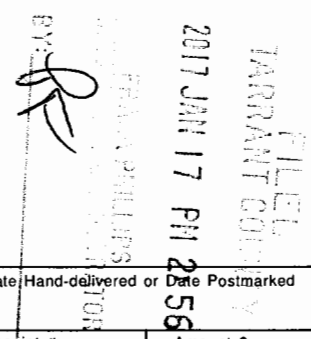


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.2em;">19</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Bill E. ----- NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold;">Waybourn</div>	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Taya ----- NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold;">Kyle</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="text-align: center; font-size: 1.2em;">10 / 31 / 2016 THROUGH 12 / 31 / 2016</div>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Sheriff</div>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Bill Waybourn **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.

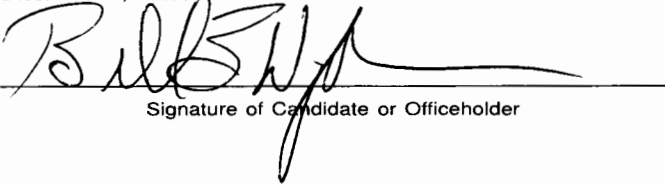
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 675.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,975.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 3,142.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,058.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,850.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

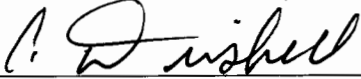
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BILL WAYBOURN, this the 17 day of JAN, 2017, to certify which, witness my hand and seal of office.


Signature of officer administering oath

CRAG DRISKELL
Printed name of officer administering oath

EX. DEP. CHIEF
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 41,916.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

2017 JAN 17 PM 2:56
 ETHICS COMMISSION
 DEPARTMENT OF STATE
 OFFICE OF THE CLERK
 DPK

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
11/2/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Tony Pack

6 Contributor address; City; State; Zip Code
6618 Noth East Loop 820 NRH TX 76180

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)
Automotive

9 Employer (See Instructions)
Sam Pack Auto Group

4 Date
12/30/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Ty Tipton

6 Contributor address; City; State; Zip Code
1421 Homestead Court Irving TX 75061

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)
Sales

9 Employer (See Instructions)
Tipton Insurance

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Jagdip & Hyoti Patel

6 Contributor address; City; State; Zip Code
2625 Johnson Road Southlake TX 76092

7 Amount of contribution (\$)
\$800.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Appartment Association

6 Contributor address; City; State; Zip Code
6350 Baker Blvd. Richland Hills TX 76118

7 Amount of contribution (\$)
\$2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

FILED
 JAN 17 PM 2:56
 2017 JAN 17 PM 2:56
 ETHICS COMMISSION

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/2016

5 Full name of contributor

David Gallagher

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

4516 Vista Ridge Cir. Fort Worth TX 76179

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

William Nolan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1408 Arles Court Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Brian & Mel Birdwell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Susan Vennum

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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 2017 JUN 17 PM 2:55
 ETHICS COMMISSION
 STATE OF TEXAS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/2016

5 Full name of contributor

James Powell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

PO Box 444 Hurst TX 76053

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Arnold Gachman

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

1229 Shady Oaks Ln. Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Jim Ross

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

2301 E. Lamar Blvd, Suite 175 Arlington TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Carol Lingard

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1409 Country Club Rd. Arlington TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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TARRANT COUNTY
2017 JAN 17 PM 2:56
BY: _____

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Charles Arnold
6 Contributor address; City; State; Zip Code
1416 Country Club Rd. Arlington TX 76013

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
JD Taylor
6 Contributor address; City; State; Zip Code
4814 Pier Nine Dr. Arlington TX 76016

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
ML Garcia
6 Contributor address; City; State; Zip Code
3121 Bigham Fort Worth TX 76116

7 Amount of contribution (\$)
\$150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Mrs. G.W. Winter
6 Contributor address; City; State; Zip Code
1212 Canterbury Ct. Arlington TX 76013

