Texas Ethics Commission	n P.O. Box 12070 Austin, Tex	as 78711-2070 (512)	463-5800 (TDD	1 000 70" 0000
SPECIFIC-F CAMPAIGN	PURPOSE COMMITTE FINANCE REPORT			1-800-735-2989 м SPAC EET PG 1
	Suide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 COMMITTEE NAME			OFFICE US	SE ONLY
4 COMMITTEE ADDRESS Change of address	ADDDESS IDO DOV	CITY; STATE; ZIP CODE	Date Hand-delivered or Pos	stmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MATTHEW MUCKE	MI	Receipt# // Date Processed . Date Imaged	Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	CIR	ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address	STREET OR PO BOX: 1834 LINDSONG KELLER TX 76	CIA	ZIP CODE	
3 CAMPAIGN	AREA CODE PHONE NUMBER	EYTENSION		

	TREASURER PHONE
9	REPORT TYPE

(214) 764- 6385

January 15
July 15

Month

Day

10 /26 / 2014

8th day before election Runoff

THROUGH

30th day before election

Exceeded \$500 limit

Dissolution (attach PAC-DR)

10th day after campaign treasurer termination

Day

Year 12/31/2014

10 PERIOD

COVERED

ELECTION DATE 11 /4 / 7014

ELECTION TYPE Primary

Runoff

S General

Special

GO TO PAGE 2

COVER SHEET P 12 COMMITTEE NAME OTE YES FOR KELLER SCHOOLS 13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary) CANDIDATE OFFICEHOLDER OFFICE SOUGHT (candidate) / OFFICE HELD (efficeholder) OFFICE SOUGHT (candid		1.0. DOX 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
ACCOUNT # (Ethics Commission I ACCOUNT # (Candidate or Measure)	SPECIFIC-PU PURPOSE AN	RPOSE COMI	MITTEE REPORT:	Co	FORM SPAC VER SHEET PG 2
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) SUPPORT (Cardidate or Messure) OPFICEHOLDER OFFICE SOUGHT (candidate) / OFFICE HELD (efficeholder) SUPPORT (Cardidate or Messure) DESCRIPTION ASSIST (Officeholder) 14 CONTRIBUTION TOTALS 1 TOTAL POLITICAL CONTRIBUTIONS of \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) SEXPENDITURE OCHOROLOGY 1 TOTAL POLITICAL EXPENDITURES 1 TOTAL POLITICAL EXPENDITURES 1 TOTAL POLITICAL EXPENDITURES 1 TOTAL POLITICAL EXPENDITURES 1 TOTAL POLITICAL CONTRIBUTIONS CONTRIBUTION 1 TOTAL POLITICAL EXPENDITURES 1 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOANT OTALS 1 Swear, or affirm, under penalty of perjury, the the accompanying report is true and correct and includes all information required to be reported by me under suite 15, Election Code.	12 COMMITTEE NAME			1.000	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) OFFICEHOLDER OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OPPOSE (Candidate or Measure) ASSIST (Officeholder) Measure DESCRIPTION SCHOOL BOND 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLENGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLENGES, LOANS, OR GUARANTEES OF LOANS) STATE EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES SHAPS 4. TOTAL POLITICAL EXPENDITURES SHAPS OUTSTANDING OUTSTANDING OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and information required to be reported by rise under the poper of the proper is true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and information required to be reported by rise under the first true and correct and true and correct and true and correct and true true and correct and true true and cor	VOTE	YES FOR	KELLER SCHOOLS	ACCOUN	IT # (Ethics Commission Filers)
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Candidate or Messure) OPPICE SUUGHT (candidate) / OFFICE HELD (officeholder) OPPOSE (Candidate or Messure) ASSIST (Officeholder) DESCRIPTION OPSIGN OF SO ON LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, UNLESS ITEMIZED EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION S / 4 / 55 3 CONTRIBUTION OF THE REPORTING PERIOD OF THE REPORTING PERIOD 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 the under stufe 15, Election Code. ROBERT W VEACH My Commission Expires May 4, 2018	paper to complete this	CANDIDATE			
Candidate or Measure		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE	E HELD (officeholder)	
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1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 1. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 1. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 5.		X MEASURE	DESCRIPTION	Month Day	Year
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EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8		2. TOTAL POLITIC	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 5375
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OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 15. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under title 15, Election Code. My Commission Expires May 4, 2018		I OLITIOAL	CONTRIBUTIONS MAINTAINED AS OF G PERIOD	THE LAST DAY	\$ 1.051 43
ROBERT W VEACH My Commission Expires May 4, 2018 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.			AMOUNT OF ALL OUTSTANDING LOA REPORTING PERIOD	NS AS OF THE	70
	ROI My Co	mmission Expires	report is true and correct and reported by me under time 1	l includes all info 5, Election Code.	mation required to be
Sworn to and subscribed before me, by the said Marthew Richard Mucker. this the day of January, 20 20, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Sworn to and subscribe 16 day of	January, 20 2	bert w. Veach	ss my hand an	

