

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS **FORM SPAC COVER SHEET PG 2**

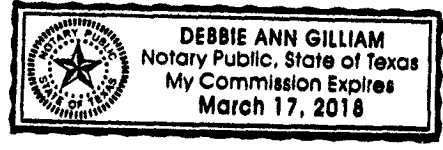
12 COMMITTEE NAME **CITIZENS FOR CALVIN BOYD FOR SHERIFF** ACCOUNT # (Ethics Commission Filers)

<p>13 COMMITTEE PURPOSE</p> <p>(Attach lists on plain paper to complete this report if necessary.)</p> <p><input checked="" type="checkbox"/> SUPPORT - (Candidate or Measure)</p> <p><input type="checkbox"/> OPPOSE (Candidate or Measure)</p> <p><input type="checkbox"/> ASSIST (Officeholder)</p>	<p><input checked="" type="checkbox"/> CANDIDATE</p> <p><input type="checkbox"/> OFFICEHOLDER</p> <p><input type="checkbox"/> MEASURE</p>	<p>CANDIDATE / OFFICEHOLDER NAME</p> <p style="text-align: center; font-size: 1.2em;">CALVIN BOYD</p> <p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p> <p style="text-align: center; font-size: 1.2em;">BURNET COUNTY SHERIFF</p> <p>BALLOT IDENTIFICATION / #</p> <p style="text-align: right;">ELECTION DATE Month Day Year 03 / 01 / 2016</p> <p>DESCRIPTION</p>
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<p>14 CONTRIBUTION TOTALS</p> <p>EXPENDITURE TOTALS</p> <p>CONTRIBUTION BALANCE</p> <p>OUTSTANDING LOAN TOTALS</p>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 690.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,165.00
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 919.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 9336.08
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6828.92
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 AFFIDAVIT

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



James R. Lott
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James R. Lott, this the 14th day of January, 20 16, to certify which, witness my hand and seal of office.

Debbie Ann Gilliam DEBBIE ANN GILLIAM Notary Public, State of Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 16	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD D. OR SYLVIA WEEED	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 200 LAKE DRIVE MARBLE FALL, TX 78654		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 7/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARNOLD B. WALTERS MANAGEMENT	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1669 BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)	
Date 7/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN & VICKIE BAUERLE	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 10 SPICEWOOD, TX 78669		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BPI ENVIRONMENTAL		Employer (See Instructions) SELF	
Date 8/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.T. & VIOLENT BOYD	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code ROCK BLUFF KINGSLAND TX 78639		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 8/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLYDE WATERS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code UNKNOWN		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

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



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/21/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA P. JENKINS	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6141 E FM 1431 MARBLE FALLS, 78654		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 9/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM & LESLI KING	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 604 GREENSLOPE DR PFLUGERVILLE, TX. 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 9/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE L. NASH LORI A. NASH	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 181 MARBLE FALLS TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED Builder		Employer (See Instructions) Self	
Date 9/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAT KING	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9122 BALCONES CLUB DR. AUSTIN TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN & JANICE ESTILL	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 267 MEADOW LAKES DR. MEADOWLAKES TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HENRY & JANICE HEKKER	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 811 SAGE ST. BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 9/11/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEE BEUERSHAUSEN	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1612 US HIGHWAY 281 STEA MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MARBLE FALLS POOLS & SPAS, INC		Employer (See Instructions) Self	
Date 10/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DWIGHT & PAMELA HARDIN	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5244 FM 3509 BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Police Captain		Employer (See Instructions) Burnet County S.O.	
Date 10/7/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NATHAN DODD	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 409 S. BOUNDARY BOUNDARY, BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Police officer		Employer (See Instructions) Cotton wool	
Date 10/7/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEAN McDONOUGH MAYREAN	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 411 12TH ST. MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/7/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & ANNA WOMACK	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 53 KINGSLAND, TX. 78639		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self-employed		10 Employer (See Instructions)	
Date 10/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NANCY O'CONNOR PATTY KIRKPATRICK	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 355 MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)	
Date 10/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARTON VANA	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3100 MORGAN CIR MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 10/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM & JACKIE GATTON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 225 MEADOWLAKES DRIVE MARBLE FALLS, TX 78639		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10-13-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERALD & LAROLYN EDWARDS	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 LAKESHORE DRIVE MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/5/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEWEY HOLLINGSWORTH	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO. BOX 40 SPICEWOOD, TX 78669		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) INSURANCE Self employed		10 Employer (See Instructions)	
Date 10/7/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVIN NORDE	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 S. PIERCE ST BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) Self	
Date 10/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONNIE & ANDREA BALL	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 206 BLUEBIRD CIRCLE HIGHLAND HAVEN, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)	
Date 10/11/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH & JEAN ANDERSON	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 8189 HORSESHOE BAY, TX 78657		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY & RONDA HOSTETTER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3211 CR 200 BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUILDER		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.R (DICK) DIAL	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 315 COVENTRY DRIVE SPICEWOOD TX. 78669		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 10/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN JUDICE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 209 OAKRIDGE TRAIL BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Jeweler		Employer (See Instructions) Burnet	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID & CAMILLE SWEIGART	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 16 AUGUSTA DRIVE MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANT DEAN (TRAVIS)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3001 HWY 281 SO. MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CACTUS NURSERY		Employer (See Instructions)	
Date 10/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEGGY JONES	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 22 FAIRWAY LANE MEADOWLAKES TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-29-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD & CONNIE SULLIVAN	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1506 WOFFORD DRIVE BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Police officer		10 Employer (See Instructions) Burnet P.D.	
Date 10-29-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLIFF & CAROLYN STRIPLING	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 137 WILDERNESS DR. E MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self employed	
Date 10-29-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICK & TONI O'DONNELL	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7850 CO. RD. 252 BERTRAM, TX. 78605		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RA (Soul Sounds)		Employer (See Instructions)	
Date 10-29-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM WURSTER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 505 CR 144 MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)	
Date 10-29-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALLEN W. CRYER	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 481 MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON LINDHOLM MARGARET MOORE	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 311 YELLOW RIBBON TRAIL BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM & LESLIE KING	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 604 GREEN SLOPE CIRCLE PFLUGERVILLE, TX. 78660		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH & CASSANDRA DOWELL	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 405 SPARE RIB RD. MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Riken Cuyler	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRICK & KATHLEEN SMITH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1676 MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK & LOU ANN MILLER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 323 COLUMBINE MEADOWLAKES, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DLYNDA JACKSON	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 32701 RANCH ROAD 12 UNIT B DRIPPING SPRINGS, TX. 78620-4422		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PGS FOR		10 Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CODY & DR. SUSAN HENSON	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 CAMM LARY CIR. BURNET, TX. 78611-3578		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Honey		Employer (See Instructions) Self	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHON & MELINDA LOVELACE	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 550 BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self employed	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILL & DEBBIE GILLIAM	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 213 CR 127A KINGSLAND, TX. 78639		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Reactor		Employer (See Instructions) Self	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSHUA & RAE LYN PARKER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 207 GATEWAY PKWY MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & KATHEN SNIDER	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 578 BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Realtor		10 Employer (See Instructions) Self	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRENDA BOSTON	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 151 ROCK BLF. 78639 KINGSLAND, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MONTE & PAULLINE CARRINGTON	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3120 CR404 SPICEWOOD, TX. 78669		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RYAN & KARYN ROUNEY	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 708 CR 200C BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) LCKA	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF & ALYCE NANNEY	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1207 MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HARRY / DEBORAH RANSIER	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 700 N. SEA CHAPARRAL BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIETH / JACQUE GERTH	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 303 MILL CREEK RD KINGSLAND, TX 78639		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Captain		Employer (See Instructions) Parkes & wild life	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEANIE NOLEN JOE CANADY	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 132 FIELDCREST DR. MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Chief		Employer (See Instructions) Burnet County	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOWARD LALMAN	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P.O. BOX 1161 MARBLE FALLS, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self employed	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD SMITH - JOYCE SMITH	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2510 CR137 BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHRIS & JANET BOHANAN	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2433 WEST FM 243 BERTRAM, TX. 78605		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Court Clerk		10 Employer (See Instructions) Burnet County	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) K. LENUFL BAKER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 224 CR 344 MARBLE FALLS, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SANDRA K. THOMAS M.D.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1123 FM 1431 MARBLE FALLS TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JIM LOTT	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 CR127A KINGS LAND, TX. 78639		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 10/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SUE BURNETT	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 203 FIRESTONE MEADOWLAKES, TX. 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EVAN AND VIRGINIA ROBERTS	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 901 CHISHOLM TRAIL HORSESHOE BAY, TX 78657		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONALD & DORTHY BURKE FAMILY	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 210 CR. RD. 127 KINGSLAND, TX. 78639		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON & JAN WILDE	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2509 FM 963 BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KENNETH & BEVERLY GRAHAM	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 112 WALLACE RIDDLE DR. BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOB CLIFTON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 270A BRAEBURN CIRCLE MEADOWLAKES, TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

2 FILER NAME **CITIZENS FOR CALVIN BOYD FOR SHERIFF** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 11/5/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KEITH & PATRICIA McBurnett	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 315 YELLOW RIBBON BURNET, TX. 78611	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **Superintendent** 10 Employer (See Instructions) **Burnet ISD**

Date 11/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WARREN C. HUNTER	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 930 OXBOW TRL MARBLE FALLS, TX 78654	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Unknown** Employer (See Instructions)

Date 11/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JEFF BREEDLOVE	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 123 ROCK BLUFF KINGSLAND, TX. 78639	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Parts Man** Employer (See Instructions) **Auto God Logic**

Date 11/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHARLES & CAROLYN SELMAN TTEE	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 331 MEADOWLAKES DR. MEADOWLAKES, TX 78654	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Retired** Employer (See Instructions)

Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DENNIS & CAROL HOOVER	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. BOX 190 BURNET, TX. 78611	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **MUSIC DIRECTOR** Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CITIZENS FOR CALVIN BOYD FOR SHERIFF

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/19/15

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

BILL & CHRISTIE NALLE

6 Contributor address; City; State; Zip Code

4615 BUNNY RUN
AUSTIN, TX. 78746

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Self employed

10 Employer (See Instructions)

Date

11/17/15

Full name of contributor out-of-state PAC (ID# _____)

PEGGY SIMON

Contributor address; City; State; Zip Code

1209 CR333
BERTRAM, TX. 78605

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Justice of Peace

Employer (See Instructions)

Burnet County

Date

11/11/15

Full name of contributor out-of-state PAC (ID# _____)

BILL & JANICE WILCOX

Contributor address; City; State; Zip Code

703 LOVERS LANE P.O. BOX 206
BURNET, TX. 78611

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

General Director

Employer (See Instructions)

Claret's Wilcox

Date

11/17/15

Full name of contributor out-of-state PAC (ID# _____)

PATRICK O'DONNELL

Contributor address; City; State; Zip Code

203 SOUTH WATER STREET
BURNET, TX 78611

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

#1 Bond Bonds

Employer (See Instructions)

Self

Date

11/30/15

Full name of contributor out-of-state PAC (ID# _____)

BARRY MANGONE

Contributor address; City; State; Zip Code

314 LAKE DR.
MARBLE FALLS, TX. 78654

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Maintenance

Employer (See Instructions)

Marble Falls, ISO.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/4/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARNOLD B WALTERS MGMT	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 1669 BURNET, TX 78611		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Self employed		10 Employer (See Instructions)	
Date 12/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL J. LUCKSINGER	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 520 BURNET, TX. 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 12/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.R. DIAL	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 COVENTRY DR. SPICEWOOD, TX. 78669		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 01/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & MRS E. B. PRICE	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1438 CR 210 B BERTRAM, TX. 78605		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 01/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WEB WALKER III	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 117 VANDEVENTER BURNET, 78611		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 1-5-2016	5 Payee name FULL SOURCE LLC	
6 Amount (\$) \$96.31	7 Payee address; City; State; Zip Code ONLINE WHAREHOUSE	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADUERTIZING	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-10-2016	Payee name HOME DEPOT	
Amount (\$) \$59.74	Payee address; City; State; Zip Code MARBLE FALLS, TX. 78654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-12-2016	Payee name SUPER CHEAP SIGNS	
Amount (\$) \$266.32	Payee address; City; State; Zip Code 9200 WATERFORD BLVD SUITE 100 AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
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4 Date 7-27-15	5 Payee name SUPER CHEAP SIGNS
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6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 9200 WATERFORD CENTRE BLVD. SUITE 100 - AUSTIN, TX. 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) MAGNETIC AUTO SIGNS	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-27-15	Payee name US POST OFFICE
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Amount (\$) \$9.80	Payee address; City; State; Zip Code H.E.B. MARBLE FALLS, TX. 78654
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) STAMPS	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-6-15	Payee name HIGHLAND LAKES NEWSPAPERS
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Amount (\$) \$168.00	Payee address; City; State; Zip Code 304A HIGHLANDER CIRLE MARBLE FALLS, TX 78654
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF		3 Filer ID (Ethics Commission Filers)	
4 Date 9-1-15		5 Payee name SUPER CHEAP SIGNS			
6 Amount (\$) \$77.88		7 Payee address; City; State; Zip Code 9200 WATERFORD CENTRE BLVD. SUITE 100 - AUSTIN, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SIGNS		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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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 FUNDRAISER		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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Date 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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 9-28-15	5 Payee name 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10-1-15	Payee name US POST OFFICE	
Amount (\$) \$98.00	Payee address; City; State; Zip Code 14EB MARBLE FALLS, TX 78654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) STAMPS	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10-6-15	Payee name EAGLE MOUNTAIN CO.	
Amount (\$) \$32.84	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	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
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4 Date 10-19-15	5 Payee name YA YA CREATIONS
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6 Amount (\$) \$38.58	7 Payee address; City; State; Zip Code 13155 RAILROAD AVE CITY OF INDUSTRY, CA. 91746
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) GIFT BAGS	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-19-15	Payee name DR. DONS BUTTONS, BADGES & MORE
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Amount (\$) \$168.74	Payee address; City; State; Zip Code 3906 W. MORROW DRIVE GLENDALE, ARIZONA. 85308
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CAMPAIGN BUTTONS	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-25-15	Payee name WALMART
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Amount (\$) \$38.08	Payee address; City; State; Zip Code 2700 US HIGHWAY 281 MARBLE FALLS, TX 78654
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CANDY FOR GIFT BAGS @ FUND RAISER	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 10-25-15	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$64.13	7 Payee address; City; State; Zip Code 1013 W. UNIVERSITY GEORGETOWN, TX 78628	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE SUPPLIES EVENT EXPENSES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10-26-15	Payee name TR TFRW CAMPAIGN MANAGEMENT TRAINING SCHOOL	
Amount (\$) \$90.67	Payee address; City; State; Zip Code 13740 N. HIGHWAY 183 SUITE J4 AUSTIN, TX. 78750-1832	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAINING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10-26-15	Payee name OUTBACK RENTALS	
Amount (\$) \$64.95	Payee address; City; State; Zip Code S, 2000 US HIGHWAY 281 MARBLE FALLS, TX 78654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
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4 Date 10-28-15	5 Payee name HEB
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6 Amount (\$) \$ 25.98	7 Payee address; City; State; Zip Code MARBLE FALLS, TX. 78654
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE (BALLOONS)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-29-15	Payee name EDDIE WHITEHEAD
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Amount (\$) \$ 368.06	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (CATERER)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-30-15	Payee name EXPEDIA.COM
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Amount (\$) \$ 112.34	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME CITIZENS FOR CALVIN BOYD FOR STATE		3 Filer ID (Ethics Commission Filers)	
4 Date 11-02-15		5 Payee name US POSTAL			
6 Amount (\$) \$32.78		7 Payee address; City; State; Zip Code MARBLE FALLS, TX 78654			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) STAMPS & MAILING ENVELOPES		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/11/15		Payee name HIGHLAND LAKES NEWSPAPERS			
Amount (\$) \$310.00		Payee address; City; State; Zip Code 304A HIGHLANDER CIRCLE MARBLE FALLS, TX 78654			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/11/15		Payee name SUPER CHEAP SIGNS			
Amount (\$) \$375.33		Payee address; City; State; Zip Code 9200 WATER FORD CENTRE BLVD SUITE 100 AUSTIN, TX. 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTIZING		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
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4 Date 11-16-15	5 Payee name SIGNS TO GO
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6 Amount (\$) \$21.54	7 Payee address; City; State; Zip Code 813 12th St MARBLE FALLS, TX. 78654
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-17-15	Payee name DESIGNER GRAPHICS
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Amount (\$) \$2033.92	Payee address; City; State; Zip Code 12404 HWY 155 S. TYLER, TX. 75703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-17-15	Payee name PRINTWORKS
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Amount (\$) \$219.75	Payee address; City; State; Zip Code 314 MAIN ST MARBLE FALLS, TX 78654
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 11-18-15	5 Payee name DESIGNER GRAPHICS	
6 Amount (\$) \$63.43	7 Payee address; City; State; Zip Code 12404 HWY 155 S. TYLER, TX. 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-13-15	Payee name SUPER CHEAP SIGNS	
Amount (\$) \$593.98	Payee address; City; State; Zip Code 9200 WATERFORD CENTRE BLVD SUITE 100 AUSTIN, TX. 78758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-23-15	Payee name BURNET CO. REPUBLICAN PARTY	
Amount (\$) \$750.00	Payee address; City; State; Zip Code P.O. BOX 1972 MARBLE FALLS, TX. 78654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FILLING FEE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYD FOR SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 11-24-15	5 Payee name THOMAS GRAPHICS	
6 Amount (\$) \$2,224.01	7 Payee address; City; State; Zip Code 9501 N. IH 35 AUSTIN, TX. 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-25-15	Payee name PRINTWORKS	
Amount (\$) \$224.08	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) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-7-15	Payee name LOWES	
Amount (\$) \$19.23	Payee address; City; State; Zip Code MARBLE, FALLS, TX 78654	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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