

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
Chas Watts			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	
	2216 S. Bonnie Brae Denton, Texas 76201	Date Hand-delivered or Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
	(940) 594-6604	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Date Imaged	
	NICKNAME LAST SUFFIX		
Bette Sherman			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	341 Shadow Brook Court Denton, Texas 76207		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(940) 370-0926		
9 REPORT TYPE	<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)		
	<input checked="" 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	THROUGH	Month Day Year
	5 / 1 2014		6 / 30 2014
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Mayor		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

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

\$ 185.00

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

\$ 14735.00

EXPENDITURE
TOTALS

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

\$ 48.54

4. TOTAL POLITICAL EXPENDITURES

\$ 14354.37

CONTRIBUTION
BALANCE

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

\$ 5232.80

OUTSTANDING
LOAN TOTALS

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

\$ 7000

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.

Chris Walter

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chris Walter, this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

Jennifer K. Walters
Signature of officer administering oath

Jennifer K Walters
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Christopher Watts</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/2/2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dalter Allen</i> 6 Contributor address; City; State; Zip Code <i>111 Lexington Lane Denton Texas 76205</i>	7 Amount of contribution (\$) <i>1000.00</i> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/3/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Dustin or Terra Hyde</i> Contributor address; City; State; Zip Code <i>3505 Forestridge Denton, Texas</i>	Amount of contribution (\$) <i>250</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kent Maloy</i> Contributor address; City; State; Zip Code <i>2421 CRAIG Lane Denton, Texas</i>	Amount of contribution (\$) <i>250</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Check Jr</i> Contributor address; City; State; Zip Code <i>3936 Maggies Meadow</i>	Amount of contribution (\$) <i>100</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/4/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James or Sharon Dwyer</i> Contributor address; City; State; Zip Code <i>P.O. Box Azyle Texas 76226</i>	Amount of contribution (\$) <i>300</i> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Christopher M. Walts</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/4/2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Elizabeth Dickers</i>	7 Amount of contribution (\$) <i>150</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2717 Crater Lake Denton, Texas 76210</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/3/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michelle Moore</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2901 Mosley Rd Crossroads Texas</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/1/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dick Smith</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>221 Hobson Denton, Texas</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Talia Ann John Morris</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>221 Snakerise Cir Denton, Texas 76205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/9/2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Giovanna Givoni</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3015 Thunderbird Denton Texas 76207</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:	
2 FILER NAME <i>Christopher Wirth</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/9 2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bill Colville</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>400 W Oak 4th Floor Denton Texas 76201</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/9 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Duncan Street Property</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2002 Munro Park Ave Corinth Tx 76208</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/7 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert and Betty Sherman</i>	Amount of contribution (\$) <i>1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3411 Shadow court Denton Tx - 76210</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/ 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gene Gumbory</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>POB 221 624 W. University Drive 76201</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/6 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kip and Jan Sprague</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>528 Magnolia Street Denton Texas</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:	
2 FILER NAME <i>Christy M. Walts</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/6 2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michael Vance</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>314 Magnolia Denton, Texas 76201</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/7 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Derrell Valdovinos</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10213 Murray S. Johnson Denton Tex 76207</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/6 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bette Bob Sherman</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3411 Shadow Brook Court Denton, Texas 76210</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/12 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joe Mulroy</i>	Amount of contribution (\$) <i>7500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Lakeside Drive Denton, Texas 76201</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#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/10 2014	Distinct Designs 6 Contributor address; City; State; Zip Code 1003 W. Oak Denton, Texas 76201	100	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/14/1 2014	Home Neal Estate Contributor address; City; State; Zip Code 111 W McKinney Denton, Texas 76201	300	
		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/15/ 2014	Jones Weston Contributor address; City; State; Zip Code 400 W. Oak Ste 300 Denton, Texas 76201	520	
		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/12 2014	J. Frost Walker Contributor address; City; State; Zip Code 100 W Sunnise Ave Copan Gable Florida 33183	250	
		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/8/ 2014	Peggy Capps Contributor address; City; State; Zip Code 915 W. Oak St. Denton Texas 76201	100	
		(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:	
2 FILER NAME <i>Christy Ann Wright</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/17/2014</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>San Yehchen</i>	7 Amount of contribution (\$) <i>500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2318 Stone Bridge Dr Arlington Tx 76006</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/17 2014</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James Walter</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>623 Dove Cove Court Murphy Tx 75094</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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| 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: 3	2 FILER NAME Chas Watts	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/4/2014	5 Payee name Graphic Arts Group II Inc.
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6 Amount (\$) 4113.50	7 Payee address; City; State; Zip Code 600 8th St. Ste 100 Wichita Falls 76301
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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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 5/6/2014	Payee name Fangle Wheeler
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Amount (\$) 2700	Payee address; City; State; Zip Code 733 Fort Worth Drive Denton Texas 76201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing etc	Description (If travel outside of Texas, complete Schedule T)
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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 5/7	Payee name Herc Agent
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Amount (\$) 116	Payee address; City; State; Zip Code Denton Texas 76201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) supplies	Description (If travel outside of Texas, complete Schedule T)
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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 5/9	Payee name Graphic II Inc
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Amount (\$) 2494.13	Payee address; City; State; Zip Code 600 8th street ste 100 Wichita Falls 76301
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 3 2 FILER NAME Beatrice Pass Chair Walks 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/5/12 5 Payee name Beatrice Pass

6 Amount (\$) 250 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Food/Beverage serv (b) Description (If travel outside of Texas, complete Schedule T)

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

Date 4/12 Payee name Patricia Hayworth

Amount (\$) 880 Payee address; City; State; Zip Code 1506 Highland Park Road Denton Texas 76205

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) @ Supplier Wash Party Description (If travel outside of Texas, complete Schedule T)

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

Date 5/15 Payee name Loaves

Amount (\$) 64.39 Payee address; City; State; Zip Code 1255 South Loop 288 Denton Texas 76201

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Supply T-park Description (If travel outside of Texas, complete Schedule T)

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

Date 5/16 Payee name Graphic T Inc

Amount (\$) 2572.61 Payee address; City; State; Zip Code 600 8th St Ste 100 Lechita Wichita Falls TX 76301

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Description (If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
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: 3	2 FILER NAME Chas Watts	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/16/2014	5 Payee name Tenge Whole
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6 Amount (\$)	7 Payee address; City; State; Zip Code 733 Fort Worth Drive Denton 76201
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (If travel outside of Texas, complete Schedule T)
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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 5/19/2014	Payee name Chestnut Tree
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Amount (\$) 419.16	Payee address; City; State; Zip Code 107 W. Hickory Denton Texas 76201
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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