P.O. Box 12070

POLITI	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
	e Instruction Guide explains how to complete ti	nis form.	1 Total pages Sc	hedule A: 2
2 FILER NAME	163 1816 VECTIV	SCHOOLS	3 ACCOUNT# (I	Ethics Commission Filers)
11/16/14	5 Full name of contributor out-of-state PAC (ID#) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	KELLER TX 76249		(If travel outside	of Texas, complete Schedule T)
9 Filicipal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/16/14	Contributor address? City: State: Zip Code L400 MISTY RIDGE DO KELLER TX 76248	_	7000	 -
Principal occu	pation / Job title (See Instructions)	Employer (See In:	(If travel outside of structions)	of Texas, complete Schedule T)
Date				
10/29/14	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
•	1700 Wellington Dr Keller TX 76744			
Principal occur	Dation / Job title (See Instructions)			of Texas, complete Schedule T)
		Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/16/14	Contributor address: City; State; Zip Code		2500	
	Kellor TX 76248		(If travel outside of	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		roxad, delinpicte ochedule 1)
Date	Full name of contributor			
. 1	Jessica Bryant		Amount of contribution (\$)	In-kind contribution description (if applicable)
11/16/14	Contributor address; City; State; Zip Code 1312 LIMESTONE (REEK	DR	3000	
Deinsiastas	KELLER TX 76248		 (If travel outside of	Texas, complete Schedule T)
rnncipal occup	ation / Job title (See Instructions)	Employer (See Inst		,
If contr	ATTACH ADDITIONAL COPIES O	FTHISSCHEDULEA	S NEEDED litional reporting	g requirements.

POLITICAL	CONTRIBUTIONS
OTHER THA	N PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete ti	his form.	1 Total pages Sc	chedule A:
2 FILER NAME			3 ACCOUNT# (Ethics Commission Filers)
VOTE	YES FOR KELLER SCH	HOOLS		,
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
, , , , ,	6 Contributor address; City; State; Zip Code	•	2500	
	KELLER TX 76248		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See In		The second secon
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/36/14	Contributor address; City; State; Zip Code	•	7509	
·	KELLER TX 76248		<i>(</i> (4)	
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
, , , , , , ,	Contributor address; City; State; Zip Code		5000	
	KELLER TX 76245		(If travel outside	of Towns asserted Oak A. F.
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
10/31/14/	HOLLY SYRDAL		contribution (\$)	description (if applicable)
10/3/19	Contributor address; City; State; Zip Code	~v	25∞	
	FT LORTH 76244			
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)
		Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occupa	ition / Job title (See Instructions)	Employer (See Inst		f Texas, complete Schedule T)
	Employer (See Histractions)			
		····		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

