

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission File)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Raymond E</i> MIDDLENAME LAST SUFFIX <i>WILLIS</i>	<b>OFFICE USE ONLY</b> FILED TARRANT COUNTY 2016 JAN 13 PM 12:16 FRANK PHILLIPS ELECTIONS ADMINISTRATION ALM Date Filed/Entered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	[REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>VIRNELDA J</i> MIDDLENAME LAST SUFFIX <i>LEWIS</i>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE [REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Recall <input type="checkbox"/> 15th day after campaign treasurer appointment (Officer/holder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Extended EOT bid <input type="checkbox"/> Final Report (about C/OH - 17)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>07 / 1<sup>ST</sup> / 15</i> THROUGH <i>12 / 31 / 15</i>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Recall <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SUGHT (if none)	
		<i>Constable Tarrant County PRECINCT 8</i>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Raymond E Williby 15 Filer ID (Ethics Commission Filers)

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

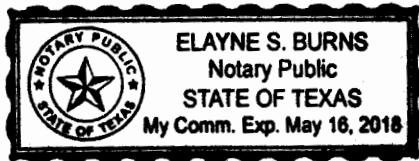
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

FILED  
TARRANT COUNTY  
2016 JAN 13 PM 12:16  
FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,418.9
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Raymond E Williby  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raymond E Williby, this the 12 day of January, 2016, to certify which, witness my hand and seal of office.

Elayne S. Burns Signature of officer administering oath  
ELAYNE S. BURNS Printed name of officer administering oath  
New Account Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Raymond Wilhiby*

3 Filer ID (Ethics Commission Filers)

4 Date

*12-17-15*

5 Full name of contributor

*ERIC McCullum*

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

*ARLINGTON TX.*

7 Amount of contribution (\$)

*\$ 1,000.00*

8 Principal occupation / Job title (See Instructions)

*SELF Employed*

9 Employer (See Instructions)

Date

*12-08-15*

Full name of contributor

*STEPHEN C HORNING LOCKWOOD*

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

*20 Woodland Ct Mansfield TX 76063*

Amount of contribution (\$)

*\$ 10,000.00*

Principal occupation / Job title (See Instructions)

*SELF Employed*

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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TARRANT COUNTY  
2016 JAN 13 PM 12:16  
FRANK PHILLIPS  
ELECTIONS ADMINISTRATOR  
BY: \_\_\_\_\_

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

FILED  
TARRANT COUNTY  
2016 NOV 18 PM 12:16  
ELECTORAL ADMINISTRATOR

1 Total pages Schedule F1:	2 FILER NAME <b>Raymond E Willy By</b>	3 Filer ID (Ethics Commission Clerks)
4 Date <b>12-11-15</b>	5 Payee name <b>DEBORAH PEOPLES</b>	
6 Amount (\$) <b>\$1000.00</b>	7 Payee address; City; State; Zip Code <b>2812 RACE FORT WORTH 76111</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>DEMOCRATIC GENERAL Ballot Fee</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-15-15</b>	Payee name <b>DERRICK L SIMMONS</b>	<b>817-723-1550</b>
Amount (\$) <b>\$700.00</b>	Payee address; City; State; Zip Code	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DOWN PAYMENT ON SIGNS AND LABOR</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-18-15</b>	Payee name <b>POST MASTER</b>
Amount (\$) <b>\$199.49</b>	Payee address; City; State; Zip Code <b>E.ROSDALE FORT WORTH TX 76119</b>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>STAMPS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond Williby</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-19-15</i>	5 Payee name <i>DERRICK L SIMMONS</i>	
6 Amount (\$) <i>\$815.00</i>	7 Payee address; City; State; Zip Code  <i>817-723-1550</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>SIGNS TAXES &amp; LABOR</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

Date <i>12-19-15</i>	Payee name <i>Raymond Williby</i>
Amount (\$) <i>\$25.00</i>	Payee address; City; State; Zip Code <i>3304 BRETT JACKSON DR CROWLEY TX 76036-5626</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ELECTION ALUMNI ASSOCIATION</i>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

Date <i>12-19-15</i>	Payee name <i>Raymond Williby</i>
Amount (\$) <i>\$54.98</i>	Payee address; City; State; Zip Code <i>STAPLES BURESON TX.</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>SUPPLY FOR PRINTER</i>
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

FILED  
 TARRANT COUNTY  
 2016 JAN 13 PM 12:16  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

FILED  
TARRANT COUNTY  
CLERK  
JAN 13 2016  
PM 12:16  
BY: [Signature]  
ADMINISTRATOR

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond Willby</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-20-15</i>	5 Payee name <i>STAPLES</i>	
6 Amount (\$) <i>\$40.02</i>	7 Payee address; City; State; Zip Code <i>BURLESON TX.</i>	
8 PURPOSE OF EXPENDITURE <i>PURPOSE OF EXPENDITURE</i>	(a) Category (See Categories listed at the top of this schedule) <i>INK FOR PRINTER</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12-20-15</i>	Payee name <i>Joyce JOHNSON / P.R Public Relation</i>	
Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>6731 BRIDGE ST. Suite 67 FORT WORTH 76112</i>	
PURPOSE OF EXPENDITURE <i>PURPOSE OF EXPENDITURE</i>	Category (See Categories listed at the top of this schedule) <i>Public Relation</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12-21-15</i>	Payee name <i>RENEE THOMAS</i>	
Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>8525 BRUSHY CREEK FORT WORTH, TX 76118</i>	
PURPOSE OF EXPENDITURE <i>PURPOSE OF EXPENDITURE</i>	Category (See Categories listed at the top of this schedule) <i>WEBSITE</i>	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

ELECTED  
 TARRANT COUNTY  
 2016 JAN 11 PM 2:16  
 CLERK OF COURTS  
 WILLIAMS

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond Wilby</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-21-15</i>	5 Payee name <i>PAY PALS</i>
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6 Amount (\$) <i>\$ 40.00</i>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Website to RECEIVED MONEY to ELECTION</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12-24-15</i>	Payee name <i>WILLIAMS E WASHINGTON / EXTREME WORK Studio</i>
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Amount (\$) <i>\$ 80.00</i>	Payee address; City; State; Zip Code <i>682-432-4130</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>SMALL ELECTION CARDS</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-24-15</i>	Payee name <i>Kwik Kopy PRINTING (817) 451-6276</i>
-------------------------	--

Amount (\$) <i>\$ 86.00</i>	Payee address; City; State; Zip Code <i>1850 HANDLEY DRIVE FORT WART TX 76112</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>500 post CARDS</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond Wilby</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-24-15</i>	5 Payee name <i>Website</i>
------------------------	-----------------------------

6 Amount (\$) <i>\$55.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Two Months Website</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12-24-15</i>	Payee name <i>Michael Young</i>
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Amount (\$) <i>\$80.00</i>	Payee address; City; State; Zip Code <i>Homeless</i>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PASS OUT FLYER AND FOOD</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-24-15</i>	Payee name <i>DEWAYNE ALLEN</i>
----------------------	---------------------------------

Amount (\$) <i>80.00</i>	Payee address; City; State; Zip Code <i>HOMELESS</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PASS OUT FLYER AND FOOD TO EAT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete 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**

FILED  
 TARRANT COUNTY  
 2016 JAN 13 PM 12:17  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 BY:



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond Williby</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-26-15</i>	5 Payee name <i>Michael Richardson</i>
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6 Amount (\$) <i>80.00</i>	7 Payee address; City; State; Zip Code <i>Homeless</i>
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Past out Flyer And Food</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12-26-15</i>	Payee name <i>Home Depot</i>
-------------------------	---------------------------------

Amount (\$) <i>\$ 73.83</i>	Payee address; City; State; Zip Code <i>7950 I/35 FORT WORTH TX. 76134 South Frwy</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supply for ELECTION Staple gun &amp; etc</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-27-15</i>	Payee name <i>SHELL GAS STATION</i>
-------------------------	--

Amount (\$) <i>\$ 37.42</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fuel For ELECTION</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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FILED  
 TARRANT COUNTY  
 2016 JAN 13 PM 12:17  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATOR  
 BY:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Raymond Williby</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-28-15</i>		5 Payee name <i>RENEE THOMAS</i>			
6 Amount (\$) <i>\$ 225.00</i>		7 Payee address; City; State; Zip Code <i>8525 BRUSHY CREEK FORT WORTH TX 76118</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Flyer 4,000 more</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-29-15</i>		Payee name <i>LOWIE'S</i>			
Amount (\$) <i>\$ 36.25</i>		Payee address; City; State; Zip Code <i>920 N BURLESON BLVD 817-426-1700</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>H. BRACKET FOR SIGNS</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-29-15</i>		Payee name <i>CHICKEN EXPRESS</i>			
Amount (\$) <i>\$ 23.80</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>ELECTION FOOD</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 TARRANT COUNTY  
 2016 JAN 13 PM 12:17  
 FRANK PHILLIPS  
 ELECTIONS ADMINISTRATION  
 BY:

