SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT	FORM SPAC COVER SHEET PG 1
The SPAC Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed;
3 COMMITTEE NAME	OFFICE USE ONLY
PASS THE BAN	Date Received
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Change of address ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE The change of address / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE The change of address / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	Data Hand-delivered or Postmarked Receipt # Amount
5 CAMPAIGN TREASURER NAME MS I MRS (MR) FIRST MI Edward B.	Dale Processed
NICKNAME LAST SUFFIX FD SOPH	Dale (maged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business) STREET ADDRESS (residence or business) STREET ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 1620 VICTORIA Dr., Denton, TX 7620	ZIP CODE
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address STREET OR PO BOX; APT / SUITE #; CITY: STATE; The state is a street or po Box; APT / SUITE #; CITY: STATE; The state is a street or po Box; APT / SUITE #; CITY: STATE; The state is a street or po Box; APT / SUITE #; CITY: STATE; The state is a street or po Box; APT / SUITE #; CITY: STATE; The state is a street or po Box; The state is a s	zip CODE 209
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 383 - 4693	
9 REPORT TYPE January 15 July 15 Bith day before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD Day Year COVERED 10 /07 / 2014 THROUGH	Month Day Year 10 / 27 / 2014
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year 11 / 04 / 2014 Primary Runoff	General Special
GO TO PAGE 2	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTAL S

P.O. Box 12070

FORM SPAC COVER SHEET PG 2

		T		
12 COMMITTEE NAME	PASS THE BA	1 N	ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (off	liceholder)	
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / # Monti	/ • - /	
ASSIST (Officeholder)	MEASURE	fracturing within Denter's C		
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. OR GUARANTEES OF LOANS), UNLESS ITEMI		
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24, 003. 95	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. TOTAL POLITICAL EXPENDITURES \$15,225.			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$15, 225.66 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$13,890.66			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	F THE \$	
	ACHEL CHANDLER Notary Public STATE OF TEXAS oran, Exp. Masch 17, 2018	I swear, or affirm, under penalty of preport is true and correct and include reported by the under Title 15, Elections of Campa	es all information required to be ion Code.	
Sworn to and subscrib	ALABOVE ed before me, by the	said <u>FANNA SOYN</u> 1. to certify which, witness my	hand and seal of office.	
Manager of officer administer	RUCH RICH Printed	name of officer administering oath	Title of officer administering oath	

P.O. Box 12070

SCHEDULE A

OTTIEN	THAN I LLDGEG ON LOAD			
The	e Instruction Gulde explains how to complete th	1 Total pages Schedule A:		
2 FILER NAME	2 FILER NAME PASS THE BAN			thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID)#) 10/ Amos Magliocco 6 Contributor address; City; State; Zip Code 72014 3009 Broken Bow, Denton 76209		7 Amount of contribution (\$) \$\\\ 9193.90 (If travel outside	8 In-kind contribution description (if applicable)	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In		,
Date 10/15/2014	Full name of contributor Out-of-state PAC (ID#_Runamon Prux Contributor address; City; State; Zip Code 16 B Kendolph Dr., Demon		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		reves, complete defication in
Date 10/15/2014	Full name of contributor out-of-state PAC (ID#_ Morgan Gvodwin Contributor address; City; State; Zip Code P.O.BOX 1541, Trucker, CA	96160	Amount of contribution (\$) \$ 96. 90	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	- Control of Control
Date 10 15 2014	Full name of contributor out-of-state PAC (ID#:_ Benno Frudman Contributor address; City; State; Zip Code 120 Kkllogg Rd., Shiffinld, M	A 01257	Amount of contribution (\$) \$ 970, 70	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See in	10.0011	
Date 10/ 15/ 2014	Full name of contributor out-of-state PAC (II)#_ Scott Andrews Contributor address; City; State; Zip Code 3033 Guntry Club Rd, Dinton		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
	The state of the s			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

