Payee address; City; State; Zip Code	The second secon		
17/2 00	VZ- 1. Over TVAI			
1112-	Dallas TX 752.11			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising -		e of Texas. Complete Schedule T.	
EXPENDITURE	Advertising -	Check if Austin, T	X, officeholder living expense	
	Social Media			
Complete ONLY if direct	Candidate / OfficelesIder-name	Office sought	Office held	
expenditure to benefit C/OH	thillip Ritter Dece	oTrustee P	nonz	
Date	Payee name			
4-25-16	Dr Delphiunium			
Amount (\$)	Payee address; City; State; Zip Code			
2/2/2	5806 Love is hance			
35712	Dollas Tx 7522	5		
	Category (See Categorles listed at the top of this schedule)	Description		
PURPOSE	/ Da.	Check if travel outside	of Texas. Complete Schedule T.	
OF EXPENDITURE	9/4/3	Check if Austin, TX	, officeholder living expense	
	7 ()			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder-name	Office sought	Office held	
	The second second			
	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:	Phillip Ritter		3 Filer ID (Ethics Commission Filers)
4 Date (F-/5-/6	5 Payee name Strategy first Technology 7 Payee address; City; State; Zip Code		ar.
6 Amount (\$)	7 Payee address: City; State; Zip Code	8 8 7 80	11
1,50000	11008 Rossey Ross		
	Jastia & Toy	75229	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			side of Texas. Complete Schedule T.
OF EXPENDITURE	Consulting Exponse	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	+ Phillip Rotter Dec	2D Trustee	Plz none
Date	Payee name		
4-15-16	Strategy First Techn	0109125	
Amount (\$)	Payee address; City; State; Zip Code	*	
330 00	11008 Rosser Ad 20160 75229		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	i . = 1		de of Texas. Complete Schedule T.
EXPENDITURE	Advertising	L Check if Austin, T	"X, officeholder living expense
Complete ONLY if direct	Candidate /-@fficeholder-pame-	Office sought	Office held
expenditure to benefit C/OH	Philly Ritter De	ce ed Truster	PLZ none
Date	Payee name		
4-15-16	Strategy First Tech no	0/19/05	
Amount (\$)	Payee address; City; State; Zip Code		
32500	11008 Rosser Road	_	
·	Dallas TX 7522	9	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	D . Amer		e of Texas. Complete Schedule T.
EXPENDITURE	Printing	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH.	Phil Ritter DOGOT	Freter P!	2 none
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)

Candidate/Officeholder/Politic Credit Card Payment	- Julian Calaires	Nages/Contract Labor Other (enter a category not listed above)
	The Instruction Gulde explains how to e	complete this form.
1 Total pages Schedule F1:	Phillip Ritter	3 Filer ID (Ethics Commission Filers)
4 Date 4-19-16	7 Payee address; City; State; Zip Gode	nent
6 Amount (\$)	7 Payee address; City; State; Zip Code	
231100	9322 NOSS TV211 Dallas TX 75231	
8	(a) Category (See Categories listed at the top of this schedule)	/h> December
PURPOSE	(2) - and got y (200 see of the top of this scriptule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held Instead 12 None
Date	Payee name	
4-19-16	Graphics Managen	o e. N
Amount (\$)	Payee address; City; State; Zip Code	
4,000-	Dalas TX 75231	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholde⊪mame	Office sought Office held
expenditure to benefit C/OH	Phillip Ritter Dasc	DTruste 1/2 none
Date	Payee name	
4-17-16	Graph : Manage	er vil
Amount (\$)	Payee address; City; State; Zip Code	
11/2 64	Dallas Tx 7523	
-	Category (See Categories listed at the top of this schedule)	4
PURPOSE	and the second s	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	folling Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Philip Riter Tree	D Trustee Fix - none
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED