

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |   |                             |
|---|---|---|-----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)  | <b>2 Total pages filed:</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR      FIRST      MI<br>KENSLEY STEWART<br>NICKNAME      LAST      SUFFIX   | <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> <span style="color: red; font-weight: bold;">JUN 07 2013</span> </div> Date Received<br>Date and Delivery on Postmark<br>City Secretary's Office<br>Receipt #      Amount<br>HD 6-7-13      4:25 pm<br>Date Processed<br>Paid by [Signature] 6/6/13<br>Date Imaged |                             |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>3916 Tacoma St<br>Irving, TX      75062   |   |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(972)      768-0767   |   |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR      FIRST      MI<br>KENSLEY STEWART<br>NICKNAME      LAST      SUFFIX   |   |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>3916 Tacoma St<br>Irving TX  |   |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>(972)      768-0767   |   |                             |
| <b>9 REPORT TYPE</b>  | <input 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)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |   |                             |
| <b>10 PERIOD COVERED</b>  | Month      Day      Year      THROUGH      Month      Day      Year<br>5 / 3 / 13      THROUGH      6 / 7 / 13  |   |                             |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br>6 / 15 / 13  | ELECTION TYPE<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special  |                             |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br>/   | <b>13 OFFICE SOUGHT</b> (if known)<br>Irving City Council<br>Place 2  |                             |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

LENSLEY STEWART

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 355

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7025

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2441.02

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 4583.62

OUTSTANDING  
LOAN TOTALS

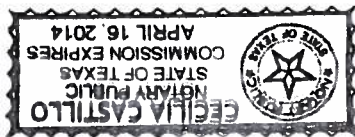
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2100

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.

Kensley Stewart  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kensley Stewart, this the 7th day of June, 20 13, to certify which, witness my hand and seal of office.

Cecilia Castillo  
Signature of officer administering oath

Cecilia Castillo  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Kensley Stewart*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

*5/23*

7 Name of lender

*Kensley Stewart*

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

9 Loan Amount (\$)

*\$2,000*

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 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

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| 1 Total pages Schedule F:<br><b>4</b> | 2 FILER NAME<br><b>Kensky</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|-------------------------------|--|

|                       |                                     |
|-----------------------|-------------------------------------|
| 4 Date<br><b>5/25</b> | 5 Payee name<br><b>Office Depot</b> |
|-----------------------|-------------------------------------|

|                               |   |
|-------------------------------|---|
| 6 Amount (\$)<br><b>44.95</b> | 7 Payee address; City; State; Zip Code<br><b>1000 W. Airport Fwy<br/>Irving</b> |
|-------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Printing Expense</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Push cards Business</b> |
|--------------------------|---|---|

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

|                     |                                      |
|---------------------|--------------------------------------|
| Date<br><b>5/28</b> | Payee name<br><b>FED. EX. OFFICE</b> |
|---------------------|--------------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$ 1.59</b> | Payee address; City; State; Zip Code<br><b>3201 W. Airport Fwy</b> |
|-------------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Phone list</b> |
|------------------------|---|--|

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

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br><b>6/4</b> | Payee name<br><b>FED. EX. OFFICE</b> |
|--------------------|--------------------------------------|

|                            |  |
|----------------------------|--|
| Amount (\$)<br><b>1.33</b> | Payee address; City; State; Zip Code<br><b>3201 W. Airport Fwy<br/>Irving TX</b> |
|----------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Printing</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Phone list</b> |
|------------------------|---|--|

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

|                    |                             |
|--------------------|-----------------------------|
| Date<br><b>6/6</b> | Payee name<br><b>Fed Ex</b> |
|--------------------|-----------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$ 5.39</b> | Payee address; City; State; Zip Code<br><b>3201 W. Airport Fwy</b> |
|-------------------------------|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Printing</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>Walk list</b> |
|------------------------|---|---|