SCHEDULE A

			1 Total pages Sche	edule A:
Th	s Instruction Guide explains how to complete	this form.	.o.u. pages cont	6
FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
PA	SS THE BAN		1	
Date	5 Full name of contributor out-of-state PAC (ID	#	7 Amount of	8 In-kind contribution
	Ellen Sackett		contribution (\$)	description (if applicable
10/	chen succeti	et wo en an wo eo illes et et ille	A	
15/	6 Contributor address; City; State; Zip Co	de	996.80	
2014	6 Contributor address; City; State; Zip Co. 319 Stately Ook Lane, Lake ?	Julian 75065		
	,		(If Assural putation a	S Towns assemble to Cabadula Ti
Principal occu	pation / Job title (See Instructions)	10 Employer (See		f Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (#7	tt	Amount of	In-kind contribution
/	William Morn		contribution (\$)	description (if applicable
1/2/	Contributor address; City; State; Zip Con 303 Minus a Dr., Denton		Hay an	
115/2012	200 Million address, City, State, Zip Cot	76201	196.80	
1 1014	305 NUMOSA W., NEWTON	TULUI	1 1	
			(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor	#	Amount of	In-kind contribution
			contribution (\$)	description (if applicable
0/,	Eugene Havgrove Contributor address; City; State; Zip Con		1 to 20 1	
115/	Contributor address; Clty; State; Zip Con	de	\$495.20	
12014	2025 Houston Pl., Dente	m 76201		
0.60				f Teyas, complete Schedule Ti
	W.		(If travel outside o	
Principal occu	pation / Job title (See Instructions)	Employer (See	(If travel outside o	r rexus, complete concedire 1,
Principal occu	pation / Job title (See Instructions)	Employer (See		Texas, complete ouridate 1
Principal occu	pation / Job title (See Instructions) Full name of contributor		Instructions) Amount of	In-kind contribution
	Full name of contributor		Instructions)	In-kind contribution
	Full name of contributor out-of-state PAC (ID)		Amount of contribution (\$)	In-kind contribution
	Full name of contributor out-of-state PAC (ID)		Instructions) Amount of	In-kind contribution
Date 0/15/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution
	Full name of contributor out-of-state PAC (ID)		Amount of contribution (\$) \$405, 20	In-kind contribution description (if applicable
Date 0/15/ /2014	Full name of contributor out-of-state PAC (ID)		Amount of contribution (\$) \$405.20 (If travel outside o	In-kind contribution description (if applicable
Date 10/15/2014 Principal occu	Full name of contributor out-of-state PAC (ID) Bonnie Fruduan Contributor address; City; State; Zip Coc 1914 W. Oah, Dtwwn 7 Datton / Job title (See Instructions)	de 6201 Employer (See	Amount of contribution (\$) \$4.05, 20 (If travel outside or instructions)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date 0/15/2014	Full name of contributor out-of-state PAC (ID) Bonnie Frudwan Contributor address; City; State; Zip Coc 1914 W. Oah, Dtwhm 7 Datton / Job title (See Instructions)	de 6201 Employer (See	Amount of contribution (\$) \$405.20 (If travel outside o	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date 10/15/2014 Principal occup	Full name of contributor out-of-state PAC (ID Bonnit Frudwan) Contributor address; City; State; Zip Coo. 1914 W. Oah , Druton 7 Datlon / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Sharon Wilson)	Employer (See	Amount of contribution (\$) \$405.20 (If travel outside or instructions)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date 10/15/2014 Principal occup	Full name of contributor out-of-state PAC (ID Bonnit Frudwan) Contributor address; City; State; Zip Coo. 1914 W. Oah , Druton 7 Datlon / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Sharon Wilson)	Employer (See	Amount of contribution (\$) \$405, 20 (If travel outside or contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date 0/15/2014 Principal occup	Full name of contributor out-of-state PAC (ID Bonnit Frudwan) Contributor address; City; State; Zip Coo. 1914 W. Oah , Druton 7 Datlon / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Sharon Wilson)	Employer (See	Amount of contribution (\$) \$405.20 (If travel outside or instructions)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date 0/15/ /2014 Principal occup	Full name of contributor out-of-state PAC (ID) Bonnie Frudwan Contributor address; City; State; Zip Coc 1914 W. Oah, Dtwhm 7 Datton / Job title (See Instructions)	Employer (See	Amount of contribution (\$) \$405, 20 (If travel outside or contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable f Texas, complete Schedule T)
Date 0 5 2014 Principal occup Date 7014	Full name of contributor out-of-state PAC (ID Bonnit Frudwan) Contributor address; City; State; Zip Coo. 1914 W. Oah , Druton 7 Datlon / Job title (See Instructions) Full name of contributor out-of-state PAC (ID Sharon Wilson)	Employer (See	Amount of contribution (\$) \$405.20 (If travel outside or contribution (\$) Amount of contribution (\$) \$96.80 (If travel outside or contribution (\$)	In-kind contribution description (if applicable f Texas, complete Schedule T)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The instruction Guide explains how to complete this form. 2 FILER NAME ACCOUNT # (Ethics Commission Filers) PASS THE BAN 5 Full name of contributor In-kind contribution 7 Amount of description (If applicable) contribution (\$) ANTHONY MARKS 6 Contributor address; City; State; Zip Code 606 Roberts St., Demon 76209 \$242.95 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID#: contribution (\$) description (if applicable) Jarah Fredericks Contributor address; City; State; Zip Code 810 W. Congress St., Denten 76201 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution contribution (\$) description (If applicable) Grnene E. Murphy Contributor address; City; State; Zip Code 1905 Whitefish CT, Denton 76210 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Little Jack Melvely Contributor address; City; State; Zip Code 2417 N. Coccust, Denton 76209 description (If applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Jim Schermbeck Contributor address; City; State; Zip Code P.O. Box 253, Slaton, TX 74364 description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

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SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete the	ls form.	1 Total pages Sch	edule A:
2 FILER NAME	PHSS THE BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2 Birdal	The state of the s	do Cambrida (Social		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 10 21	Full name of contributor out-of-state PAC (ID#_ Row Yako Contributor address; City; State; Zip Code 7104 (Mittamwvod Pr. Diwt		Amount of contribution (\$)	In-kind contribution description (if applicable)
2014			/If traval outside /	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		or lexas, complete scriedule 1)
Date 10 21 2014	Full name of contributor out-of-state PAC (IDH Christopher Hamilton Contributor address; City; State; Zip Code 5521 Swin Avr., Dallas 752		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
r meipar cocu	Salott, 500 mile (ede mendenote)			
Date 10/	Full name of contributor out-of-state PAC (ID#:	j) y	Amount of contribution (\$)	In-kind contribution description (if applicable)
2014	Contributor address; City; State; Zip Code 528 Roberts 8+, Denten 7	46209	floo.	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date 10/24/2014	Full name of contributor out-of-state PAC (ID#_ Eugema B. Davi Contributor address; City; State; Zip Code 2021 Tremont, Denton H	205	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		

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

P.O. Box 12070

SCHEDULE A

OTHER	THAN PLEDGES OR LOAD	15		
The	Instruction Guide explains how to complete th	ls form.	1 Total pages Sch	edule A:
2 FILER NAME	Pass The BAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Elije M. Ridenour		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2014	6 Contributor address; City; State; Zip Code 2044 W. Oak St., Dentro		9100.	
				of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 10/	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
124/2014	Contributor address; City, State; Zip Code 5461 W. 415, Denvey, CO	80212	\$ 100.	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_ Dale E. Yeatts		Amount of contribution (\$)	In-kind contribution description (If applicable)
2014	Dale E. Yeatts Contributor address; City; State; Zip Code 2001 Lariat Rd, Denton	76207	\$500.	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
124/	Contributor address; City; State; Zip Code 1009 Dimton St., Dimton 7	6201	\$200.	1
1-101-	1004 Devotore att.) Described	0001		
		r -		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	tn-kind contribution description (if applicable)
1/14/	Contributor address; NW City; State; Zip Code 1612 K Street, Suite 808, Wash	D.C.		Postage for mailers
12014		20006	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

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

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S		SCHEDULE A
TI	he instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:
FILER NAMI	PASS THE BAN		3 ACCOUNT # (E	hics Commission Filers)
Date 10 17 17	TEXAS CAM PAIGN for the Enter Contributor address: City: State; Zip Code 3303 LEE Parkway, Str. 402,		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$ 28.
2014				f Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date 10 2A 2014	Full name of contributor oul-of-state PAC (IDM): Denten Drilling Awareness Gr Contributor address; City; State; Zip Code 805 Ector St., Denten F		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor	**************************************	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See In		Toxas, complete conocute 17
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(if travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#; Contributor addrese; City; State; Zip Code	+	Amount of contribution (\$)	ln-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occ	upation / Job title (See instructions)	Employer (See In	structions)	
lf co	ATTACH ADDITIONAL COPIES OF			ng requirements.