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

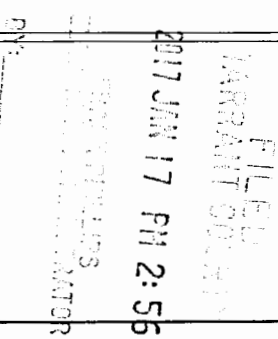
9 Employer (See Instructions)

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 2017
 CLERK OF COURTS
 TARRANT COUNTY, TEXAS

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Bill Waybourn		3 Filer ID (Ethics Commission Filers)
4 Date 12/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darl Easton 6 Contributor address; City; State; Zip Code 1005 Fayette Dr. Euless TX 76039	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 12/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Flint 6 Contributor address; City; State; Zip Code 4501 Woodland Park Rd. Arlington TX 76013	7 Amount of contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 12/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tricia Menikos 6 Contributor address; City; State; Zip Code 2701 Kimbo Rd. Fort Worth TX 76111	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4 Date 12/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Cook 6 Contributor address; City; State; Zip Code 309 E. Broad St. Mansfield TX 76063	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/2016

5 Full name of contributor

Adlai Pennington

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1375 Gilman Rd. Fort Worth TX 76140

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

William Zedler

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

5502 Hidden Trails Arlington TX 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

James Howard

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1620 Whitley Dr. Keller TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Michael Higgins

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

City; State; Zip Code

1304 Autry Lane Crowley TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

FILED
 TARRANT COUNTY
 2017 JAN 17 PM 2:56
 CLERK OF COURTS
 COUNTY CLERK'S OFFICE

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Allan Harper

7 Amount of contribution (\$)
\$1,000.00

6 Contributor address; City; State; Zip Code
2908 Oak Trail Arlington TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Stanley Harper

7 Amount of contribution (\$)
\$2,500.00

6 Contributor address; City; State; Zip Code
2301 Cannon Drive Mansfield TX 76063

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Robert Centracco

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
2056 Parkridge Dr. Hurst TX 76054

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date
12/9/2016

5 Full name of contributor out-of-state PAC (ID#: _____)
Toby Goodman

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
5001 S. Cooper, Suite 212 Arlington TX 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

FILED
PARLANT 08.017
2017 JAN 17 PM 2:56
BY: _____
CLERK OF COURTS
COMMISSIONER

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Bill Waybourn

3 Filer ID (Ethics Commission Filers)

4 Date

12/9/2016

5 Full name of contributor

Ronnie Long

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

6004 Airport Frwy Fort Worth TX 76117

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Stephanie Foster

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

4214 Little Road Arlington TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Damille Hodnett

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

433 N. Sylvania Ave #2 Fort Worth TX 76111

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

4 Date

12/9/2016

5 Full name of contributor

Bustin Out Bail Bonds

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

521 N. Riverside Fort Worth TX 76111

8 Principal occupation / Job title (See Instructions)

9 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.

FILED
TARRANT COUNTY
2017 JAN 17 PM 2:56
CLERK OF COURTS
BY: _____

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Bill Waybourn

4 Date 12/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Reynolds III	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 314 Main Street, Suite 202 Fort Worth TX 76102		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

4 Date 12/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Haddock	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 500 Main Street, Suite 1015 Fort Worth TX 76102		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