Т	ne Instruction Guide explains how to	4 Total pages Co	
2 FILER NAME	ne Instruction Guide explains how to complete this form.	1 Total pages Sc	nedule C:
VOTE	YES FOR KELLER SCHOOLS	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/22/14	6 Corporation / Labor Organization address; City: State; Zip Code 635 WESTPORT PRWY #300 CRAPEVINE TX 76051	50000	.
Date		(If travel outside	of Texas, complete Schedule T)
	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/22/14	Corporation / Labor Organization address; City; State; Zip Code	50000	
	DALLAS TX 75219]
Date	Corporation / Labor Organization name		of Texas, complete Schedule T)
	TCG GROSO HOLDING LLP	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/14	900 S. CAPITAL OF TEXAS #350	5,50000	
	AUSTIN TX 70746		<u> </u> -
Date	Comparities (1)	(If travel outside	of Texas, complete Schedule T)
	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/22/14	Corporation / Labor Organization address; City; State; Zip Code 2921 Uest 7th St #300	1,6000	
	FT WORTH 76107	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code	 	
		(If travel outside o	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	Corporation / Labor Organization address; City; State; Zip Code	contribution (\$)	description (if applicable)
	ATTACHUE		f Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

TEXAS ETHES COMM	ISSION P.O. Box 12070	Austin, Texas 78711-2070 (51:	2) 463-5800) (TDD 1-800-735-298
LOANS				SCHEDULE E
The	e Instruction Guide explains how	to complete this form.	1 Total p	ages Schedule E:
2 FILER NAME			3 ACCOL	JNT # (Ethics Commission Filers)
VOTE Y	ES FOR KELLER	SCHOOLS		MI # (Ethios commission Filers)
ТОТ/	AL OF UNITEMIZED LOANS:		\Rightarrow	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
11/17/14	MATTHEN MU			1673.79
6 Is lender a financial	8 Lender address; City; S	State; Zip Code	• • • • • •	10 Interest rate
Institution?	1434 VINDSONG	CIA	İ	0%
_ Y	KELLER TH 7	6248	;	11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions	s)	1/31/15
14 Description of Co	lateral			
none				
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; C	ity; State; Zip Code		
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions))	
Date of loan	Name of lender	ut-of-state PAC (ID#		Loan Amount (\$)
ls lender a financial Institution?	Lender address; City; St	ate; Zip Code		Interestrate
YN				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	iteral			
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; Cit			
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS NEE		
If lend	er is out-of-state PAC, please se	e instruction guide for additional rep	orting requ	uirements.

		<u> </u>
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/GEXPENSE Solicitation/Fund Travel In District Food/Beverage Expense Travel Out Of Dis Office Overhead/ Printing Expense The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 Total pages Schedule F:	2 FILER NAME VOTE YES FOR KELLER	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name LABOR READY	3410013
6 Amount (\$)	7 Payee address: City; State; Zip Code 1015 "A" ST TAIOMA WA 78402	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLUIPL XPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Poll いたという Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
Date 11/3/14	Payee name Pain 7 PLACE	
Amount (\$)	Payee address; City; State; Zip Code	
15390	1130 AUG H EAST ARLINGTON TX	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	PRINTING EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name CHISM STRATELIES Payee address: City: State: Zin Code	
567500	Lip Godo	07
PURPOSE O F Expenditure	Category (See categories listed at the top of this schedule) POLLIBL EXPENSE	Description (If travel outside of Texas, complete Schedule T) つんし (なり) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 11 3 14	Payee name DAVID GERDA	
Amount (\$) 600	Payer address: City; State; Zip Code 1485 5 1990 57 KELLEN TX 36248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this semedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to describe the services of the service	Contract Labor raising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe
1 Total pages Schedule F	2 FILER NAME	3 ACCOUNT # (Ethics Commission File
4 Date	5 Payee name	
6 Amount (\$) 341 74	7. Payee address; City: State: Zip Code 1130 AVE H FAST ANLINGTON TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Painting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Push になる
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Date 10 31 14 Amount (\$)	Payee name PAYONL Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule) Accounting Banking Candidate / Officeholder name	Description (If travel outside of Texas, complete Schedule T) (REDIT (ARD PROCESSING FEES Check if Austin, TX, officeholder living expense
expenditure to benefit C/0	OH .	Office sought Office held
Date 11 4 14	TAMES HARRIS	
Amount (\$) 19506	Payee address; City; State; Zip Code 1838 S. LAS VECAS TR FT LORTH 76108	#284
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING FYPENSE	Description (If travel outside of Texas, complete Schedule T) POLL LORKER Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name SHANNON MOKAN	
Amount (\$)	Payee address; City; State; Zip Code 7124 CHATHAM RD NRH TX 76192	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Frood/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	Contract Labor draising Expense t strict /Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILERNAME VOTE YES FOR KELLER		3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name KELLER TAVERN	- 1000	
6 Amount (\$)	7 Payee address; City; State; Zip Code 128 5 Main 57 148		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct	Candidate / Officeholder name	Check if AL	stin, TX, officeholder living expense Office held
expenditure to benefit C/	OH		Office field
Date 11 4 14	Payee name L. J. KINCADE		
Amount (\$)	Payee address; City; State; Zip Code 1407 SWEETHUM (IR 1648 TX 76244		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Pou	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	otin, TX, officeholder living expense
Date 1,	Payee name JAMES GOLDIE		
Amount (\$)	Payee address; City; State; Zip Code SO6 MARTHA ST EULESS TX 76040		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Poll	If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name CHARLES ALEXANDER		
Amount (\$)	Payee address; City; State; Zip Code	R	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	You L	if travel outside of Texas, complete Schedule T) O.A.K.f.A. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement raising Expense Transportation Equipment & Related Expense trict Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 Total pages Schedule F	2 FILERNAME VOTE YES FOR KELLE	3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name MICHAEL STANSBERRY	ER SCHOOLS
6 Amount (\$)	7 Payee address: City: State: Zip Code 4140 STAGHOLD (IN S FT WORTH 76137	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	POLLING EXPENSE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 11 16 14	Payee name LASOR READY	
Amount (\$)	Payee address: City; State; Zip Code 1015 "A" ST TAIOMA WA 94402	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLIPA EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
Date 11 4 14	Payee name ALMA MILLER	
Amount (\$)	Payee address; City; State; Zip Code	MY
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name DISCOUNT BANNER	
Amount (\$) 139 17	Payee address; City; State; Zip Code 500 N MAIN ST KELLER TX 76248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) RONERTISING Expenses	Description (If travel outside of Texas, complete Schedule T) ハンドル Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Sol Food/Beverage Expense Tra	aries/Wages/Cor icitation/Fundrai vel In District vel Out Of Distric ice Overhead/Re	ntract Labor sing Expense ct ntal Expense		ment & Related
1 Total pages Schedule F:	2 FILER NAME		CHOULS		(Ethics Commission Filers
11/16/14	5 Payee name OUTHACH STRATECT		LLC		
6 Amount (\$) 967 83	Payee address; City; State; 10850 RICHMOND	Zip Code AVE #1			
8 PURPOSE OF	(a) Category (See categories listed at the top of schedule)			(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Advertising Expanse		OLIQU Check if A	ustin, TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough		Office held
Date 11 /16/14	Payee name MATTHE STRONG	7			
Amount (\$)	Payee address; City; State;				
5400	1345 HUFFMAN BLUFF KELLER TX 76248				
PURPOSE OF Expenditure	Category (See categories listed at the top o	f this	Sian	(If travel outside of Texa	ist supplies
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	ıstin, TX, officeholder livin t	Office held
Date 11 16 14	Payee name				
Amount (\$)	PETER YUNARADO Payee address; City; State;	Zip Code			
16500	4424 PARK CREEK	CT Code			
PURPOSE	FT LORTH 76137 Category (See categories listed at the top of	fthis	Description	(15 4	
OF EXPENDITURE	POLLING EXPENSE	uno	POLL	(If travel outside of Texas	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	stin, TX, officeholder livin	Office held
Date	Payee name				
11/16/14	LARRY HOLON				
Amount (\$)	Payee address; City; State; Company City; State; Company City; State; Company City; State; City; C	Zip Code - T			
PURPOSE OF	Category (See categories listed at the top of schedule)	this		(If travel outside of Texas	, complete Schedule T)
EXPENDITURE	POLLING EXPENSE		Check if Aus	LOCK K CA stin, TX, officeholder living	ezněnse
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SC	HEDULFAS	NEEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/C Expense Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Office Overhead/R Printing Expense The Instruction Guide explains how to c	Contract Labor raising Expense trict Rental Expense	Loan Repayment/Rei Transportation Equips Expense Contributions/Donatio Candidate/Officeho OTHER (enter a categ	ment & Related ns Made By older/Political Committee
1 Total pages Schedule F:	2 FILER NAME	S CHOOLS	3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name SETTY LESTER	0,406.5		
6 Amount (\$)	7 Payee address; City; State; Zip Code 200 (00) TRY BROOK DR KELLER TX 76248	#1208		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texa:	s, complete Schedule T)
EXPENDITURE	Polling Expense	!	oת k.∈	o expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date 11 14	Payee name PEGGY AND DEL FAST			
Amount (\$)	Payee address: City; State; Zip Code 5932 STEVE CT WESTLAKE TX 76267			
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) POLLING EXPENSE	POLL	(If travel outside of Texas	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
Date 11/16/14 Amount (\$)	Payee name TAN PLEMONS Payee address; City: State: Zin Code			
600	Payee address; City; State; Zip Code 7536 STELARD LN NRH TX 76182			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING FXPENSE	_ Porr	If travel outside of Texas, いっんと代 tin, TX, officeholder living	·
Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date 11 / 16 / 14	Payee name HANNAH TESORIERO			
450 est	Payee address; City; State; Zip Code 6901 NE LOUP 670 #117 NRH TX 76180			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EIPENSE	_Porr 1	If travel outside of Texas, しっしんとそん in, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E AS M	EEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	/Contract Labor draising Expense t		
1 Total pages Schedule F:	2 FILER NAME OTE YES FOR KELLER	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 11 16 14	5 Payee name SHANNON MORAN			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING E 104 mS4	(b) Description (If travel outside of Texas, complete Schedule T) Pour しゅんとでん Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held		
Date // //6//4	Payee name CANOL STELANT			
Amount (\$)	Payee address; City; State; Zip Code 3204 SALESTONE DR # FT WORTH 76177	5213		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EAPENSE	Description (If travel outside of Texas, complete Schedule T) りんし しるんに(ん		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date 11 /16/14	Payee name JANIE FARIS			
Amount (\$)	Payee address; City; State; Zip Code 10376 BRADSHAL DR FT WORTH 76108			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PUL LONKER Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date 11 16 14	Payee name PAUL LIALKER			
Amount (\$)	Payee address; City; State; Zip Code 1604 Pope DR FT Wolfth 76104			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING FIRMS	Description (If travel outside of Texas, complete Schedule T) POLL Lock (C) Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Salaries/Wages/ Expense Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Office Overhead/ Printing Expense The Instruction Guide explains how to	Contract Labor draising Expense Strict Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 Total pages Schedule F:	2 FILER NAME VOTE YES FOR KELL	CHOOLS 3 ACCOUNT # (Ethics Commission Filers
1) /16/14	5 Payee name DILK MUCKER	
6 Amount (\$) 162 36	7 Payee address; City: State; Zip Code 7644 7111 (T NNH TX 76146	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other Expense	(b) Description (If travel outside of Texas, complete Schedule T) Replace (Snopy damesed by weather Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 11/24/14	Payee name CHASE BANK	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) ハーストルストルストルのできます。 Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 12/31/14	Payee name CHASE BANK	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) SANXINA	Description (If travel outside of Texas, complete Schedule T) おいいか からかすっている 「イル Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
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P.O. Box 12070

Advertising Expense	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Accounting/Banking Consulting Expense	Expense Legal Services Salaries/Wages/ Solicitation/Fund	Contract Labor Loan Renayment/Reimhussement
Event Expense	Food/Beverage Expense Travel In District	Expense
Fees	Polling Expense Office Overhead/	Rental Expense Candidate/Officeholder/Political Commi
	The Instruction Guide explains how to	
1 Total pages Schedule F:		3 ACCOUNT # (Ethics Commission F
4 Date	S Payee name	Chars
10/13/14	HOME DEPOT	
6 Amount (\$)		
. 64	7 Payee address; City; State; Zip Code	
101 9	FT WORTH 76137	
8 PURPOSE	(a) Category (See categories listed at the top of this	(b) Description (If travel outside of Texas, complete Schedule T)
OF	schedule)	Nosts
EXPENDITURE	Advotising Expense	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Specialities to beliefit O	<u> </u>	
Date	Payee name	
10/9/14	HOME DEPOT	
Amount (\$)	Payee address; City; State; Zip Code	
100 57	2013 Hwy 377	
101	KELLER TX 76248	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF Expenditure	'	SILN POSTS
	Advatising Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
Date		
0/10/14	Payee name	
Amount (\$)	Home DEPOT	
74110dill (\$)	Payee address; City; State; Zip Code	
70946	11-11-11	
	180.0	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Adurtisia Flynise	SICN POSTS
Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
expenditure to benefit C/C		Office sought Office held
Date	Payee name	
10/78/14	^ ^	
Amount (\$)	Payee address; City; State; Zip Code	100
110-42		har
415	KELLEN 76248	+ 100
PURPOSE	Category (See categories listed at the top of this	Deportunities (15 to 15
OF	Schedule)	Pescription (If travel outside of Texas, complete Schedule T)
EXPENDITURE	EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL CODIES	
	ATTACH ADDITIONAL COPIES OF THIS :	SCHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to	/Contract Labor Loan Repa draising Expense t Transportat Expense contribution Candida	nyment/Reimbursement tion Equipment & Related ns/Donations Made By ate/Officeholder/Political Committed ter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	3 ACC	COUNT # (Ethics Commission Filer
4 Date	VOTE YES FOR KELLER	schools	(2 mas commission) her
11/3/14	5 Payee name 50HN PAUL'S PRINT	SHOP	
6 Amount (\$)	7 Payee address: City; State; Zip Code 2131 Kuff Suow #16 KELLER TX 7624%	Xo	
PURPOSE OF Expenditure	(a) Category (See categories listed at the top of this schedule) Rinting Expense	(b) Description (If travel outs	side of Texas, complete Schedule T)
9 Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, office	eholder living expense
expenditure to benefit C/0	OH	Office sought	Office held
Date	Payee name PECADEMY SPORTS -	OUTDOORS	
Amount (\$) 2544	Payee address; City; State; Zip Code	- C + V G G N /	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 11/3/14	Payee name		
Amount (\$)	Payee address; City; State; Zip Code Soco Denton Huy #109 UATAUCA TX 76148)	
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) Polling Express	Description (If travel outsi	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name XH	Office sought	Office held
Date	Payee name JOHN PAUL'S PRINT	SHOP	
Amount (\$)	Payee address; City; State; Zip Code 7131 RUFE SNOW KELLER 76248	0,	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Express	Description (If travel outsin ない くんしょう しゅうしゅう しゅうしゅう Check if Austin, TX, officer	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitati Food/Beverage Expense	Wages/Contract Labor on/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Fees	Polling Eynense	verhead/Rental Expense	Candidate/Officeholder/Political Committee
	The Instruction Guide explains	how to complete this form	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME VOTE YES FOR KEL	LEN SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name OFFICE DEPOT	2 47 302	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
Sy 98	7	س [*] Y	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expense		(c) 5 ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	
Date .	Payee name		
11/14		GOITASIMA	
Amount (\$)	Payee address; City; State; Zip		
67321	PT LONTH 7610	ζ	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
O F EXPENDITURE	Polling Expresse	_ Dh	Sou (115 ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	t Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	ode	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Au	ıstin, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	· ,
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	ode	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE		Chank is A	ctin TV officeholdestisting a
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	stin, TX, officeholder living expense Office held
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	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED