	URPOSE COMMITTEE	(512)400	FORM SPAC COVER SHEET PG 1
The SPAC Instruction Gui	de explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:  //6
3 COMMITTEE NAME			OFFICE USE ONLY
CITIZENS F	OR CALUIN BOYD FOR	SHERIFF	Date Received RECEIVED
4 COMMITTEE - ADDRESS		TY; STATE; ZIP CODE	JAN 1 5 <b>2016</b>
change of address	III COUNTY ROAD 17	27A	Burnet Co Elections
	KINGSLAND, TX. 78	639	Date Hand-delivered or Postmarked
			Receipt# Amount
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST - JAMES	- R	Date Processed
	NICKNAME LAST  LOTT	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	27A	ZIP CODE
7 CAMPAIGN TREASURER'S MAILING ADDRESS  change of address	STREET OR PO BOX: APT / SUI  (1) COUNTY ROAD  (INGSLAND, TK. 7)	127A	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 325) 956-9129	EXTENSION	
9 REPORTTYPE		before election	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year  OI /15 / 2016
11 ELECTION	Month Day Year	ON TYPE  Primary Runoff	General Special
	GOTOF	PAGE 2	

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

PURPOSE AND TOTALS COVER SHEET PG 2				
12 COMMITTEE NAME CITIZENS FOR	CALUIN BOYD	FOR SHERIFF	ACCOUNT	# (Ethics Commission Filers)
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	CALVIN BOYD	~	
SUPPORT - (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (c		~
 OPPOSE		BURNET COUNTY	SHER	RIFF
(Candidate or Measure)	MEASURE	BALLOT IDENTIFICATION / # Mor	1	DATE Year 2016
ASSIST (Officeholder)		DESCRIPTION	• •	-
14 CONTRIBUTION - TOTALS	1	CONTRIBUTIONS OF \$50 OR LESS (OTHER T , OR GUARANTEES OF LOANS), UNLESS ITEM	,	\$ 690.00
<u>-</u>	3	CAL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS	)	\$ 16,165.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$ 919.90
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 9336.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	CONTRIBUTIONS MAINTAINED AS OF THE LANG PERIOD	AST DAY	\$6828.92
OUTSTANDING LOAN TOTALS		LAMOUNT OF ALL OUTSTANDING LOANS AS E REPORTING PERIOD	OF THE	\$
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.  DEBBIE ANN GILLIAM Notary Public, State of Texas My Commission Expires March 17, 2018  Signature of Campaign Treasurer				
Signature of Campaign Treasurer  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said formes R. Substantial formes R. Substantial formes Research formes and seal of office.  Allung and Communication of the said formes Research formes and seal of office.  Signature of Campaign Treasurer  Notary State of this the formes of office administering oath  Title of officer administering oath				

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS .

P.O. Box 12070

### SCHEDULE A

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A: //6  2 FILER NAME  CITIZENS FOR CALVIN BOYD FOR SHERIFF.  4 Date 5 Full name of contributor out-of-state PAC (ID# 7/15/15   FONALD D. OR SYLVIA WEED  6 Contributor address; City; State: Zip Code 2.00 LAKE DRIVE  MARBLE FALL, TX 78654 (If travel outside of Texas, complete Schale PAC (ID# 7/18/15   ID Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# 7/18/15   ID Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution (\$) In-kind contribution (\$) Occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution (\$) Occupation / Job title (See Instructions)  Amount of contribution (\$) In-kind contribution (\$) Occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution (\$) Occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution (\$) Occupation / Job title (\$ Occupation / Job title	oution plicable) nedule T) 
CITIZENS FOR CALVIN BOYD FOR SHERIFE  4 Date 5 Full name of contributor 0 out-of-state PAC (ID# 7/15/5 RONALD D. OR SYLUIA WEED #50.00	oution plicable) nedule T) 
4 Date 5 Full name of contributor   out-of-state PAC (ID#   7 Amount of contribution (\$)   8 In-kind contributor (\$)   7 Amount of contribution (\$)   8 Amount of contribution (\$)   8 Amount of contribution (\$)   8 Amount of contribution (\$)   9 Principal occupation / Job title (See Instructions)   10 Employer (See Instructions)   10 Employer (See Instructions)   10 Employer (See Instructions)   10 Employer (See Instructions)   11 Employer (See Instructions)   11 Employer (See Instructions)   12 Employer (See Instructions)   13 Employer (See Instructions)   14 Employer (See Instructions)   15 Employer (See Instructions)   16 Employer (See Instructions)   17 Employer (See Instructions)   18 Employer (See Instructions)	plicable)
RONALD D. OR SYLVIA WEED    RONALD D. OR SYLVIA WEED   #50.00	plicable)
6 Contributor-address; City; State; Zip Code  200 LAKE DRIVE  MARBLE FALL, TX 78654  9 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  ARNOLD B. WALTERS MANAGE MENT  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Find principal occupation / Job title (See Instructions)  Find principal occupation / Job title (See Instructions)  Full name of contributor  Out-of-state PAC (ID#	bution pplicable)
200 LAKE DRIVE MARBLE FALL, TX 78654  9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)  Date Full name of contributor  ARNOLD B. WALTERS MANAGEMENT  Contributor address; City; State; Zip Code  P.O. BOX 1669  BURNET, TX 79611  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  File FINALOGED  Amount of contribution (if travel outside of Texas. complete Schemens)  Principal occupation / Job title (See Instructions)  FILE FINALOGED  Amount of contribution (if ap description (if ap DAN FUICKIE BAUERLE  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code	bution pplicable)
MARBLE FALL, TX 78654  9 Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID#	bution pplicable)
Principal occupation / Job title (See Instructions)    Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructi	bution pplicable)
Principal occupation / Job title (See Instructions)  Pull name of contributor   out-of-state PAC (ID#)- Amount of contribution (\$)   - In-kind contribution (\$)   description (if ap	pplicable)
ARNOLD B. WALTERS MANAGEMENT  Contributor address; City; State; Zip Code  R.O. BOX 1669  BURNET, TX 78611  Principal occupation / Job title (See Instructions)  SELF EMPLOYED  Full name of contributor out-of-state PAC (ID#	pplicable)
ARNOLD B. WALTERS MANAGEMENT  Contributor address; City; State; Zip Code  RO. BOX 1669  BURNET, TX 79611  Principal occupation / Job title (See Instructions)  SELF EMPLOYED  Pull name of contributor out-of-state PAC (ID#)  DAN FUICKIE BAUERLE  Contributor address; City; State; Zip Code  1000:00  (If travel outside of Texas. complete Sch  Employer (See Instructions)  Amount of contribution (if ap	
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) description (if ap DAN FUICKIE BAUERLE  Contributor address; City; State; Zip Code	edule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor	edule T)
SELF EMPLOYED  Pale Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution (if application of contribution (\$) description (if application of contributor address; City; State; Zip Code 500 M	
DAN FUICKIE BAUERLE  Contributor address; City; State; Zip Code  contribution (\$) description (if ap	· ·
DAN FUICKIE BAUERLE  Contributor address; City; State; Zip Code  500 m	
Contributor address; City; State; Zip Code	oplicable)
/15 P.O. BOX 10 SPICEWOOD, TX 78669 300.00	
(If travel outside of Texas, complete Sch	hadula T
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	reduie 1)
BPI ENVIRONTMENTAL SELF	
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contri	
8/, J.T. & VIOLENT BOYD contribution (\$) description (if an	pplicable)
Contributor address; City; State; Zip Code 78639	
ROCK BLUFF KINGSLAND 7). (If travel outside of Texas, complete Sch	hedule T)
Principal occupation / Job title (See Instructions)  RETIRED  Employer (See Instructions)	<del></del> ,
Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contributor	ibution
CLYDE WATERS contribution (\$) description (if a	pplicable)
Contributor address; City: State; Zip Code	
1/15 UNKNOWN	
(If travel outside of Texas, complete Sc	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	chedule T)
RETIRED	chedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

exas Eurics Commission	P.O. BOX 12070	Austin, lexas 767 11-2070	(312)403-3600	(100 1-000-755-23
POLITICAL CO				SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
CITIZE	ENS FOR CALVIN BOYD FOR	SHERIF		
4 Date 8/21/15	5 Full name of contributor out-of-state PAC (ID# SANDRA P. JENKINS 6 Contributor.address; City; State; Zip Code 6141 E FM 1431		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	MARBLE FALLS, 78654		(If travel outside of	of Texas, complete Schedule T)
9 Principal occur RETIR	pation / Job title (See Instructions)	10 Employer (See In	estructions) -	
9/1 /	Full name of contributor out-of-state PAC (ID#:	<del>.</del>	- Amount of contribution (\$)	<ul> <li>In-kind contribution description (if applicable)</li> </ul>
//15	Contributor address; City; State; Zip Code  604 GREENSLOPE DR	<u>.</u> ,	\$100.00	'
	PFLUGERVILLE, TX. 78660		<del></del>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	structions) .	· · · · · · · · · · · · · · · · · · ·
Date 9/1/	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
115	P.O. BOX 181 MARBLE FALL	-S TX 18654		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) 2 <b>モディルの</b>	Employer (See )	istructions)	
Date 9/9	Full name of contributor out-of-state PAC (ID#:_  Pat KING Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
//	9122 BALCONES CLUB AUSTIN TX 78750		(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (SeefInstructions)	Employer (See I	nstructions)	
Date a/	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/10	Contributor address; City: State: Zip Code 267 MEADOW LAKES DR.		\$200.00	]
	MEADOWLAKES TV. 78154	γ	(If travel outside	of Texas, complete Schedule T)
Principal occ	upetion / Job title (SeefInstructions)	Employer (See I	nstructions)	
			= 40 V======	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	<b>3</b> .	(512) 463-5800	SCHEDULE <b>A</b>
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Sche	edule A:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
CITIZE	NS FOR CALVIN BOYD FOR S	SHERIFF		
4 Date	Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
10/	6 Contributor address; City: State; Zip Code 811 SAGE ST. BURNET, TX 78611		\$50,00	
9 Principaleccu		A Employer/See In		of Texas, complete Schedule T)
Ke	( ) L	Employer (See In	suucuons) -	
Date -	Full name of contributor out-of-state PAC (ID#		- Amount of contribution (\$)	- In-kind contribution description (if applicable)
/11 /	Contributor address: City: State: Zip Code . 1612 US HIGHWAY 281 STEA	÷	\$500,00	
	MARBLE FALLS, TX. 78654		(If travel outside o	of Texas, complete Schedule T)
Principal occu MARBLEF	PALLS POOLS & SPAS, INC	Employer See In	^	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/.	DWIGHT PAMELA HARDIN		contribution (S)	description (if applicable)
16/15	Contributor address; City; State; Zip Code 5244 FM 3509		\$ 50.00	_
. , ,	BURNET, TX. 7861			
Principal occu	pation / Job title (See Instructions)	pEmployer (See In	<del></del>	of Texas, complete Schedule T)
The (	entain	Burnet	Cosuly	5.0.
Date	Full name of contributor  uut-of-state PAC (D#		Amount of contribution (\$)	In-kind contribution description (if applicable)
70/7/	Contributor address; City; State; Zip Code 409 S. BOUNDARY		\$100.00	
/15	BOUNDARY, BURNET, TK 78611		(If travel extende	of Texas, complete Schedule T)
Principal occi	Opetion / Job title (See Instructions)	Employer (See In	<del></del>	in leass, complete scriedule 1)
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of	In-kind contribution
10/7/	DEAN McDONOUGH		contribution (S)	description (if applicable)
1 1/15	Contributor address; City: State; Zip Code 4// 12 TH \$7.		\$25.00	
	MARBLE FALLS, TX 78654			of Texas, complete Schedule T)
1 6 -	upation / Job title (See Instructions)	Employer (See Ir	<del></del>	or raxios, complete outleddic 1)
	ATTACH ADDITIONAL CODIES OF	THE COURDING	ACNEEDED	

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

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(512) 463-5800

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

The	Instruction Guide explains how to complete this	; form.	1 Total pages Sch	edule A:
2 FILER NAME		•	3 ACCOUNT # /F	thics Commission Filers)
	S FAR CALLINI DALL A	·n	- A0000N1# (E	ands Commission Filers)
1	S FOR CALVIN BOYD FOR SHE	KIFF		
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/4/	ROBERT, ANNA WOMACK	İ	<b>1</b>	accompanie)
- 11/	6 Contributor address; City: State: Zip Code		200.00	-
. /15	P.O. Box 53			-
	KINGSLAND, TX. 78639	_	,,,,	
9 Principal occup	pation / Job title (See Instructions)	40 Empleo (0		of Texas, complete Schedule T)
<b>4</b> • /)	emplogation / Job title (See Instructions)	10 Employer (See In	structions) -	
- Date -	Full name of contributor		Amount of	- In-kind contribution
* ' *		-	- Amount of contribution (\$)	- In-kind contribution description (if applicable)
10/4/	NANCY O'CONNER PATTY KIRIK PATRICIK Contributor address; City; State; Zip Code			
12/14	Contributor address; City; State; Zip Code	. <u>-</u>	\$ 100.00	
(13	P.O. BOX 355	_	100,00	I
	MARBLE FALLS, TX. 78654		(If travel outside of	of Texas, complete Schedule T)
· / / // ·	pation / Job title (See Instructions)	Employer (See In:	<del></del>	
Sell confloyced				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/, ;	BARTON VANA		contribution (\$)	description (if applicable)
16/,_	Contributor address; City; State; Zip Code		#	
611	3100 MORGAN CIR		\$100,00	
	MARBLE FALLS, TX 78654			
Princifial occur	pation / Job title (See Instructions)	Employer/S	·	of Texas, complete Schedule T)
. // 6/1-	Dation / Job title (See Instructions)	Employer (See In	au ucuons)	
Date	Full name of contributor	- J - F	Amount of	In-kind contribution
101			contribution (\$)	description (if applicable)
10/2/	TIM & JACKIE GATTON		A.	' 
10/16	Contributor address; City; State; Zip Code		\$ 100.00	i. t
, • •	225 MEADOWLAKES BRIVE			[ 
	MARBLE FALLS, TL 78639		(If travel outside	of Texas, complete Schedule T)
Principal <b>9</b> ccup	pation / Job title (See Instructions)	Employer (See In	<del></del>	
L-c	trud			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10-10	JERALD ; LAROLYN EDWARDS		contribution (\$)	description (if applicable)
10-13-15	Contributor address; City: State; Zip Code		A	
15	/205 LAKESHORE DRIVE		\$100.00	
	MARBLE FALLS, TX. 78654			· 
			(If travel outside	of Texas, complete Schedule T)
1 1/ 1	pation / Joy title (See Instructions)	Employer (See In	structions)	
Ker		<u> </u>		
1				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

		<del> </del>		
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
CITITE	US FOR CALUIN BOYD FOR SI	l.	•	· · · · · · · · · · · · · · · · · · ·
4 Date			7 Amount of	
10/	DEWEY HOLLINGSWORTH		contribution (\$)	8 In-kind contribution description (if applicable)
15/15	6 Contributor address; City: State; Zip Code		250,00	<del>-</del> -
	SPICEWOOD, TX 78669	-	(If travel outside o	of Texas, complete Schedule T)
		Employer (See Ins		
- Date -	Full name of contributor   out-of-state PAC (ID#:	1-	- Amount of	- In-kind contribution
10/_/	ALUIN NORDE	•	contribution (S)	description (if applicable)
17/15	Contributor address; City, State; Zip Code 2015. PIERCE ST	-	\$ 500.00	
	BURNET TX. 18611		(If travel outside o	of Texas, complete Schedule T)
Principal occur ATTO	pation / Job title (See Instructions)	Employer (See Ins		in rexas. Complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:	, [	Amount of	In-kind contribution
10/-	LONNIE FANDREA BALL		contribution (S)	description (if applicable)
10/9/	Contributor address; City; State; Zip Code			
1/15	206 BLUEBIRD CIRCLE		250.00	
	HIGHLAND HAUEN, TX		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)  Self Confloration	Employer (See Ins		a. Totale, complete contents in
Date //)/ /	Full name of contributor   Dout-of-state PAC (EDEN)   KENNETH & JEAN ANDERSON		Amount of contribution (S)	In-kind contribution description (if applicable)
/////15	Contributor address; City; State; Zip Code P. O , Box 8189		\$ 200.00	1
	HORSESHOE BAY, TX 78657		(If travel outside	of Texas, complete Schedule T)
Principal oca	pation / Job title (See Instructions)	Employer (See Ins		
Date /() /	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
114/	Contributor address; City: State; Zip Code 32/1 CR 200		\$ 200,00	 
,	BURNET, TX 78611		(If travel outside	of Texas, complete Schedule T)
	ipation / Job title (See Instructions)	Employer (See Ins		
		Self		

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	
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## SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A:
			2 ACCOUNT # /EN	hice Commission Filore)
2 FILER NAME CITIZEN	IS FOR CALVIN BOYD FOR SHE	ERIFE	3 ACCOUNT # (Ell	hics 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)
10/12/	J.R (DICK) DIAL			-
10/	6 Contributor.address: City: State: Zip Code 3 15 COVENTRY DRIVE		\$100.00	. <del>-</del>
	SPICEWOOD TX. 78669	_	(If travel outside o	- of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	I lexas, complete concount ty
KE	tiveil	-		
- Date -	Full name of contributor Out-of-state PAC (ID#_  KEVIN JUDICE		- Amount of contribution (\$)	<ul> <li>In-kind contribution description (if applicable)</li> </ul>
10/15/	<u> </u>		\$100.00	
11/15	Contributor address; City; State; Zip Code 209 OAKRIDGE TRAIL	- <u>-</u>	9100,00	,
, -	BURNET, TX. 78611		Alf traval outside o	
	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
-	DAVID & CAMILLE SWEIGART		contribution (S)	description (if applicable)
	Contributor address; City; State; Zip Code		# 25 00	
	16 AUGUSTA DRIVE		25.00	<b>[</b>
	MARBLE FALLS, TX. 7865	54	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date / O/	Full name of contributor [ out-of-state PAC (ID=_ GRANT DEAN (TRRUIS)		Amount of contribution (S)	In-kind contribution description (if applicable)
116/	Contributor address; City: State: Zip Code 3001 HWY 281 50		\$ 250.00	<u> </u> 
	MARBLE FALLS, TX. 78654		(If travel outside	of Texas, complete Schedule T)
Principal occur CACTUS A	upation / Job title (See Instructions) V以れららもと	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/.01	PEGGY JONES	·	contribution (S)	description (if applicable)
/ /4/	Contributor address; City: State; Zip Code		\$100.00	
1 15	22 FAIRWAY LANE		100100	1
	MEADOWLAKES TX 7865	4	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Keul	1 tov	1 5c/		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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Revised 07/28/2014

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS.

## SCHEDULE A

		<u></u>		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A:
2 FILER NAME CITIZEN	IS FOR CALVIN BOYD FOR SH	HERIFF	3 ACCOUNT # (EI	hics Commission Filers)
	5 Full name of contributor out-of-state PAC (ID#_RONALD & CONNIE SILLEAVAN 6 Contributor address; City: State; Zip Code  /506 WOFFORD DRIVE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
-	BURNET, TX 78611	-	(If travel outside o	of Texas, complete Schedule T)
	ation/Job title (See Instructions)	10 Employer (See In		)
- Date -	Full name of contributor out-of-state PAC (ID#:		- Amount of contribution (\$)	- In-kind contribution description (if applicable)
10 - 29-15 .	Contributor address; City; State; Zip Code 137 WILDERNESS DR. E	· :	\$ 50.00	<u> </u>
	MARBLE FALLS, TX. 78654		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See in	, ,	Concel
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-29-13	Contributor address; City: State; Zip Code 7850 CO. RD. 252 BERTRAM, TX. 78605		\$500.00	 
Principal occup	pation/Job title (See Instructions)	Employer (See In	<del></del>	
Date	Full name of contributor out-of-state PAC (IC=		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-29-15	Contributor address; City: State: Zip Code 505 CR 144		\$200.00	<u> </u> 
	MARBLE FALLS, TX 78654	T	<del></del>	of Texas, complete Schedule T)
Principal occur	t Cry (29 ese	Employer (See in	nstructions)	
Date 10-29-15	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (S)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code P.O. BOX 481		250.00	i    -
Principal occur	MARBLE FALLS, TX 78654 pation / Jop title (See Instructions)	Employer (See)	· <del></del>	of Texas, complete Schedule T)
301	employeed	501	<u>,                                      </u>	

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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 Scho	edule A:
2 FILER NAME CITIZE	NS FOR CALVIN BOYD FOR SHE	RIFF	3 ACCOUNT # (En	thics Commission Filers)
4 Date	5 Full name of contributor  uut-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/29/15	MARGARET MOORE 6 Contributor address; City; State; Zip Code 311 YELLOW RIBBON TRAIL		\$100.00	- 
-	BURNET, TX. 786TI	-	(If travel outside	of Texas, complete Schedule T)
1/	pation / Job title (See Instructions)	10 Employer (See In		
Date - 10/20/	Full name of contributor	}	- Amount of contribution (\$)	- In-kind contribution description (if applicable)
1 47/15	Contributor address; City; State; Zip Code		\$ 150,00	
	PFLUGERVILLE, TX. 78660		·	l of Texas, complete Schedule T)
1/	pation / Job title (See Instructions)	Employer (See In	structions) _	
Date /0/20/	Full name of contributor   out-of-state PAC (ID#:_ KENNETH & CASSANDRA DO	OWELL	Amount of contribution (\$)	In-kind contribution description (if applicable)
129/15	Contributor address; City: State; Zip Code 40 5 SPARERII3 RD.		250.00	    -
	MARGLE FALLS, TX. 78654	· · · · · · · · · · · · · · · · · · ·		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		_
Date 10/20/	Full name of contributor out-of-state PAC (E)=_ FRICK   KATH LEEN SMITH		Amount of contribution (\$)	In-kind contribution description (if applicable)
/ <sup>27</sup> / 15	Contributor address; City: State: Zip Code P.O. BOY 1676		100.00	
	MARBLE FALLS, TX 78654			of Texas, complete Schedule T)
1 17	pation/Job title (See Instructions)	Employer (See In	nstructions)	
Date / / /	Full name of contributor out-of-state PAC (ID#_FRANK & LOW ANN MILLER		Amount of contribution (\$)	In-kind contribution description (if applicable)
129/15	Contributor address; City: State; Zip Code		\$ 200.00	1
/15	323 COLUMBINE		200.00	
Diam'r	MEADOWLAKES, TX. 78654		<del></del>	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Ir	nstructions)	
i				

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

www.ethics.state.tx.us Revised 07/28/2014

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS .

### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (EI	thics Commission Filers)
CITIZE	NS FOR CALVIN BOYD FOR SHE	RPFF		
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
10/ 1	DLYNDA JACKSON -		[	description (if applicable)
10/29/15	6 Contributor.address: City: State: Zip.Code		\$50,00	
/10	6 Contributor address; City; State; Zip Code 32701 RANCH ROAD 12 UNIT [	3	30,00	
-	DRIPPING SPRINGS, TX. 786		(If travel outside o	of Texas, complete Schedule T)
9 Principal Cou	pation / Job title (See Instructions)	10 Employer (See In	structions) -	
76	rstor		<u>.</u>	
- Date -	Full name of contributor		- Amount of	- In-kind contribution
10/	CODY & DR. SUSAN HENSON	•	contribution (S)	description (if applicable)
/29/	Contributor address; City; State; Zip Code		\$200:00	
10/29/ 15	102 CAMM LARY CIR.	•	200,00	
	BURNET, TX. 78611-3578		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
// /	pation / Job title (See Instructions)	Employer (See In	structions) <sub>-</sub>	
Date		1 ) 6/4		1
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (S)	In-kind contribution description (if applicable)
10/1	1		-	i I
10/29/	Contributor address; City; State; Zip Code		200.00	
/15	P.O. BOK 550		200.00	
	BURNET, TX. 786(1	· · · · · · · · · · · · · · · · · · ·	: . (If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)	logach
Date	Full name of contributor □ out-of-state PAC (C=		Amount of	In-kind contribution
101 1	WILL DEBBIE GILLIAM		contribution (S)	description (if applicable)
10/29/	Contributor address; City: State: Zip Code		\$	]
/15	213 CR 127A		200.00	
	KINGSLAND, TX. 78639		e e e e e e e e e e e e e e e e e e e	
5		T Fairtings 1	<del></del>	of Texas, complete Schedule T)
Principal occ	pation / Job title (See Instructions)	Employer (See in	A contractions	
Date	Full name of contributor out-of-state PAC (ID#.		Amount of	In-kind contribution
101	JOSHUA , RAELYN PARKE	R	contribution (S)	description (if applicable)
10/201			d	
124/12	Contributor address; City: State; Zip Code	•	\$100.00	
//3	207 GATEWAY PKWY	•	, 55.00	1
	MARBLE FALLS, TX. 7865	4	(If travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I	Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS.

### SCHEDULE A

The !	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
CITIZE	NS FOR CALVIN BUYD FOR SH	HERIFF	3 ACCOUNT# (E	thics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (ID#_ ROBERT & IXATHEEN SNIDER		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
1/29/15	6 Contributor address; City; State; Zip Code P.O. Box 578		\$ 100:00	-    -
-	BURNET, TX. 78611	-	(If travel outside	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	10 Employer (See Ins	structions) -	
- Date -	Full name of contributor Out-of-state PAC (ID#:		- Amount of contribution (S)	In-kind contribution description (if applicable)
10/29/	Contributor address: City; State; Zip Code		150.00	·
	78639 KINGSLAND, TX		(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	·	JI Badd Williams
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/29/	MONTE & PAULINE CARRING Contributor address; City: State: Zip Code 3/20 CR404	TON	150.00	description (if applicable)
	SPICEWOOD, TX. 78669		(If travel outside	of Texas, complete Schedule T)
Principal occur	Pation / Job title (See Instructions)	Employer (See In:	structions)	
Date / O/a a /	Full name of contributor out-of-state PAC (D=		Amount of contribution (S)	In-kind contribution description (if applicable)
124/15	Contributor address: City: State: Zip Code 708 CR 200C		250.00	
	BURNET, TX. 78611		(If travel outside	of Texas. complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	rstructions)	
Date 10 /	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (S)	In-kind contribution description (if applicable)
/29/	Contributor address; City: State; Zip Code P.O. BOX 1207		100.00	
	MARBLE FALLS, TX 78654		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation/Job title (See Instructions)	Employer (See In	nstructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The I	nstruction Guide explains how to complete this	s for	n.	1 Total pages Scho	edule A:
2 FILER NAME CITIZE	NS FOR CALVIN BOYD FOR	SITE	RIFF	3 ACCOUNT # (E	thics Commission Filers)
1	5 Full name of contributor out-of-state PAC (ID#_ /HARRY FDEBORAH RANSIER			7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
729/15	6 Contributor address; City, State; Zip Code 700 N. ETT CHAPARRAL			\$100.00	-   
-	BURNET, TX. 78611 -		-	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job fitle (See Instructions)	10	Employer (See Ir	nstructions) - -	
Date - / / /	Full name of contributor   out-of-state PAC (ID#_ KIETH & JACQUE GERTH		}	- Amount of contribution (S)	- In-kind contribution description (if applicable)
129/15	Contributor address: City, State; Zip Code 303 MILL CREEK RD	-	: :	\$ 100,00	
	KINGSLAND, TX 78639			(If traval outrida	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)		9mployer (See Ir		(ife
Date /0/29/15	Full name of contributor out-of-state PAC (ID#			Amount of contribution (S)	In-kind contribution description (if applicable)
1 / 15	Contributor address; City: State: Zip Code 132 FIELD CREST DR. MARBLE FALLS, TX. 786			\$100.00	
Principal occup	pation / Job tiffe (See Instructions)	79	Employer (See I		of Texas, complete Schedule T)
<u>C</u>	hiet.		Bur	net Cour	+4.
Date	Full name of contributor			Amount of contribution (S)	In-kind contribution description (if applicable)
29/15	Contributor address; City: State: Zip Code P.O. Box 1161			\$ 75.00	
-	MARBLE FALLS, TX 78654			(If travel outside	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)		Employer (See I		ed
Date / / / / / / / / / / / / / / / / / / /	Full name of contributor Out-of-state PAC (ID#_ RICHARD SMITH — JOYCE		MITH	Amount of contribution (S)	In-kind contribution description (if applicable)
129/	Contributor address; City: State; Zip Code 2510 CR137	•		50.00	1
	BURNET, TX. 78611			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) UUKnow		Employer (See	Instructions)	
16	ATTACH ADDITIONAL COPIES tributor is out-of-state PAC, please see inst				ting requirements

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS .

P.O. Box 12070

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
CITIZEN	US FOR CALVIN BOYD FOR SHE	FRIFE		
4 Date	5 Full name of contributor Out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
m/	CHRIS & JANET BOHAWAN		contribution (\$)	description (if applicable)
10/29/_	6 Contributor address; City, State; Zip Code		8_	-
/15			\$500.00	·
-	2433 WEST FM 243		-	-
	BERTRAM, TX. 78605	-	·	of Texas, complete Schedule T)
·	pation / Job title (See Instructions)	10 Employer (See In	structions) -	11
		100.27		1
- Date -	Full name of contributor out-of-state PAC (ID#	}	- Amount of contribution (S)	- In-kind contribution description (if applicable)
10/	K. LENUFL BAKER			
[29]	Contributor address; City; State; Zip Code		200:00	
- 715	224 CR 344	•	200.20	
	MARBLE FALLS, TX. 786	54	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer/See in	nstructions) .	
ins	warce	1 2014		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/ -,	SANDRA K. THOMAS M.D.		contribution (S)	description (if applicable)
10/29/	Contributor address; City; State; Zip Code		A	
/15	1/23 FM 1431		7250.00	
	MARBLE FALLS TX. 7865	4	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	ristructions)	C
Date	Full name of contributor ut-of-state PAC (D=		Amount of	In-kind contribution
101	JIM LOTT		contribution (S)	description (if applicable)
1291	Contributor address; City; State: Zip Code	• • •	8	1
/15	111 CR127A		250.00	1
	KINGS LAND, TX. 78639			
	<u> </u>	T	<del></del>	of Texas. complete Schedule T)
Principal occu RE	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of	In-kind contribution description (if applicable)
1.06	SUE BURNETT		contribution (\$)	ucscription (it applicable)
10/201			#===	
161/15	Contributor address; City: State; Zip Code 203 FIRESTONE		\$50.00	
1/13	MEADOWLAKES, TX. 7865	54	(if travel outside	e of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	<del></del>	o control veripinate barboone 17
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution description (if applicable)
EUAN AND VIRGINIA ROBERTS			description (ii applicable)
6 Contributor.address: City: State: Zip Code		450.00	_
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and the second s	10 Employer (See In		of Texas, complete Schedule T)
Ketireda	TO Employer (GGG III	ou dedona,	
Full name of contributor	}	- Amount of	- In-kind contribution
DONALD FOORTHY BURKE F	-AMILY	contribution (\$)	description (if applicable)
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	•	300.00	
	5		of Texas, complete Schedule T)
	Employer (See In	structions) _	
		Amount of	In-kind contribution
, ,		contribution (5)	description (if applicable)
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Contributor address; City; State; Zip Code		\$50.00	
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<u> </u>	·	<del></del>	of Texas, complete Schedule T)
ation / Job title (see instructions)	Employer (See In	siructions)	
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KENNETH & BEVERLY GRI	AHAM	contribution (S)	description (if applicable)
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		<del></del>	of Texas. complete Schedule T)
ation/Job title (See Instructions)	Employer (See Ir	nstructions)	
Full name of contributor	)	Amount of	In-kind contribution
BOB CLIFTON		contribution (S)	description (if applicable)
		#	
270A BRAEBURN CIRCLE	•	100.00	1
		(If travel outside	of Texas, complete Schedule T)
pation / Job title (See Instructions)	Employer (See I		,
	Full name of contributor   out-of-state PAC (ID#_ EUAN AND VIRGINIA ROBERTS  6 Contributor-address; City; State; Zip Code  901 CH1SHOLM TRAIL  HORSESHOE BAY, TX 78657  Japan / Job title (See) Instructions)  Full name of contributor   out-of-state PAC (ID#_ DONALD   DORTHY BURKE    Contributor address; City; State; Zip Code  210 CR. IRD. 127  KINGSLAWD, TX. 78639  ation/ Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_ DON   JAN WILDE  Contributor address; City; State; Zip Code  2509 FM 963  BURNET, TX 78611  ation / Job title (See Instructions)  EN NETH   BEUERLY GRI  Contributor address; City; State; Zip Code  // 2 WALLACE RIDDLE OR  BURNET, TX. 78611  ation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_ Contributor address; City; State; Zip Code  // 2 WALLACE RIDDLE OR  BURNET, TX. 78611  ation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_ BOB CLI FTON  Contributor address; City: State; Zip Code  270A BRAE BURN CIRCLE  MEADOWLAKES, TX 78654	EUAN AND VIRGINIA ROBERTS  6 Contributor address; City; State; Zip Code  901 CH1 SHOLM TRAIL  HORSESHOE BAY, TX 78657  Sign / Job title (See Instructions)  Full name of contributor	FUIL name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contributor (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   out-of-state PAC (IDs.   Amount of contribution (S)    Full name of contributor   Out-of-state PAC (IDs.   Amount of contribution (S)

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

Revised 07/28/2014

(512) 463-5800

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS .

P.O. Box 12070

## SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2 FILER NAME CITIZEN	IS FOR CALUIN BOYD FOR SH	ieriff	3 ACCOUNT # (EE	hics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (10#_ KEITH & PATRICIA Mc BURNE	TT	7 Amount of contribution (S)	8 In-kind contribution description (If applicable)
1/5/	6 Contributor address; City; State; Zip Code		# 100,00	-
	315 YELLOW RIBBON		יטטיַטטן	  -
	BURNET, TX. 78611	-	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See In	·	• • •
Tura	vintendent	Burne	1513	
- Date -	Full name of contributor out-of-state PAC (ID#:_WARREN C. HUNTER	}	- Amount of contribution (S)	<ul> <li>In-kind contribution description (if applicable)</li> </ul>
/-12/	Contributor address: City; State: Zip Code 930 OXBOW TRL	. :	\$_	
1 /15	930 OXBOW TRL	•	\$500,00	
	MARBLE FALLS, TX 78654		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions) _	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
11/:,	JEFF BREEDLOVE		contribution (S)	description (if applicable)
11/14/	JEFF BREEDLOUE Contributor address; City: State: Zip Code		\$ 40.00	i .
/15	123 ROCK BLUFF		40.00	i I
	KINGSLAND, TX. 78639		<del></del>	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See In	fructions)	& Logic
Date / / /	Full name of contributor	W TTEE	Amount of contribution (S)	In-kind contribution description (if applicable)
1/17/	Contributor address; City, State: Zip Code	· -	A 100.00	1
1 /15	331 MEADOWLAKES DR.		100.00	
	MEADOWLAKES, TK 7865	4	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor   out-of-state PAC (ID#.		Amount of	In-kind contribution description (if applicable)
11/.0/	DENNIS & CAROL HOOVER		contribution (5)	acsorbing (ii approade)
1/17/	Contributor address; City: State; Zip Code	<b>:</b>	\$100.00	
1 /15	P.O. BOX 190			1
	BURNET, TX. 78611		(If travel outside	of Texas, complete Schedule T)
	upation / Job title (See Instructions)	Employer (See	Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS.

## SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME CITIZE	ENS FOR CALUIN BOYD FOR SH	E RIFF	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_BILL & CHRUSTIE NALLE		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
/19/	6 Contributor.address; City; State; Zip Code 4615 BUNNY RUN		250.00	-
-	AUSTIN, TX. 70746	-	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions) - -	
- Date -	Full name of contributor   1 out-of-state PAC (ID#_ PEGGY SIMON -	<del>_</del>	- Amount of contribution (S)	- In-kind contribution description (if applicable)
117/	Contributor address: City: State: Zip Code /209 CR333	• :	\$ 200.00	
	BERTRAM, TX. 78605		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation/Job title (See Instructions)	Employer (See In	nstructions) Court	Ĺ <sub>l</sub>
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (S)	In-kind contribution description (if applicable)
1/11/15	Contributor address; City: State; Zip Code 703 LOUERS LANE P.O. BOX	(206	\$100.00	-
	BURNET, TK. 78611			i of Texas, complete Schedule T)
	pation/Job title(See Instructions)	Employer (See In	every w	:1Cot
Date	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)
17,	Contributor address; City, State: Zip Code 203 SOUTH WATER STREE		\$ 500.00	
7 (-3)	BURNET, TX 78611		(If travel outside	of Texas, complete Schedule T)
Principal occu	mation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of	In-kind contribution
1/20/	BARRY MANGONE		contribution (S)	description (if applicable)
1 1 /12	Contributor address; City: State; Zip Code	•	\$ 50.00	1
را / ا	314 LAKE DR.		- 50,00	
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lexas Etnics Con	mission P.O. Box 12070 Austin, Texa	s 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	<b>S</b> .		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
CITIZEN	IS FOR CALUIN BOYD FOR SHE	RIFF	-	·
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
121	ARNOLD BWALTERS MGMT	-	contribution (S)	description (if applicable)
-14/15	6 Contributor.address; City, State; Zip Code P.O. BOX 1669		1,000.00	
· -	BURNET, TX 78611	-	(If travel outside	of Texas, complete Schedule T)
9 Principal occu		10 Employer (See Ins		
	Tell enjoyeed			
12/	Full name of contributor Voul-of-state PAC (IDS:	}	- Amount of contribution (S)	- In-kind contribution description (if applicable)
1/12/	Contributor address; City; State; Zip Code		\$100:00	·
/15	P.O. BOX 520 BURNET, TX. 78611	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lif traval autrida	of Texas, complete Schedule T)
Principal occ	pation /Job title (See Instructions)	Employer (See Ins		or reass. Complete Screage 17
	Kethul			
Date // /-	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)
28/	- Contributor address; City; State; Zip Code		\$ 200.00	_
/15	316 COVENTRY DR.		_	1
	SPICEWOOD, TX. 78669	· · · · · · · · · · · · · · · · · · ·	(If travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job little (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor sut-of-state PAC @=		Amount of contribution (S)	In-kind contribution description (if applicable)
01/	MR. MRS E. B. PRICE			
114/	Contributor address; City; State: Zip Code 1438 CR 210 B		\$500,00	1
10	BERTRAM, TX. 78605			1
Principal o~	upation / Job title (See Instructions)	Employer (See In	<del></del>	of Texas, complete Schedule T)
- inoparou	RETIRED	7.575. (000.11	,	
Date	Full name of contributor   out-of-state PAC (ID#_		Amount of	In-kind contribution
01/	WEB WALKER III		contribution (S)	description (if applicable)
114/	Contributor address; City: State; Zip Code		\$100.00	1
16	117 VANDEVENTER		700.00	1
	BURNET, 78611		(If travel outside	of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions) RETIRED	Employer (See In	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME CITZENS FORCALUIN BOYD	FOR SHEEL FC
1 Date 1-5-2016	5 Payee name FULL SOUKE LLC	
Amount (S)	7 Payee address; City; State; Zip Code	
\$ 96.31	ONLINE WHAREHOUSE	
3	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADUERTIZING	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
Complete <u>CNLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
1-10-2016	HOME DE POT	
Amount (\$)	Payee address; City; State; Zip Code	
\$59.74	MARBLE FALLS, TX. 78654	<u>-</u>
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	ADUERTISING	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name .	
1-12-2016	SUPER CHEAP SIGNS	
Amount (\$)	Payee address; City; State; Zip Code	
\$266.32	9200 WATERFORD BLUD SUITE AUSTIN, TX 78758	. 160
**************************************	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	ADUERTISING	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Condidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BO	YD FOR SHERL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
7-27-15	SUPER CHEAP SIGNS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#250 00	9200 WATERFORD CENTRE B	LUD.	
"330,00	SUITE 100 - AUSTIN, TK. T	78758	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE	44 8 6 1 = -10 6 = =	Check if travel	outside of Texas, complete Schedule T
OF	MAGNETIC AUTO	Check if Austin	, TX, officeholder living expense
EXPENDITURE	SIGNS	j.	·
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
7-27-15	US POST OFFICE		
Amount (\$)	Payee address; City; State; Zip Code		
\$9.80	H.E.B. MARBLE FALLS, T)	K. 78654	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	STAMPS	Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	SIMMES	Check if Austin	i, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
8-6-15	HIGHLAND LAKES NEW	spapers	
Amount (\$)	Payee address; City; State; Zip Code		
\$168.00	304A HIGHLANDER CIRLE	MARBLE	FALLS, TX 78654
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel	outside of Texas, complete Schedule T
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED
i			

## SCHEDULE F1

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

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/No.  The Instruction Guide explains how to committee.	dages/Contract Labor Other (enter a category not listed above)  omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR	3 Filer ID (Ethics Commission Filers) SHERIFF		
4 Date 9 - ( - 15	5 Payee name SUPER CHEAP SIGNS			
6 Amount (\$) \$77,88	7 Payee address; City; State; Zip Code 9200 WATERFORD CENTRE BLUD. SUITE 100 — AUSTIN, TY 7875	58		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date 9-14-15	Payee name OUTBACK RENTALS			
Amount (\$) 294.04	Payee address; City; State; Zip Code S., 2000 US-281 MARBLE FALLS, TX. 78654			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  FURNITURE RENTALS  FOR FUND RAISER	Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date 9-14-15	Payee name  LEWIS Co.			
Amount (\$) 85.96	Payee address; City; State; Zip Code  14711 E. NINE MILE RD  EASTPOINTE, MI			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  TABLE CLOTHS  (PHONE ORDER)	Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W.  The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	CITIZENS FOR CALVIN BOYD FO	OR SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 9-28-15	PRINTWORKS		
6 Amount (\$) \$113.66	7 Payee address; City; State; Zip Code 314 MAIN ST MARBLE FALLS, Tx. 78654		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  INVITATIONS FLYERS		outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date /0-1-15	US POST OFFICE		
#98.00	Payee address; City; State; Zip Code 14EB MARBLE FALLS, TX 78	%54	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  STAMPS		outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 10-6-15	Payee name  EAGLE MOUNTAIN CO.		
Amount (\$) \$4	Payee address; City; State; Zip Code 333 FM 2325 WIMBERLEY, TX. 78676		·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  CENTER PIECE SUPPLIES	1 =	outside of Texas, complete Schedule T
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

## SCHEDULE F1

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

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

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

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

	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	CITIZENS FOR CALVIN BOYD	FOR SHERIFF		
4 Date	5 Payee name			
10-19-15	YA YA CREATIONS			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$38.58   13155 RAILROAD AUE				
77 00.00	CITY OF INDUSTRY, CA. 917	46		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE	0,5-0,00	Check if travel outside of Texas, complete Schedule T		
OF EXPENDITURE	GIFT BAGS	Check if Austin, TX, officeholder living expense		
O Complete CNI V if direct	Candidate / Officeholder name	Office sought Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	-			
Date	Payee name			
Date	DR. DONS BUTTONS, BADGES	S ÉMORE		
10-19-15				
Amount (\$)	Payee address; City; State; Zip Code			
\$168.74	3906 W. MORROW DRIVE			
GLENDALE, ARIZONA 85308				
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE	204.001001 0	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense		
OF EXPENDITURE	CAMPAIGE BUTTONS			
Onwelsta CARV is diseast	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/O		Office sought		
Date	Payee name			
10-25-15	WALMART			
Amount (\$)	Payee address; City; State; Zip Code			
#38.08	2700 USHIGHWAY 281			
	MARBLE FALLS, TX 78654			
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CANDY FOR GIFT BAGS	Check if travel outside of Texas, complete Schedule T		
	A FULL BAICED	Check if Austin, TX, officeholder living expense		
	@ FUND RAISER			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NEEDED		
Forms provided by Texas Et	hics Commission www.ethics.state.tx.	us Revised 02/27/2015		

## SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overl Polling Expo Printing Exp		Travel In District Travel Out Of Distr	ipment & Related Expense
		The Instruction Guide explain	ins how to co	mplete this form.		
1 Total pages Schedule F1:		<sup>AME</sup> ZENS FOR CALUIN	BOYDEO	R SHERIEE	3 Filer ID (Ethi	cs Commission Filers)
4 Date /0-25-15	5 Payee name OFFICE DEPOT					
6 Amount (S) \$64.13		tdress; City; State; W. UNIVERSITY GETOWN, TX 78	•			
8 PURPOSE OF EXPENDITURE	OFFI	(See categories listed at the top of this CE SUPPLIES TEXPENSES	schedule)	$\overline{}$	outside of Texas, con	
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date 10-26-15	Payee na	FRW CAMPAIQ TRAINING SCH	OOL	JAGEMENT	-	
Amount (\$) \$ 90.67	Payee address; City; State; Zip Code 13740 N. HIGHWAY 183 SUITE J4 AUSTIN, TX. 78750 - 1832					
PURPOSE OF EXPENDITURE		$oldsymbol{v}$ (See categories listed at the top of this	schedule)		outside of Texas, com	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date 10 - 26 - 15	Payee n	ame BACK RENTA	LS			
Amount (\$) (4.95		ddress; City; State; 200 US-HIGHWAY 2BLE FALLS, TY	281	4		
PURPOSE OF EXPENDITURE		y (See categories listed at the top of this	schedule)		outside of Texas, com	
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CITIZENS FOR CALVIN BOYD FOR SHERIFF 5 Payee name 4 Date 10-28-15 HEB 6 Amount (\$) 7 Payee address: City; State; Zip Code \$ 25.98 MARBLE FALLS, TX. 78654 (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** EVENT EXPENSE OF Check if Austin, TX, officeholder living expense EXPENDITURE (BALLOONS) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10-29-15 EDDIE WHITEHEAD Amount (\$) Payee address; City; State; Zip Code \$ 368.06 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** FOOD/BEVERAGE EXPENSE Check if Austin, TX, officeholder living expense EXPENDITURE (CATERER) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date 10-30-15 EXPEDIA.COM Amount (\$) City; State; Zip Code Payee address; \$112.34 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** TRAVEL OUT OF OF Check if Austin, TX, officeholder living expense EXPENDITURE DISTRICT Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica			egory not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME  CITIZENS FOR CALUIN P	,	nics Commission Filers)
4 Date	5 Payee name		
11-02-15	US POSTAL		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$32.78	MARBLE FALLS, TY 78654		
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE	STAMPS & MAILING	Check if travel outside of Texas, co	mplete Schedule T
OF		Check if Austin, TX, officeholder live	ng expense
EXPENDITURE	ENVELOPES		·
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
11/11/15	HIGHLAND LAKES NO	ews papers	
Amount (\$)	Payee address; City; State; Zip Code		
# 310.00	304A HIGHLANDER CIRCLE	•	
# 310.00	MARBLE FALLS, TX 78659	L	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	0	Check if travel outside of Texas, cor	nplete Schedule T
OF	ADVERTISING	Check if Austin, TX, officeholder livi	ng expense
EXPENDITURE	EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
11/11/15	SUPER CHEAP SIGNS		
Amount (\$)	Payee address; City; State; Zip Code		
\$	9200 WATER FORD CENTRE	BLUD SUITE 100	
* 375.33	# 375.33 AUSTIN, TX. 78758		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE	ADVERTIZING	Check if travel outside of Texas, col	mplete Schedule T
OF EXPENDITURE	AND LICE STORY	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1		i
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

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

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

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

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

Candidate/Officeriolder/Politica	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALUIN BOYD FOR		3 Filer ID (Ethics Commission Filers)
4 Date 11-16-15	5 Payee name SIGNS TO GO	- 4116-41-4	1
6 Amount (\$) 21.54	7 Payee address; City; State; Zip Code 813 12th St MARBLE FALLS, TX. 7865	4	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  ADVERT (SING	(b) Description  Check if travel	outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 11-17-15	Payee name  DESIGNER GRAHICS		
Amount (\$) \$2033.92	Payee address; City; State; Zip Code 12404 HWY 155 S. TYLER, TX. 75703		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ADUERTISING	/ <del>[                                   </del>	outside of Texas, complete Schedule T I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date //-/7-15	Payee name PRINTWORKS		
Amount (\$) \$219.75	Payee address; City; State; Zip Code 314 MAIN ST MARBLE FALLS, TX 78654		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ADUERTISING		outside of Texas, complete Schedule T  1, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee Event Expense Fees Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

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

	The Instruction Guide explains how to co	omplete this form.	ļ
1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALUN BOYD FOR	L SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11-18-15	DESIGNER GRAPHICS		
6 Amount (S) \$63.43	7 Payee address; City; State; Zip Code 12404 H-WY 155 S. TYLER, TX. 75 703		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  ADUERTISING		d outside of Texas, complete Schedule T in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date // - /3 - /5	Payee name SUPER CHEAP SIGNS		!
Amount (5) \$1593,98	Payee address; City: State: Zip Code 9200 WATER FORD CENTRE BLUD SUITE 100 AUSTIN, TX, 78758		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ADUERTISING	[	outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 11-23-15	Payee name  BURNET CO. REPUBLICAN PA	IRTY	
Amount (\$) #750.00	Payee address; City; State; Zip Code P. D. BOX 1972 MARBLE FALLS, TX. 78654		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  FILLING FEE		l outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete <u>CNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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

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

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

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

	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD F	3 Filer ID (Ethics Commission Filers)	
4 Date 11-24-15	5 Payee name THOMAS GRAPHICS		
6 Amount (S) \$2,224.01	7 Payee address; City; State; Zip Code 9501 N. I435 AUSTIN, TX. 78753		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  ADVERTISING	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense	
9 Complete ONY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date 11-25-15	Payee name PRINTWORKS		
Amount (S) \$\frac{4}{224.08}\$	Payee address: City: State: Zip Code 314 MAIN ST. MARGLE FALLS, TX. 78654		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ADUERTISING	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date 12-7-15	Payee name  Lowes		
Amount (\$) # 19.23	Payee address: City: State: Zip Code  MARBLE, FALLS, TX 78	3654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  ADUERTISING	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			