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 TARRANT COUNTY
 2017 JAN 17 PM 2:56
 CLERK OF COUNTY CLERK
 B.W.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2016	5 Payee name Constant Contact	
6 Amount (\$) 47.88	7 Payee address; City; State; Zip Code www.constantcontact.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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
4 Date 11/4/2016	5 Payee name Eandidat Resouce Center	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Event Expense	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
4 Date 11/14/2016	5 Payee name In-N-Out Burder	
6 Amount (\$) 30.53	7 Payee address; City; State; Zip Code Dallas TX	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Food Expense	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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 JAN 17 2017
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 CLERK OF COURTS
 TARRANT COUNTY
 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 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 Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2016	5 Payee name Dan Fernandez	
6 Amount (\$) 1,600.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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	
4 Date 11/14/2016	5 Payee name Bunni Punds	
6 Amount (\$) 3,636.01	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Consultant Fee	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	
4 Date 11/30/2016	5 Payee name Tarrant County Law Enforcement Association	
6 Amount (\$) 8,428.67	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Advertising Expense	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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 TARRANT COUNTY CLERK
 2017 JAN 17 PM 2:57
 1001 W. BECKLEY ST.
 FORT WORTH, TEXAS 76102

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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 Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 12/5/2016	5 Payee name Ol South Pancake House	
6 Amount (\$) 62.15	7 Payee address; City; State; Zip Code 1509 S. University Dr. Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(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
4 Date 12/8/2016	5 Payee name Craig Ownby	
6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code 7106 Lighthouse Rd. Arlington TX 76002	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Consultant Fee	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
4 Date 12/13/2016	5 Payee name Colleyville Lions Foundation	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Advertising Expense	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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 STATE OF TEXAS
 ETHICS COMMISSION

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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 Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 12/14/2016	5 Payee name Mercardo Juarez	
6 Amount (\$) 65.56	7 Payee address; City; State; Zip Code Fort Worth	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(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
4 Date 12/16/2016	5 Payee name Ol South Pancake House	
6 Amount (\$) 130.77	7 Payee address; City; State; Zip Code 1509 S. University Dr. Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Food Expense	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
4 Date 12/16/2016	5 Payee name RED	
6 Amount (\$) 1,108.57	7 Payee address; City; State; Zip Code Grand Prairie TX 75052	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Gift/Memorials Expense	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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 STATE ETHICS COMMISSION

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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2016	5 Payee name Sons of the Flag	
6 Amount (\$) 465.00	7 Payee address; City; State; Zip Code 8750 N. Central Expy, Suite 510 Dallas TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made by Candidate	(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
4 Date 12/19/2016	5 Payee name Harris Costumes	
6 Amount (\$) 92.01	7 Payee address; City; State; Zip Code Fort Worth TX	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Fundraising Expense	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
4 Date 12/14/2016	5 Payee name Bunni Pounds	
6 Amount (\$) 335.00	7 Payee address; City; State; Zip Code 620 W. State Street Garland TX	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Consultant Fee	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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 STATE ETHICS COMMISSION
 OFFICE OF THE CLERK
 1100 N. MEADOWS BLVD
 AUSTIN, TEXAS 78701

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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 Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2016	5 Payee name Murphy Nasic	
6 Amount (\$) 12,129.20	7 Payee address; City; State; Zip Code 815-A Brazos Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant Fee	(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
4 Date 12/22/2016	5 Payee name GMR Gold	
6 Amount (\$) 2,772.00	7 Payee address; City; State; Zip Code 25329 Budde Road, Ste.202 The Woodlands TX 77380	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Event Expense	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
4 Date 12/23/2016	5 Payee name Southwest Airlines	
6 Amount (\$) 616.70	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Travel Out of District	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 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 Bill Waybourn	3 Filer ID (Ethics Commission Filers)
4 Date 12/27/2016	5 Payee name David McClelland	
6 Amount (\$) 3,500.00	7 Payee address; City; State; Zip Code P.O. Box 202871 Arlington TX 76006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consultant Fee	(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
4 Date 12/30/2016	5 Payee name Ol South Pancake House	
6 Amount (\$) 110.60	7 Payee address; City; State; Zip Code 1509 S. University Dr. Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule) Food Expense	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
4 Date 12/9/2016	5 Payee name Anedot	
6 Amount (\$) 35.60	7 Payee address; City; State; Zip Code www.anedot.com	
8 PURPOSE OF EXPENDITURE	(c) Category (See Categories listed at the top of this schedule) Fees	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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