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

BY: \_\_\_\_\_  
 ELECTIONS ADMINISTRATOR  
 2015 JAN 13 11:12 AM  
 TARRANT COUNTY  
 FILED  
**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: \_\_\_\_\_ 2 FILER NAME *Raymond Williby* 3 Filer ID (Ethics Commission Filers) \_\_\_\_\_

4 Date *12-29-15* 5 Payee name *Home Depot*

6 Amount (\$) *\$195.72* 7 Payee address; City; State; Zip Code *7950 I-35 South FREEWAY FORT WORTH TX 76134*

8 PURPOSE OF EXPENDITURE *40. Poles FOR SIGNS*

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

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

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

Date *12-29-15* Payee name *SHELL*

Amount (\$) *\$32.71* Payee address; City; State; Zip Code \_\_\_\_\_

PURPOSE OF EXPENDITURE *Fuel*

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

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

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

Date *12-29-15* Payee name *Home Depot*

Amount (\$) *\$28.77* Payee address; City; State; Zip Code *7950 I-35 South FREEWAY FORT WORTH TX. 76134*

PURPOSE OF EXPENDITURE *Supply*

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

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Raymond Williby</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-28-15</i>		5 Payee name <i>RENEE THOMAS</i>			
6 Amount (\$) <i>\$ 225.00</i>		7 Payee address; City; State; Zip Code <i>8525 BRUSHY CREEK FORT WORTH TX 76118</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Flyer 4,000 more</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-29-15</i>		Payee name <i>LOWIE'S</i>			
Amount (\$) <i>\$ 36.25</i>		Payee address; City; State; Zip Code <i>920 N BURLESON BLVD 817-426-1700</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>H. BRACKET FOR SIGNS</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-29-15</i>		Payee name <i>CHICKEN EXPRESS</i>			
Amount (\$) <i>\$ 23.80</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>ELECTION FOOD</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 ADMINISTRATOR

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond WILLBY</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>12-29-15</i>	5 Payee name <i>WAYNE Smith</i>	
6 Amount (\$) <i>80.00</i>	7 Payee address; City; State; Zip Code <i>Night SHELTER Homeless 76104</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Set Poles &amp; Food</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-30-15</i>	Payee name <i>KAYLON NAYS</i>	Payee address; City; State; Zip Code <i>712 Collett Ct</i>
Amount (\$) <i>\$50.00</i>	Category (See Categories listed at the top of this schedule) <i>Put DOWN YARD SIGNS</i>	
PURPOSE OF EXPENDITURE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-30-15</i>	Payee name <i>Jimmy ALFORD</i>	Payee address; City; State; Zip Code <i>817-812-7229 FORT WORTH TX</i>
Amount (\$) <i>\$100.00</i>	Category (See Categories listed at the top of this schedule) <i>Set Poles AND SET ELECTION SIGNS</i>	
PURPOSE OF EXPENDITURE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 6(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond Wilby</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-31-15</i>	5 Payee name <i>DERRICK L. SIMMON</i>	<i>817-723-1550</i>
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6 Amount (\$) <i>\$500.00</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>18 LARGE ELECTION SIGNS</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12-31-15</i>	Payee name <i>Tommy JOHNSON</i>
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Amount (\$) <i>\$50.00</i>	Payee address; City; State; Zip Code <i>NIGHT SHELTER HOMELESS</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PASS OUT FLYER PLUS FOOD</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-31-15</i>	Payee name <i>Roderick WILSON</i>
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Amount (\$) <i>\$50.00</i>	Payee address; City; State; Zip Code <i>NIGHT SHELTER HOMELESS</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PASS OUT FLYER PLUS FOOD</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Raymond Wilby</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-31-15</i>	5 Payee name <i>JOHN CARSON</i>
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6 Amount (\$) <i>\$ 50.00</i>	7 Payee address; City; State; Zip Code <i>Night Shelter Homeless</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PASS OUT FLYER PLUS FOOD TO EAT.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <i>12-31-15</i>	Payee name <i>BENNY WILSON</i>
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Amount (\$) <i>\$ 50.00</i>	Payee address; City; State; Zip Code <i>Night Shelter Homeless</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PASS OUT FLYER PLUS FOOD TO EAT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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