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense**

Fees

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

(512) 463-5800

	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	PASS THE BAN	4	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/17/2014	5 Payee name Sandy Mattox		
6 Amount (\$)	P.O.Box 270697, Flower Man	und, TX 7501	17
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If the Payment for I	evel outside of Texas, complete Schedule T)
9 Complete ONLY If direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 10/17/2014	Payee name Off McClung Payee address; City; State; Zip Code		
Amount (\$) 4 81. 82	2018 Longmadow CT., Den	ton 76209	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if ire	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event expense	Racer for T	Day of the Dead Race 10/25
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 10/17/2014	Drvin Taylor		
Amount (\$)	Payee name Drvin Taylor Payee address, City, State, Zip Code WANS BUNGARAM Ru., Den 2710 Hinkle	uton 76201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event www.	0	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 10/17/2014	Payee name Adam Briggh		
Amount (\$)	Payee address; City; State; Zlp Code 1315 Darkworth Pl., Drak	on 76201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food typewse		avel outside of Texas, complete Schedule T)
Complete ONLY If direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME PASS THE BAN		3 ACCOUNT # (Ethics Commission Filers)
10/15/2014	Facebook, Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Code	L AA AA2A2	
₹762.5 <u>0</u>	Dept. 415, POBOX 10005, Palo Al		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	0	el outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	rage pron	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date 10/21/2014	White Noise Productions		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 200.	4229 Meta Drive, Ste. 100, D	enton 76207	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Event exprns	Sound for 10	120 rally
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
10/22/2014	Payee name A & A Copins (Copy Pro) Payee address; City; State; Zip Code		
Amount (\$)			
694.29	1300 Hickory, Donton 762	201	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Advorting	waying o	* boom
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 10/23/2014	A + A Cognin (Copy Pro)		
Amount (\$)	Payee address; City; State; Zip Code		
167.12	1300 Hickory, Donton 7620)/	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertung	1-lyers	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense Ti Polling Expense Ti	alaries/Wages/Cor olicitation/Fundrais ravel In District ravel Out Of Distr iffice Overhead/Re	ntract Labor Los sing Expense Tra Cos sict ental Expense OT	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The instruction duide ex	chimina non ro c	ompiete tina torin:	
1 Total pages Schedule F:	PASS THE B	AN		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/23/2014	5 Payee name Dimion Recov		n'els	
	7 Payee address; City; State;	Zip Code		
f 1,059. 16	314 E. Hickory, 7	Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of	fthis schedule)		ravel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising		HA	
9 Complete ONLY If direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office held
Date 10/24/2014	Payde name Eavth works			
Amount (\$)	Payee address; City; State	e; Zip Code		
\$ 5966.24	1612 K St. NW, Str 808	8, Washing	tom, DC 201	006
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	4115 631164	Port card	.040.1
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
Date 10/25/2014	Payee name Sandy Mat Payee address; City; State	tox		
Amount (\$)	Payee address; City; State	Zip Code		
\$ 50.00	P.O. Box 270697, Fa		ind,7% 750	027
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		Robo-ca	rUs
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officebolder name OH		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	; Zlp Code		41
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
	ATTACH ADDITIONAL COR	PIES OF THIS S	CHEDIII F AS NE	EDED
			· · · · · · · · · · · · · · · · · · ·	

P.O. Box 12070

SCHEDULE F

(512) 463-5800

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salaries/Wages/ Expense Solicitation/Func Legal Services Travel In District Food/Beverage Expense Office Overhead. Printing Expense The Instruction Guide explains how to	Contract Labor. Iralsing Expense Strict (Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	PASS THE BAN	3 ACCOUNT # (Ethics Commission File
10/7/2014	Eagle Wheeler	
6 Amount (\$) 2130.36	7 Payee address! City; State: Zip Code 733 Fr. Worth Drwr, Den	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Yand Signs Check Maustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officetholder name	Office sought Office held
Date 10/9/2014 Amount (\$)	Payee name Denton Record Chron Payee address; City; State; Zip Code 314 E. Hickory, Denton 7	4201
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advirtisma communications	Description (if travel outside of Texas, complete Schedule T)
Complete ONLY If direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought Office held
Date 10/13/20	Payee name WNT Daily Payee address; City; State; Zip Code	
Amount (\$) \$ 1725.	Payee address; City; State; Zip Code P.O. BOX 311241, Dewton 7	6203-1241
FURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY If direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held
Date 16 /15/2014	Payce name Dtwtrn Rrwrd Chromical	
Amount (5) 1 209. 79	Payee address; City; State; Zip Code 314 E. Hickory Donton 76	201
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule) Advorbing	Description (if Iravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officaholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Expense Solicitation/Fur Legal Services Travel In Distric Food/Beverage Expense Travel Out Of D	I/Contract Labor. Idraising Expense at the state of the s
1 Total pages Schedule F:	2 FILER NAME PASS THE BA	3 ACCOUNT # (Ethics Commission Filers)
10/16/2014	Denton Record Chris	micle
6 Amount (\$) \$ 1059.16	7 Payee address; City; State; Zip Code 314 E. Hickory, Down	
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) Ad Check if Austin, TX, officeholder living experise
9 Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date 10/17/2014	Payee name Copper's Payee address; City; State; Zip Code	
Amount (\$) \$ 259.80	Payee address; City; State; Zip Code 1024 Pallan Dy., Denton	76205
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedula) Advirb'smy	Description (If travel outside of Texas, complete Schedule T) Compage Danner [] Chack dAustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date 10/17/2014	Payee name The Ghost Note Payee address; City; State; Zip Code	
Amount (\$) 4130.	Payee address; City; State; Zip Code 120 W. Oak St, Dewton	76201
PURPOSE OF EXPENDITURE	Category (See categories fisted at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY If direct expenditure to benefit C/0	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Date 10/14/2014	Payee name United Lite Se Payee address; City; State; Zip Code	rvices
Amount (\$) \$ 275.69	Payee address; City; State; Zip Code P.O. Box 660475, Dallas,7	X 75266 -0475
PURPOSE OF Expenditure	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T) Tolkt revise for 10/20 Vally Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED