

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
17

3 COMMITTEE NAME
NOTE YES FOR KELLER SCHOOLS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #	Amount
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Date Processed

Date Imaged

4 COMMITTEE ADDRESS
 change of address

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE
**1834 WINDSORG CIR
KELLER TX 76248**

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MATTHEW MUCKER

NICKNAME LAST SUFFIX

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
**1834 WINDSORG CIR
KELLER TX 76248**

7 CAMPAIGN TREASURER'S MAILING ADDRESS
 change of address

STREET OR PO BOX; APT / SUITE #, CITY, STATE, ZIP CODE
**1834 WINDSORG CIR
KELLER TX 76248**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 764-6385

9 REPORT TYPE

<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (attach PAC-DR)
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 26 / 2014 THROUGH 12 / 31 / 2014

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
11 / 4 / 2014 Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
Vote YES FOR KELLER Schools ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

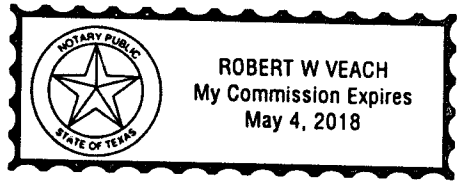
BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year
11 / 4 / 2014

DESCRIPTION
SCHOOL BOND

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,375</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,553⁷⁵</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,051⁴³</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,673⁷⁹</u>

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.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Richard Mucker, this the 16 day of January, 20 20, to certify which, witness my hand and seal of office.

[Signature] Robert W. Veach Notary for Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME
VOTE YES FOR KELLER SCHOOLS

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **11/16/14**
5 Full name of contributor: **Alyssa O'Rear** out-of-state PAC (ID#: _____)

7 Amount of contribution (\$): **10⁰⁰**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**909 NORMA LN
KELLER TX 76248**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **11/16/14**
Full name of contributor: **Brittany Fink** out-of-state PAC (ID#: _____)

Amount of contribution (\$): **20⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**400 MISTY RIDGE DR
KELLER TX 76248**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/29/14**
Full name of contributor: **E.F. Clifton** out-of-state PAC (ID#: _____)

Amount of contribution (\$): **25⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1200 Wellington Dr
Keller TX 76248**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **11/16/14**
Full name of contributor: **Gail McEnroe** out-of-state PAC (ID#: _____)

Amount of contribution (\$): **25⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**203 Talon Dr
Keller TX 76248**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **11/16/14**
Full name of contributor: **Jessica Bryant** out-of-state PAC (ID#: _____)

Amount of contribution (\$): **20⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1312 LIMESTONE CREEK DR
KELLER TX 76248**

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME
NOTE YES FOR KELLER SCHOOLS

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **10/30/14**
5 Full name of contributor: **CHRISTOPHER PRICE**
 out-of-state PAC (ID#: _____)

7 Amount of contribution (\$): **25⁰⁰**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**1625 VILLAGE TRAIL
KELLER TX 76248**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **10/30/14**
Full name of contributor: **KENT BURLESON**
 out-of-state PAC (ID#: _____)

Amount of contribution (\$): **75⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1421 LIZZY CT
KELLER TX 76248**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/31/14**
Full name of contributor: **STEVEN TRINE**
 out-of-state PAC (ID#: _____)

Amount of contribution (\$): **50⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**917 GREENBRIAR DR
KELLER TX 76248**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/31/14**
Full name of contributor: **HOLLY SYRDAL**
 out-of-state PAC (ID#: _____)

Amount of contribution (\$): **25⁰⁰**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
~~9720~~ **9721 HATHMAN LN
FT WORTH 76244**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

(If travel outside of Texas, complete Schedule T)

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.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C: 1

2 FILER NAME
VOTE YES FOR KELLER SCHOOLS

3 ACCOUNT # (Ethics Commission Filers)

4 Date
12/22/14

5 Corporation / Labor Organization name
IMAGE ENGINEERING GROUP LTD.
6 Corporation / Labor Organization address; City; State; Zip Code
635 WESTPORT PKWY #300
GRAPEVINE TX 76051

7 Amount of contribution (\$)
500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
12/22/14

Corporation / Labor Organization name
LA FUESS PARTNERS INC
Corporation / Labor Organization address; City; State; Zip Code
3333 LEE PKWY #300
DALLAS TX 75219

Amount of contribution (\$)
500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
10/29/14

Corporation / Labor Organization name
TCG GROUP HOLDINGS LLP
Corporation / Labor Organization address; City; State; Zip Code
900 S. CAPITAL OF TEXAS #350
AUSTIN TX 78746

Amount of contribution (\$)
2,500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date
12/22/14

Corporation / Labor Organization name
VLLK ARCHITECTS
Corporation / Labor Organization address; City; State; Zip Code
2821 WEST 7th ST #300
FT WORTH 76107

Amount of contribution (\$)
1,600⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name
Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name
Corporation / Labor Organization address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

NOTE YES FOR KELLER SCHOOLS

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

11/17/14

7 Name of lender

MATTHEW MUCKER

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

1673.79

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

1834 WINDSONG CIR
KELLER TX 76248

10 Interest rate

0%

11 Maturity date

1/31/15

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>11</u>		2 FILER NAME <u>VOTE YES FOR KELLER SCHOOLS</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/3/14</u>		5 Payee name <u>LABOR READY</u>			
6 Amount (\$) <u>1,159.65</u>		7 Payee address; City; State; Zip Code <u>1015 "A" ST TAROMA WA 98402</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>POLLING EXPENSE</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Poll Workers</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>11/3/14</u>		Payee name <u>PAINT PLACE</u>			
Amount (\$) <u>153.90</u>		Payee address; City; State; Zip Code <u>1130 AVE H EAST ARLINGTON TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description (If travel outside of Texas, complete Schedule T) <u>PUSH CARDS</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>11/3/14</u>		Payee name <u>CHISM STRATEGIES</u>			
Amount (\$) <u>5675.00</u>		Payee address; City; State; Zip Code <u>2906 N STATE ST #302 JACKSON MS 39216</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>POLLING EXPENSE</u>		Description (If travel outside of Texas, complete Schedule T) <u>Phone Calls</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>11/3/14</u>		Payee name <u>DAVID GERDA</u>			
Amount (\$) <u>600.40</u>		Payee address; City; State; Zip Code <u>1485 S MAIN ST KELLER TX 76248</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/4/14	5 Payee name PRINT PLACE
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6 Amount (\$) 341.78	7 Payee address; City; State; Zip Code 1130 AVE H EAST ARLINGTON TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) PUSH CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/14	Payee name PAYOAL
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Amount (\$) 6.29	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING	Description (If travel outside of Texas, complete Schedule T) CREDIT CARD PROFESSIONAL FEES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/14	Payee name JAMES HARRIS
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Amount (\$) 195.00	Payee address; City; State; Zip Code 1838 S LAS VEGAS TR #284 FT WORTH 76108
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/14	Payee name SHANNON MORGAN
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Amount (\$) 105.00	Payee address; City; State; Zip Code 7124 CHATHAM RD NRH TX 76182
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME VOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/4/14	5 Payee name KELLER TAVERN
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6 Amount (\$) 191.24	7 Payee address; City; State; Zip Code 128 S MAIN ST KELLER TX 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLL WATCHING PARTY <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/14	Payee name L.J. KINCADE
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Amount (\$) 180.00	Payee address; City; State; Zip Code 1407 SWEETHUM CIR KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/14	Payee name JAMES GOLDIE
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Amount (\$) 195.00	Payee address; City; State; Zip Code 506 MARTHA ST EULESS TX 76040
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/14	Payee name CHARLES ALEXANDER
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Amount (\$) 195.00	Payee address; City; State; Zip Code 5644 CEDAR CREEK DR BENBROOK TX 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME VOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/4/14	5 Payee name MICHAEL STANSBERY
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6 Amount (\$) 19500	7 Payee address; City; State; Zip Code 4140 STAGHORN CIR S FT WORTH 76137
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name LABOR READY
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Amount (\$) 887.07	Payee address; City; State; Zip Code 1015 "A" ST TALOMA WA 98402
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/14	Payee name ALMA MILLER
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Amount (\$) 4500	Payee address; City; State; Zip Code 4841 SALMON RUN WAY FT WORTH 76137
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKERS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name DISCOUNT BANNER
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Amount (\$) 139.95	Payee address; City; State; Zip Code 500 N MAIN ST KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BANNER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME VOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 11/16/14	5 Payee name OUTREACH STRATEGISTS LLC
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6 Amount (\$): 962 ⁸³	7 Payee address; City; State; Zip Code 10850 RICHMOND AVE #100 HOUSTON TX 77042
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) SOCIAL MEDIA <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 11/16/14	Payee name MATTHEW STRONG
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Amount (\$): 54 ⁰⁰	Payee address; City; State; Zip Code 345 HOFFMAN BLUFF KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) SIGN HANGING TOOLS/SUPPLIES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 11/16/14	Payee name PETER ALVARADO
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Amount (\$): 165 ⁰⁰	Payee address; City; State; Zip Code 4424 PARK CREEK CT FT WORTH 76137
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 11/16/14	Payee name LARRY HOLON
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Amount (\$): 60 ⁰⁰	Payee address; City; State; Zip Code 636 OAK VIEW CT AZLE TX 76020
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME NOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/16/14	5 Payee name BETTY LESTER
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6 Amount (\$) 30 ⁰⁰	7 Payee address; City; State; Zip Code 200 COUNTRY BROOK DR #1208 KELLER TX 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name PEGGY AND DEL FAST
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Amount (\$) 120 ⁰⁰	Payee address; City; State; Zip Code 5932 STEVE CT WESTLAKE TX 76262
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name JAN PREMONS
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Amount (\$) 60 ⁰⁰	Payee address; City; State; Zip Code 7536 STEWARD LN NRM TX 76182
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name HANNAH TFSORIERO
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Amount (\$) 450 ⁰⁰	Payee address; City; State; Zip Code 6901 NE LOOP 820 #112 NRM TX 76180
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME VOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/16/14	5 Payee name SHANNON MORGAN
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6 Amount (\$) 67.50	7 Payee address; City; State; Zip Code 7124 CHATHAM RD NRH TX 76182
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name CAROL STELART
------------------	-----------------------------

Amount (\$) 75.00	Payee address; City; State; Zip Code 3204 SAGESTONE DR #5213 FT WORTH 76177
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name JANIE FARIS
------------------	---------------------------

Amount (\$) 90.00	Payee address; City; State; Zip Code 10376 BRADSHAW DR FT WORTH 76108
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 11/16/14	Payee name PAUL WALKER
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Amount (\$) 180.00	Payee address; City; State; Zip Code 1804 POPE DR FT WORTH 76104
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLL WORKER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
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1 Total pages Schedule F: 11	2 FILER NAME NOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/16/14	5 Payee name DICK MUCKER
--------------------	-----------------------------

6 Amount (\$) 162 ³⁶	7 Payee address; City; State; Zip Code 7644 JILL CT NRH TX 76180
------------------------------------	--

8 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 canopy damaged by weather <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/14	Payee name CHASE BANK
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Amount (\$) 12 ⁰⁰	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Account maintenance fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/14	Payee name CHASE BANK
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Amount (\$) 12 ⁰⁰	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Account maintenance fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
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1 Total pages Schedule F: 11	2 FILER NAME NOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/13/14	5 Payee name HOME DEPOT
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6 Amount (\$) 101 ⁶⁴	7 Payee address; City; State; Zip Code 7100 N. FWY FT WORTH 76137
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) SIGN POSTS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/14	Payee name HOME DEPOT
-----------------	--------------------------

Amount (\$) 167 ⁵⁷	Payee address; City; State; Zip Code 2013 Hwy 377 KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) SIGN POSTS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/14	Payee name HOME DEPOT
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Amount (\$) 209 ⁴⁶	Payee address; City; State; Zip Code 2013 Hwy 377 KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) SIGN POSTS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/14	Payee name JOHN PAUL'S PAINT SHOP
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Amount (\$) 425 ⁴³	Payee address; City; State; Zip Code 2131 RUFF SMOU DR #100 KELLER 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PUSH CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Printing Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME VOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/3/14	5 Payee name JOHN PAUL'S PRINT SHOP
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6 Amount (\$) 241.45	7 Payee address; City; State; Zip Code 2131 RUFF SNOW #108 KELLER TX 76248
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Push cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/1/14	Payee name ACADEMY SPORTS + OUTDOORS
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Amount (\$) 258.44	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) RAIN PONCHOS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/14	Payee name STAPLES
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Amount (\$) 94.46	Payee address; City; State; Zip Code 8000 Denton Hwy #108 WATAUGA TX 76148
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Water proof POUCHES <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/4/14	Payee name JOHN PAUL'S PRINT SHOP
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Amount (\$) 92.01	Payee address; City; State; Zip Code 2131 RUFF SNOW KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Push cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME NOTE YES FOR KELLER SCHOOLS	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/29/14	5 Payee name OFFICE DEPOT
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6 Amount (\$) \$498	7 Payee address; City; State; Zip Code 7608 DENTON HWY WATAUGA TX 76148
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Push Cards
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/1/14	Payee name THE TYSON ORGANIZATION
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Amount (\$) 673.21	Payee address; City; State; Zip Code 1351 MISTLETOE DR FT WORTH 76110
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Phone Calls
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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

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