			COVER SHEET PG 1
The C/OH instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE HOLD OF THE
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	May Transaction	£ (By: Cowed L. Hoy
Change of Address	Ferbad	75 75 speech	JEE 1 8 2018
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION 4000	Date Hand-delivered dr Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME (AST	SUFFIX	Date Processed
	Clopton		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUR	TE #; CITY; STATE;	ZIP CODE
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	- -
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
O PERIOD	Month Day Year		
COVERED	6 / 10 / 16	THROUGH 6	Day Year
1 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Tuger	Dist3
	GO TO PA	AGE 2	

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -2 -		
FORCE FOR KORDE BOKE		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1100		
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$ -0-		
si kwang magam	4. TOTAL I	POLITICAL EXPENDITURES	\$ 62 fer		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0-		
LOAN TOTALS 18 AFFIDAVIT IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NE ESTES INTERIOR DE COFTE DE LA CONTROL DE	I swear, or affirm, under penalty of perjutrue and correct and includes all information under Title 15, Election Code. Signature of Candida	ation required to be reported by me		
AFFIX NOTARY STAMP	7 SEALABOVE				
Sworn to and subscri			, this the		
day of July		certify which, witness my hand and seal of office.			
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

19	FILERNAME		
	Tomay Don't	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ (1500)
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	\$ 4 2 4 6
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$.
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	\$ 4340
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BI	USINESS OF C/OH	\$
111.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	FRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	ne Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAM	Tommy Read		3 Filer ID (Ethics Commission Filers)
4 Date		PAC (ID#:)	7 Amount of contribution (\$)
434	6 Contributor address; City; Sta	15000	
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
6/3/14	Contributor address; City; Sta	ate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	1	AC (ID#:)	Amount of contribution (\$)
ths/18	Contributor address; City: Stat	te; Zip Code	150 22
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	.C (ID#:)	Amount of contribution (\$)
		e; Zip Code	2000 00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
		<u> </u>	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: The Co. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date out-of-state PAC (ID#: 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#; Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code 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 Central Processing

Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; 2040 35 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Politi Credit Card Payment	tical Committee	Legal Services	Sala	urig Expense uries/Wages/Contract Labor	Travel Out Of D Other (enter a ca	elstrict atagory not listed above)
	r -		de explains hov	v to complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME TOMAN	y Rand		3 Filer ID (E	thics Commission Filers)
4 Date	5 Payee nar	ne Augustian Augustian Aug	•		<u> </u>	
6 Amount (\$)	7 Payee add	dress; City; S	tate; Zip Code	9		
Reimbursement from political contributions intended		Arst In	78	78701		
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
OF EXPENDITURE	Show A	Andrew Carlot & Carlot	A SALAN E	1 / 1	ide of Texas, Complete So TX, officeholder fiving	
9 Complete ONLY if direct	Candida	ate / Officeholder nam		Office sought		
expenditure to benefit C/C	DH 			Onice sought		Office held
Date ,	Payee nam	e				
6/20/13		1sterbry		- -		
Amount (\$)	Payee add		ate; Zip Code			
		5 73% 34				
Reimbursement from political contributions intended		They tolly	7 7	Smot - 55%.	d,	
PURPOSE	Category (S	ee Categories listed at the top	of this schedule)	(b) Description		
OF	والمحالية والمواد	er istory		Check If travel outsid	le of Texas. Complete Sch	redule T.
EXPENDITURE		4			X. officeholder living e	
Complete ONLY if direct expenditure to benefit C/O	Candida H	te / Officeholder name		Office sought	<i>,</i>	Office held
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Date	Payee name	•		· <u> </u>		
Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Code			11
Reimbursement from political contributions intended						
DIIDDOSE	Category (Se	ee Categories listed at the top	of this schedule)	(b) Description		
PURPOSE OF					of Texas. Complete Sche	adule T.
EXPENDITURE			•		, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OF	Candidat	e / Officeholder name	4	Office sought		Office held
	ATTAC	H ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEED!	E D	

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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 (MR) FIRST RECOMMEND LAST LAST ADDRESS / PO BOX: APT / SUITE R:	SUPFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	STATE: ZIP CODE	· nacay
PHONE 6 CAMPAIGN TREASURER NAME	MS MRS) MR FIRST CO THAT LAST	MI SUPEX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU	1	75343
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	647d	
9 REPORT TYPE	July 15 30th day before elec	<u> </u>	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C.OH - FR)
10 PERIOD COVERED	idonth Day Year	THROUGH 6	Day Year
11 ELECTION	Month Day Year Philogry	ELECTION TYPE Other Description Special	
12 OFFICE	OFFICE HELD (ii sny)	13 OFFICE SOUGHT (I Mickey) D: 5 V 7 A	
	GO ТО Г	PAGE 2	

44 0/0/11 1/14/45					
14 C/OH NAME	and the second s	15 Fi	ler 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 INTHOUT 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.				
Į	COMMITTEL TYPE	COMMITTEE LAME			
	GENERAL	COMMITTEE ADDRESS PROCESS	سي حين الحالوس الم		
	SPECIFIC	COMMITTEE ADDRESS			
		610 Main Street 6	erland Tx		
		COMMITTEE GAMPA ON TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		Same as above			
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUAPANTEES OF LOANS), UNLESS ITEMIZED	\$ 4000		
	2. TOTAL I (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS)	\$ 1000		
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$			
11272	4. TOTAL	POLITICAL EXPENDITURES	\$ 150000		
CONTRIBUTION BALANCE	5. TOTAL P	DL'TICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DATING PERIOD	\$ 94000		
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 15000		
18 AFFIDAVIT					
	KATHY TULLOC Notary ID # 1015/ My Commission Ex May 1, 2019	496 P under Title 15, Election Code.	that the accompanying report is n required to be reported by me		
STATE OF ITSUS	intely 17 solis	- Momas U	1801		
AFFD: NOTARY STAME	/SEALABOVF	Signature of Candidate	Officeholder		
			1.		
Sworn to and subscri	ibed before me, by	the said humas A Reid	, this the		
day of	, 20 <u>//</u> , to	certify which, witness my hand and seal of office.			
Kathy lu	Mork	Kathy Tullock	Loan Offe Admin.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	e of officer administering oath		

SUBTOTALS - C/OH

21 SCHEDULE SUBT NAME OF SCHED			
		1	SUBTOTAL AMOUNT
1. SCHED	ULE A1: MONETARY POLITICAL CONTRIBUTIONS	,	\$ 90000
2. SCHED	ULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHED	ULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHED	ULE E: LOANS		\$
5. SCHED	ULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	TRIBUTIONS	\$ /.500\$
6. SCHED	ULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHED	ULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8. SCHED	ULE FIL: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDI	JLE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 150000
10. SCHEDU	ILE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDU	ILE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	TRIBUTIONS	\$
12. SCHEDURETURN	ILE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI ED TO FILER	ONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 5 Full name of contributor Out-c!-state PAC (ID#:_____ 7 Amount of contribution (\$) R Principal occupation / Job title (See Instructions) R Date R Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 50000 8 Principal occupation / Job title (See Instructions) Date ut-of-state PAC (ID#.__ Amount of contribution (\$) Contributor address; City; State; Zip Code 3 9 3 7 Valley State; Zip Code Formula State: State: City: State; Zip Code 5 9 3 7 Valley State: State: Zip Code 5 9 3 7 Valley State: Zip Code Principal occupation / Job title (See Instructions) Out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address. City: State; Zip Code 20000 Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) Contributor address: City; State, Zip Code Attion / Job title (See Instructions) Employer (See In 100 00 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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Controlling Expense
Controlling Expense
Certificate/Officehoklan/Pc/Ecal Committee
Certificate/Officehoklan/Pc/Ecal Committee

Event Expense Fecs Food Beverage Expense Gift/Awards Memorials Expense Least Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Swarks Wagner Contact Lange

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
*Vavel Out Of District

Candidate Officehokigs Pc// Credt Car) Payment	inal Committee Legal Services Schar		Travel Out Of District Other (enter a category not listed above)
Ofeca Ge prayman	The Instruction Guide explains how	to complete this form.	and the second s
1 Total pages Schedule G:		3	Filer ID (Ethics Commission Filers)
	Tonny Reed		. How (wanda sommidata) i notal
4 Date	5 Payee name		
5/30/16	todan states		
6 Amount (\$)	7 Payee address; City; State; Zip Code	3	
150000	505 W state	Street	
political contributions	5 Payee name 7 Payee address; City; State; Zip Code Code	-	1
intended	Carrier and X	75044	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	r	
OF	Install connect	1 1 1	Texas. Compleie Schedule T.
EXPENDITURE	TASTAL COMMOCI	Check if Austin, TX, of	fficaholdar living expense
9 Complete ONLY if direct expenditure to benefit C/t		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
147	- ayas assissed, Sity, State, Sip Code		
Reimburgement from			
pertical contributions intended			
	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		I — ·	exas. Complete Schedule T
EXPENDITURE			liceho'der #ving expenso
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	Н	2	Omeo Heig
2-4-			
Date	Payée name		
Amount (\$)	Payee address; City: State; Zip Code		
Rembursement from political contributions			
intended			
PURPOSE	Category (See Categories listed at the tup bit this schedule)	(b) Description	
OF EXPENDITURE		Check if travel outside of Te	
		Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct expanditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Campbell Crossing Professional Park 1204 Thomasville Court Garland, Texas 75044 Thomas A. Reed D.D.S.

NORTH TEXAS TX PECC DALLAS TX 730

10 AUN 2016 FM 9 L

1812-1816

75215-161601

The C/OH instruction	Guide explains how to complete t	this form.	r ID (fittica Commessor Franc	2 Tobe pages tied:
3 CANDIDATE/ OFFICEHOLDER NAME	MCRISANI) LAS	OMA5	Asprix	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Charge of Address	1204 Thomas	* City	land Tx	by: Doved L. they
5 CANDIDATE/ OFFICEHOLDER PHONE	1972) 4/4-		EXTENSION :	Date Hand-delivered to Date Posterusians
6 CAMPAIGN TREASURER NAME	Cathy A		optoN some	Legal Office
7 CAMPAIGN TREASURER ADDRESS (Hesidence or Business)	610 MAIN STYDE	The state of the s	d TX 75	to cone
B CAMPAIGN TREASURER PHONE	472 272		ектеникон 6 47д	
9 REPORT TYPE		off day before election	☐ Ruret ☐ Exceeded \$500 (mg	15m day other companying the observed appointment (Officeroidae Only) Emai Report (Alaim O'On) 199
DOVERED	2 / J /)	Vee THRC	очан З/	31/16
11 ELECTION	ELECTION DATE Militin Day Year 5 / 7 / 16	Oerarai 5	ELECTION TYPE SUND! One: Description	
S OFFICE	OFFICE HELD (Fary)		District District District District	3 Delles County
		GO TO PAGE		

COVER SHEET PG 2

14 C/OH NAME	Tomay	Paol	15 Filer ID (Ethics Commission Filera)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	RETACE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDS MONTE / OFFICIONOLDER. THESE ASPENDITURES MAY HAVE MEEN AMOU IN WIERMS. CANDISATES AND OFFICENOLDERS ARE REQUIRED TO REPORT TH	THOUT THE CANDELLTE'S ON OFFICENCE DER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	[] GENERAL	Tomny Reed Com	w. Hoo
	DESPECTE .	COMMITTEE ADDRESS: 1	
	infamous	610 MAIN ST Garlor	TX 750+4
		COMMITTEE DANFAIGN TREASURER NAME	
Adolional Pages		Cathy R clopts	and
		COMMITTEE CAMPAGN TREASURER ADDRESS	
		610 Main 31 Garia	nd TX 75044
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLESGES, LOANS, OR QUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR DUARANTEES OF LOANS)	s o
EXPENDITURE TOTALS	5. TOTAL POLITICAL EXPENDITURES OF \$100 OF LESS. UNLESS ITEMIZED		s - c
	4. TOTAL	POLITICAL EXPENDITURES	s -c-
CONTRIBUTION BALANCE	5. TOTAL F	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ -0 -
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL DUTETANDING LOANS AS OF THE REPORTING PERIOD	HE 8 0
ta AFFIDAVIT		•	
	KATHY TULLOCK Notaty ID # 101544 Ny Commission Espi May 1, 2019	brue and correct and includes all into under Tibe 15, Election Cody.	erjury, that the accompanying report is semation required to be reported by the didate or Officerholder
AFF ICHOTAIN STAM	P SEALABOVE		
Swarn to and subsci day of 4-7	7.7	by the said	, this the
Mathy had	and the same of th	Knthy Tollock	Low assertant
Signature of officer a	drivinstaving oath	Printed name of officer administering oath	Title of officer administering eath

<u> </u>			
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	NICKNAME LAST	A SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	1204 Thomasville	75044 EXTENSION	Recive by Charle for the Postmarked
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST Cathy R. NICKNAME LAST	Clop to MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 972 272	EXTENSION 6 47A	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3 / 31 / 16	THROUGH 4	Day Year 2-8/16
11 ELECTION	ELECTION DATE Month Day Year Primary 7 / 16 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	District 3	Dalles Conty
	GO TO I	PAGE 2	

14 C/OH NAME			4É File ID (File)
15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX'S FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE RY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Tonny Reed Commit	Hec
	SPECIFIC	12-04 Thomasville	
		Garland Tx 75044 COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Cothy & clopton	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		Garland Tx 75040	
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$		
and we a copyright	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OP, GUARANTEES OF LOANS)		\$ -0-
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$160 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES		\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ -0		
18 AFFIDAVITATION AND ESTATION			
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 of Candidate or Officeholder			
1/1/11/03	-06-20 min	Signature of Cano	didate or Office older
AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed before me, by the said Tranks Reed this the 29			
day of April , 20 10 , to certify which, witness my hand and seal of office.			
garne Estes Jeanne Estes			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			