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

**52.26** 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                           |  |  |
|---------------------------|--|--|
| 1 Total pages Schedule F: | 2 FILER NAME<br><i>Kensley Stewart</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--|--|

|                       |                                     |
|-----------------------|-------------------------------------|
| 4 Date<br><i>5/25</i> | 5 Payee name<br><i>Office Depot</i> |
|-----------------------|-------------------------------------|

|                               |  |
|-------------------------------|--|
| 6 Amount (\$)<br><i>43.10</i> | 7 Payee address; City; State; Zip Code<br><i>1000 W Airport Fwy<br/>Irving</i> |
|-------------------------------|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Printing</i> | (b) Description (If travel outside of Texas, complete Schedule T)<br><i>Flyers</i> |
|--------------------------|---|--|

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

|                     |                                   |
|---------------------|-----------------------------------|
| Date<br><i>5/30</i> | Payee name<br><i>Drumy Colors</i> |
|---------------------|-----------------------------------|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><i>\$ 409.</i> | Payee address; City; State; Zip Code<br><i>9239 Premier Row<br/>Dallas TX</i> |
|-------------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Signs</i> |
|------------------------|--|---|

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

|                    |  |
|--------------------|--|
| Date<br><i>6/1</i> | Payee name<br><i>Joe's Coffee Shop</i> |
|--------------------|--|

|                                |   |
|--------------------------------|---|
| Amount (\$)<br><i>\$ 46.44</i> | Payee address; City; State; Zip Code<br><i>425 W. Irving, Blvd.</i> |
|--------------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Food/Bev.</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Meal for Volunteers</i> |
|------------------------|--|---|

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

|                     |                                   |
|---------------------|-----------------------------------|
| Date<br><i>5/31</i> | Payee name<br><i>FedEx Office</i> |
|---------------------|-----------------------------------|

|                               |   |
|-------------------------------|---|
| Amount (\$)<br><i>\$ 3.52</i> | Payee address; City; State; Zip Code<br><i>3201 W Airport Fwy</i> |
|-------------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Printing</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Walklists</i> |
|------------------------|---|---|

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

|                              |   |
|------------------------------|---|
| <del>552</del> <i>552.06</i> | 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |   |  |  |             |
|--|--|---|--|--|-------------|
| <b>1</b> Total pages Schedule F:                           |  | <b>2</b> FILER NAME<br><i>Kensky Stewart</i>  |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)  |             |
| <b>4</b> Date<br><i>5/22</i>                               |  | <b>5</b> Payee name<br><i>Campaign Shortcuts</i>  |  |  |             |
| <b>6</b> Amount (\$)<br><i>\$1,276.09</i>                  |  | <b>7</b> Payee address; City; State; Zip Code<br><i>571 Austin Ct<br/>Coppell Tx</i>                    |  |  |             |
| <b>8</b> PURPOSE OF EXPENDITURE                            |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Consulting Polling</i>    |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><i>Phone surveys</i> |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought  | Office held |
| <b>Date</b><br><i>6/4</i>                                  |  | <b>Payee name</b><br><i>Campaign Shortcuts</i>  |  |  |             |
| <b>Amount (\$)</b><br><i>\$141.51</i>                      |  | <b>Payee address; City; State; Zip Code</b><br><i>571 Austin Ct<br/>Coppell, Tx</i>                     |  |  |             |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Advertising</i>               |  | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><i>RoboCall</i>          |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought  | Office held |
| <b>Date</b><br><i>4/11</i>                                 |  | <b>Payee name</b><br><i>FedEx Office</i>  |  |  |             |
| <b>Amount (\$)</b><br><i>\$46.49</i>                       |  | <b>Payee address; City; State; Zip Code</b><br><i>3201 W. Airport Fwy</i>                               |  |  |             |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Printing Printing Expense</i> |  | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><i>Flyers</i>            |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought  | Office held |
| <b>Date</b><br><i>5/29</i>                                 |  | <b>Payee name</b><br><i>FedEx Office</i>  |  |  |             |
| <b>Amount (\$)</b><br><i>\$3.19</i>                        |  | <b>Payee address; City; State; Zip Code</b><br><i>3201 W. Airport Fwy</i>                               |  |  |             |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | <b>Category</b> (See categories listed at the top of this schedule)<br><i>Printing Expense</i>          |  | <b>Description</b> (If travel outside of Texas, complete Schedule T)<br><i>Walk list</i>         |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought  | Office held |
| <i>1467,28</i>   |  | <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |  |  |             |

# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F:                                    | <b>2</b> FILER NAME<br><i>Kensley Stewart</i>  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>6/1</i>   | <b>5</b> Payee name<br><i>Fed Ex</i>   |   |
| <b>6</b> Amount (\$)<br><i>38.42</i>                                | <b>7</b> Payee address; City; State; Zip Code<br><i>841 MacArthur Park</i>                 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>Printing</i> | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><i>Flyers</i> |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought                      Office held  |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address;                      City; State; Zip Code                                  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)                               | Description (If travel outside of Texas, complete Schedule T)                             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                      Office held  |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address;                      City; State; Zip Code                                  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)                               | Description (If travel outside of Texas, complete Schedule T)                             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                      Office held  |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address;                      City; State; Zip Code                                  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)                               | Description (If travel outside of Texas, complete Schedule T)                             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought                      Office held  |

*38.42*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                           |  |  |
|---------------------------|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME<br><i>Kensley Stewart</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--|--|

|                       |                                     |
|-----------------------|-------------------------------------|
| 4 Date<br><i>4/25</i> | 5 Payee name<br><i>FedEx Office</i> |
|-----------------------|-------------------------------------|

|   |   |
|---|---|
| 6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended<br><i>\$52.08</i> | 7 Payee address; City; State; Zip Code<br><i>3201 W. Airport Fwy<br/>Irving, Tx</i> |
|---|---|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><i>Printing</i> | (b) Description (If travel outside of Texas, complete Schedule T)<br><i>Flyers</i> |
|--------------------------|---|--|

|                     |                                   |
|---------------------|-----------------------------------|
| Date<br><i>4/14</i> | Payee name<br><i>Office Depot</i> |
|---------------------|-----------------------------------|

|   |   |
|---|---|
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended<br><i>\$59.54</i> | Payee address; City; State; Zip Code<br><i>1000 W. Airport Fwy<br/>Irving, TX</i> |
|---|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Printing</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Flyers</i> |
|------------------------|---|--|

|                    |                            |
|--------------------|----------------------------|
| Date<br><i>5/4</i> | Payee name<br><i>FedEx</i> |
|--------------------|----------------------------|

|  |   |
|--|---|
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended<br><i>8.10</i> | Payee address; City; State; Zip Code<br><i>3201 W. Airport Fwy<br/>Irving, Tx</i> |
|--|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Printing</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>flyers</i> |
|------------------------|---|--|

|                     |                               |
|---------------------|-------------------------------|
| Date<br><i>5/17</i> | Payee name<br><i>Facebook</i> |
|---------------------|-------------------------------|

|  |                                      |
|--|--------------------------------------|
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended<br><i>4920</i> | Payee address; City; State; Zip Code |
|--|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><i>Advertising</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Social Media</i> |
|------------------------|--|--|

*108,92*

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br>Kewley Stewart  | <b>3</b> ACCOUNT # (Ethics Commission Filers)  |
| <b>4</b> Date<br>5/10  | <b>5</b> Payee name<br>Mattito's Tex-Mex   |  |
| <b>6</b> Amount (\$)<br>67.21<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>Irving, TX<br>I-635,                    |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Food/Beverage | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>Meal for Campaign Volunteers |
| Date<br>5/10   | Payee name<br>Fed Ex Office  |  |
| Amount (\$)<br>\$ 40.01<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended       | Payee address; City; State; Zip Code<br>3201 W. Airport Hwy<br>Irving, TX                |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br>Printing                 | Description (If travel outside of Texas, complete Schedule T)<br>flyers                                  |
| Date<br>5/11   | Payee name<br>Jock's Coffee Shop   |  |
| Amount (\$)<br>\$ 48.21<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended       | Payee address; City; State; Zip Code<br>425 W Irving Blvd<br>Irving, TX                  |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br>Food/Beverage            | Description (If travel outside of Texas, complete Schedule T)<br>Meal for Campaign Volunteers            |
| Date<br>5/11   | Payee name<br>Fed Ex Office  |  |
| Amount (\$)<br>\$ 7.01<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended        | Payee address; City; State; Zip Code<br>3201 W. Airport Hwy<br>Irving, TX                |  |
| PURPOSE OF EXPENDITURE   | Category (See categories listed at the top of this schedule)<br>Printing                 | Description (If travel outside of Texas, complete Schedule T)<br>Flyers                                  |
| <p>162.44 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>  |  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |   |  |
|---|--|---|--|
| The Instruction Guide explains how to complete this form.                                 |  | 1 Total pages Schedule A: <b>1/6</b>              |  |
| 2 FILER NAME<br><b>Kensley Stewart</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>6/6</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Anne Wadding</b> | 7 Amount of contribution (\$)<br><b>\$50.00</b>   | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>1226 Ross Dr<br/>Irvin, Tx 75061</b>   |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)                                     |  | 10 Employer (See Instructions)                    |  |
| Date<br><b>6/6</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Don Rorschach</b>  | Amount of contribution (\$)<br><b>\$100</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>417 KEATS Cir<br/>Irvin, TX</b>          |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                       |  |
| Date<br><b>6/5</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Sushil Patel</b>   | Amount of contribution (\$)<br><b>\$1,000</b>     | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1209 Travis Cir<br/>Irving, TX 75038</b> |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                       |  |
| Date<br><b>6/4</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rob Kecseg</b>     | Amount of contribution (\$)<br><b>\$50</b>        | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>4416 Windsor Ridge<br/>Irving, TX</b>    |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                       |  |
| Date<br><b>6/1</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Chart Wescott</b>  | Amount of contribution (\$)<br><b>\$250</b>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>100 Crescent Ct.<br/>Dallas</b>          |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                       |  |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |   |  |  |
|--|---|--|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A:<br><span style="font-size: 1.5em;">24</span>         |  |
| 2 FILER NAME<br><span style="font-size: 1.5em;">Kensley Stewart</span>   |   | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br><span style="font-size: 1.5em;">6/3</span>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.5em;">Kenneth Sheets</span>  | 7 Amount of contribution (\$)<br><span style="font-size: 1.5em;">\$ 350</span> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><span style="font-size: 1.5em;">633 E. Mockingbird #197<br/>Dallas</span>    |   | (If travel outside of Texas, complete Schedule T)                              |  |
| 9 Principal occupation / Job title (See Instructions)  |   | 10 Employer (See Instructions)   |  |
| Date<br><span style="font-size: 1.5em;">5/30</span>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.5em;">Ken Ewing</span>         | Amount of contribution (\$)<br><span style="font-size: 1.5em;">\$25</span>     | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><span style="font-size: 1.5em;">2524 Crestview<br/>Irving TX</span>            |   | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |  |
| Date<br><span style="font-size: 1.5em;">5/30</span><br><span style="font-size: 1.5em;">6/1</span>                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.5em;">Cynthia Dixon</span>     | Amount of contribution (\$)<br><span style="font-size: 1.5em;">\$ 25</span>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><span style="font-size: 1.5em;">1117 Hidden Ridge # 3062<br/>Irving, TX</span> |   | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |  |
| Date<br><span style="font-size: 1.5em;">5/30</span>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.5em;">George Stephenson</span> | Amount of contribution (\$)<br><span style="font-size: 1.5em;">\$ 50</span>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><span style="font-size: 1.5em;">2105 Draid<br/>Irving, TX</span>               |   | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |  |
| Date<br><span style="font-size: 1.5em;">5/30</span>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><span style="font-size: 1.5em;">Randy Randle</span>      | Amount of contribution (\$)<br><span style="font-size: 1.5em;">\$ 750</span>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><span style="font-size: 1.5em;">1112 Churchil<br/>Irving, TX</span>            |   | (If travel outside of Texas, complete Schedule T)                              |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)  |  |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.                                       |   | 1 Total pages Schedule A:<br><del>9</del> 3/4     |  |
| 2 FILER NAME<br><i>Kensley Stewart</i>  |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><i>5/30</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Rafael Cruz</i> | 7 Amount of contribution (\$)<br><i>100</i>       | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>1152 Indian Creek<br/>Carrington, TX</i>     |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |   | 10 Employer (See Instructions)                    |  |
| Date<br><i>5/30</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Joe Mapes</i>     | Amount of contribution (\$)<br><i>300</i>         | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>PO Box 141 684<br/>Irving, TX</i>              |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><i>6/1</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Ralph Ellis</i>   | Amount of contribution (\$)<br><i>\$3,000</i>     | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>545 E. John Carpenter #1530<br/>Irving, TX</i> |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><i>5/20</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>James Drive</i>   | Amount of contribution (\$)<br><i>\$200</i>       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>Farine Dr<br/>Irving, TX</i>                   |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><i>5/30</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>DOUG HARPER</i>   | Amount of contribution (\$)<br><i>\$50</i>        | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>16 Fair Green Dr<br/>Trophy Club, TX</i>       |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A:<br><del>1</del> 4/6     |  |
| 2 FILER NAME<br>Kensley Stewart   |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br>5/30  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Matt Rivaldi | 7 Amount of contribution (\$)<br>\$200            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>1616 Canyon Lago<br>Irving, TX  |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |   | 10 Employer (See Instructions)                    |  |
| Date<br>5/30  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Larry Stipes   | Amount of contribution (\$)<br>\$100              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>3009 Gentry<br>Irving, TX   |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br>5/30  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Steven Jones   | Amount of contribution (\$)<br>\$100              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>3213 Salinas Ct<br>Irving, TX   |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br>5/30  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ralph Hull     | Amount of contribution (\$)<br>\$100              | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>3910 Teleport Blvd<br>Irving, TX  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br>5/30  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bruce Woody    | Amount of contribution (\$)<br>\$25               | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br>Farmers Brandy, TX  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| 528   |   |   |  |
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
5 9/10

2 FILER NAME

Kensley Stewart

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/30

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Doris Booth

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

755 Laguna  
Irving TX

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/30

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

Stephen Hillier

Amount of contribution (\$)

\$70.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Po Box 154228 Irving

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30

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

Thomas Burrows

Amount of contribution (\$)

30-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Coppell TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/30

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

James Embry

Amount of contribution (\$)

\$10.

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4027 N. Beltline # 2314  
Irving, TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/30

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

Ed Riccarde

Amount of contribution (\$)

40

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4121 Spokane  
Irving, TX

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

2005  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A: <i>6/6</i>              |  |
| 2 FILER NAME<br><i>Kensley Stewart</i>  |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><i>7/30</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Oscar &amp; Kaye Ward</i>       | 7 Amount of contribution (\$)<br><i>150.00</i>    | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>171149 TX</i>  |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)   |   | 10 Employer (See Instructions)                    |  |
| Date<br><i>4/30</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Nancey Tresler</i>                | Amount of contribution (\$)<br><i>250.00</i>      | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>3310 Ridgemoor<br/>Irving, TX</i>  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date<br><i>4/30</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Dwight &amp; Lucia Rottenberg</i> | Amount of contribution (\$)<br><i>50</i>          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>2220 Indian Creek<br/>Irving, TX</i>   |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Stacy Gibson</i>                  | Amount of contribution (\$)<br><i>25</i>          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>6728 Verde # 241<br/>Irving, TX</i>  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Anabelle Thompson</i>             | Amount of contribution (\$)<br><i>25</i>          | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><i>7940 N. Glen Dr # 1087<br/>Irving, TX</i>  |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                       |  |
| <i>500</i>  |   |   |  |
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