SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC

	MANGE REPORT	COVER SHEET PG T
The SPAC Instruction Gu	ide explains how to complete this form. 1 ACCOUNT# (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME	· · · · · · · · · · · · · · · · · · ·	OFFICE USE ONLY
CITIZENS FOR	2 CALUIN BOYD FOR SHERIFF	Date Received RECEIVED
4 COMMITTEE - ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE /// CR / 27 A / CINGSLAND TX. 78639	FEB 1 9 2016
change of address	400 100 1,111 000 1	Burnet Cc Elections Date Hand-delivered or Posimalked
		Receipt# Amount
5 CAMPAIGN TREASURER NAME	MR JAMES R.	Date Processed
	NICKNAME LAST SUFFIX JIM LOTT	Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: /// CRIZTA K/NGSLAND TX.	ZIP CODE
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of address	STREET OR PO BOX: APT / SUITE #; CITY; STATE; /// CR127A KINGSLAND TX	78639
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 956-9129	
9 REPORTTYPE	January 15 30th day before election July 15 Runoff .	Exceeded 5500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year O 2 / 0 1 / 2016 THROUGH	Month Day Year OZ /21 / 2016
11 ELECTION	ELECTION DATE Month Day Year 03/01/2016 ELECTION TYPE A Primary Runoff	General Special
	GO TO PAGE 2	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

- OIN OOLAN	JIOIALO		COVER SHEET PG 2	
12 COMMITTEE NAME CITIZENS FO	R 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 (off	iceholder)	
OPPOSE		BURNET COUNTY S	SHERIFE	
(Candidate or Measure)		BALLOT IDENTIFICATION / # Mont	ELECTION DATE h Day Year	
· Assist	MEASURE	03.	101/2016	
(Officeholder)	· — , ,	DESCRIPTION		
14 CONTRIBUTION - TOTALS	TOTAL POLITICAL PLEDGES, LOANS.	CONTRIBUTIONS OF \$50 OR LESS (OTHER TH OR GUARANTEES OF LOANS), UNLESS ITEM	AN \$ O	
·		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4674.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED \$ /21.14	
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 6498.51	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$5/5/.47	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	* — O —	
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				
AFFIX NOTARY STAMP / SE		T. DI -		
Sworn to and subscrib	ed before me, by the	1	, this the	
Signature of officer administer	Sillem Di	FABLE MW GILLIAM No	Hay Tublic Sole & Juas 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 Sche	dule A: 4
FILER NAME			3 ACCOUNT # (Ell	ics Commission Filers)
CITIZE	US FOR CALVIN BOYD FOR S	HERIFF		
Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
2/	JAMES LOTT -		contribution (S)	description (if applicable)
4/1/	6 Contributor address; City; State; Zip Code		ا - بر	-
1 /. 1	6 Contributor-address; City; State; Zip Code		\$150.00	-
- //6_	• • •		- 1	_
	KINGSLAND TX. 78639	-	(If travel outside o	f Taxas, complete Schedule T)
Principal occup	ration / Job file (See Instructions)	10 Employer (See in	structions) -	• •
	RETIRED			
- Oate -	Full name of contributor Out-of-state PAC (ID#	}	- Amount of contribution (S)	 In-kind contribution description (if applicable)
2/	CARY JOHNSON	-		
/1/	Contributor address; City; State; Zip Code		200,00	
	3234 CR 340	-	200100	
16	BURNET, TX. 78611		ilé terrent en chia	d Tours assessed to Cabactula Ti
Principal occup	oation / Job title (See Instructions)	Employer (See In		f Texes, complete Schedule T)
	BANKER		· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor 🔲 out-of-state PAC (ID::	}	Amount of	In-kind contribution .
2/;	EAGLE EYE RANCH, LP		contribution (S)	description (if applicable)
///	Contributor address; City; State; Zip Code		\$250.00	_
/16	1025 MARTY WAY		230100	
	AUSTIN, TX. 78735		: (If yavel cutaide	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	sauctions)	
	ATTOURUSY		:	
Date	Full name of contributor sut-of-state PAC @=		Amount of contribution (S)	In-kind contribution description (if applicable)
2/	CHARLEY CASTLEBERRY			1
11.	Contributor address; City: State: Zip Code		\$100.00	
/16	5350 CR340		100.00	
/ · •	BURNET, TX. 78611		(If travel outside	for Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	rstructions)	
	BUILDER	<u> </u>		
Date	Full name of contributor Out-of-state PAC (10#_		Amount of	In-kind contribution
2/,	KENNETH & JEAN ANDERSON	N	contribution (S)	description (if applicable)
[1]	Contributor address; City: State; Zip Code	•	\$500.00	1
/11/2	P.O. BOK \$189			1
, , ,	HORSE SHOE BAY, TX 78657	•	(if travel outside	of Texas, complete Schedule T)
Principaloco	upation / Job title (See Instructions)	Employer (See		
	RETIRED		*	

Revised 07/28/2014

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS.

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A: 4
FILER NAME CITIZEN	is for caluin Boyd for sher	LIFE	3 ACCOUNT# (E	hics Commission Filers)
Date	5 Full name of contributor out-of-state PAC(IDIT	·'s	7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
116		-	-	
	pation / Job file (See Instructions)	10 Employer (See In	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date -	Full name of contributor Out-of-state PAC (IDS: MARIE MILNER	} .	- Amount of contribution (S)	- In-kind contribution description (if applicable)
- 16	Contributor address: City: State: Zip Code P.O. BOX 1546 GURNET, TX. 78611	<u>:</u>	1000,00	
Oderical and	<u> </u>	Contract Contract	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See in	รสนตเอกร) _	-
Date	Full name of contributor not-of-state PAC(IDE:	,	Amount of contribution (S)	In-kind contribution description (if applicable
11/16	Contributor address; City: State: Zip Code 310 LARK DR.		\$500.00	-
	LAFAYETTE, LA. 70508		; (If savel cutaide	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable
19/16	Contributor address; City: State: Zip Code //5 MAIN ST		\$200.00	
Principal occ.	MARBLE FALLS, TX. 78654 spation 7 Job file (See Instructions) PROFFE SSOR	Employer (See li		of Texas, complete Schedule T
Date 2/6 /	Full name of contributor out-of-state PAC(ID=_ WILLIAM & STEPHENIE FOW	LER	Amount of contribution (S)	In-kind contribution description (if applicable
14/16	Contributor address: City: State; Zip Code 155 W. CASTLE SHOALS DR.		\$100.00	1
	GRANITE SHOALS, TX. 78654			e of Texas, complete Schedule
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	

If contributor is out-of-state PAC, please see instruction guide for additional reporting 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 Sche	edule A: 4
FILER NAME	S FOR CALUIN BOYD FOR SHER		3 ACCOUNT # (EI	thics Commission Filers)
Date 2	5 Full name of contributor Out-of-state PAC(EDIT_		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
79/	6 Contributor.address; City; State; Zip Code /// MAJEST/C HILLS DE BLU	<i>D</i>	100,00	- -
	SPICEWOOD, TK. 78669=3			of Texas, complete Schédule T)
) Principal occup	pation / Job fille (See Instructions) RETICED	10 Employer (See Ins	structions) -	· · · · · · · · · · · · · · · · · · ·
Date - 2/9/	Full náme of contributor out-of-state PAC (10#_ JERRY FUICKIE BOSTICK Contributor address; City; State; Zip Code	} -	- Amount of contribution (S)	 In-kind contribution description (if applicable)
-1/16	329 MEADOWLAKES DR. MARBLE FALLS, TX. 78634	-		
Principal occur	pation / Job title (See Instructions) RETIRED	Employer (See Ins		of Texas, complete Schedule T)
Date 2/10/16	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)
	KINGSLAND TX. 78639			of Texas, complete Schedule T)
Principal occup	pation/Job title (See Instructions) RETIRED	Employer (See In	sauctions)	
Date 2	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)
110/	Contributor address: City: State: Zip Code 303 MILLCREEK RD.		\$100.00	
Principal occu	INGSLAND TX. 78639 Ination I Job title (See Instructions) CAPT. TX PARKS FULLULIES	Employer (See In		of Texas, complete Schedule T)
Date 2/	Full name of contributor out-of-state PAC (ID=_ DUSTIN & TRACK KNIGHT		Amount of contribution (5)	In-kind contribution description (if applicable)
110/	Contributor address: City: State: Zip Code 204 FLOWING SPRINGS TR SPICEWOOD, TX. 78669	٧.	#100.00	e of Texas, complete Schedule T)
	supation / Job title (See Instructions) SELF EMP RESTURAN T	Employer (See t		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL	CONTRIBUTION	ONS
OTHER THA	AN PLEDGES	OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A: 4
CITIZENS A	FOR CALUIN BOYD FOR SHER	IFF	3 ACCOUNT# (EI	thics Commission Filers)
2/12/	5 Full name of contributor Out-of-state PAC (10): DANA JANE MARTIN DRA FRIENDSHIP /+ OMES! HAN 6 Contributor address; City; State; Zip Code		7 Amount of contribution (S)	8 In-kind contribution description (if applicable)
-	SPICEWOOD, TX. 78669			 - -
9 Principal occup		10 Employer (See Ins		of Texas, complete Schédule T)
		-		
- Oate - 2/	Full name of contributor out-of-state PACIDS: DENTON II. WILLS JR		- Amount of contribution (S)	- In-kind contribution description (if applicable)
117/16	Contributor address: City: State: Zip Code 221 HILLTOP STREET	-	\$500.00	
	KINGS LAND TX. 78639		(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions) LAW BUFORCEMENT	Employer (See ins		-
Date -	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)
Principal occur	- Contributor address; City: State: Zip Code	Employer (See Ins		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (5)	tn-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code		~]
•	•		(If travel outside	of Texas, complete Schedule T)
. Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (S)	In-kind contribution description (if applicable)
walls	į		1	
	Contributor address; City: State; Zip Code			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense

Advertising Expense

59.53

PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Git/Awards/Memorials Expense Printing Expens Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) CITIZENS FOR CALUIN BOYD FOR SHERAFF 4 Date 5 Payee name 2-1-2016 VICTORY PUBLISHING Payee address; City; State; Zip Code CORPUS CHRISTY TEXAS 6 Amount (S) 7 Payee address; \$624.00 P.O. BOX 10 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 ADUERTISING Check if Austin, TX, officeholder tiving expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 2-1-2016 OFFICE DEPOT Payee address; City; State; Zip Code

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Payee name SUPER CHEAP SIGNS 2-1-2016 Amount (\$) Payee address; City; State; Zip Code \$262.67 Category (See categories listed at the top of this schedule) Description

1311 MORMAN MILL RD

Category (See categories listed at the top of this schedule)

PRINTING EXPENSE

Candidate / Officeholder name

MARBLE FALLS, TX 78654

ADUERTISING SIGNS PURPOSE EXPENDITURE

_ Check if travel outside of Texas, complete Schedule T _ Check if Austin, TX, officeholder living expense

Check if travel outside of Texas, complete Schedule T

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Americas Expense

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

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

	The Instruction Guide explains how to co	omplete this form.	Outer (arrest a caregory not used acove)
1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALUIN BOYD FOR	R SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 2-3-2016	5 Payee name VICTORY PUBLISHING		
6 Amount (S)	7 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
\$ 680.00	P.O. BOX 10 MARBLE FALLS, TX. 786	54	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE <i>OF</i> EXPENDITURE	ADUERTISING		outside of Texas, complete Schedule T n, TX, officeholder living expense
9 Complete ONY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Oate	Payee name		
2-9-2016	DOUBLE HORN BREWING	; co.	
Amount (\$)	Payee address; City; State; Zip Code		
# 34 22 1,43	MARBLE FALLS, TX 7865	54	·
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF	EVENT EXPENSE		outside of Texas, complete Schedule T
EXPENDITURE	LUCKI EXPENSE	L Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name .		
2-10-2016	SUPER CHEAP SIGNS		
Amount (\$)	Payee address; City; State; Zip Code	3	
# 420.04	9200 WATERFORD CENTRE I AUSTIN, TX. 78758	SLUD	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADUERTISING	l []	outside of Texas, complete Schedule T n, TX, officeholder living expense
Complete ONLY 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
Food/Beverage Expense
Gitt/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

Contributions/Donations Made By Candidate/Officeholder/Political	·	
	The Instruction Guide explains how to c	
Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALUIN BOYD FOR	3 Filer ID (Ethics Commission Filers)
Date 2-10-16	5 Payee name LOWES HOME IMPROVEMENT	
Amount (S)	7 Payee address; City; State; Zip Code	
\$8.62	HIWAY 281	
8.62	MARBLE FALLS, TX. 78654	
	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	ADUERTISING (STAKES)	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	
2-11-16	VICTORY PUBLISHING	
Amount (\$)	Payee address; City; State; Zip Code	
1,125.00	P.O. BOX 10 MARBLE FALLS, TX. 7869	54.
	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
	(NEWS PAPER)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought Office held
Date	Payee name .	
2-12-16	THOMAS GRAPHICS	
Amount (\$)	Payee address; City; State; Zip Code	
1,861.38	9501 N. I H 35	
1,041.00	AUSTIN, TX. 78753	
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF	ADUERTISING	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
EXPENDITURE	(MAIL OUTS)	Great II Ausuii, IA, Gilicendider 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

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

i	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME CITIZENS FOR CALVIN BOYO	FOR SHERIFF 3 Filer ID (Ethics Commission Filers)
4 Date 2-12-2016	5 Payee name THE HIGHLANDER NEWST	PAPER
6 Amount (S)	7 Payee address; City; State; Zip Code	
\$690.00	304 GATEWAY LOOP	
	MARBLE FALLS, TX. 78654	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE <i>OF</i> EXPENDITURE	ADUERTISING	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete <u>CNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
2-12-2016	THE HIGHLANDER NEWS	PAPER
Amount (\$)	Payee address; City; State; Zip Code	
\$225.00	304 GATEWAY LOOP	
* 223,00	MARBLE FALLS, TX. 78654	4
	Category (See categories listed at the top of this schedule)	Description
PURPOSE	ADVERTISING	Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Aportion	L 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	Payee name .	
2-16-2016	CROWNOUER FEED STORE	
Amount (\$)	Payee address; City; State; Zip Code	
\$52.99	1810 HWY 1431 WEST	
	MARBLE FALLS, TX 78654	
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF	ADVERTISING	Check if travel outside of Texas, complete Schedule T
EXPENDITURE	MUVERITSTIVY	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expension

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B		everage Expense ards/Memorials Expense	Polling Expen		Travel In District Travel Out Of District
Candidate/Officeholder/Politica				es/Contract Labor	Other (enter a category not listed above)
	The i	nstruction Guide explain	ns how to com	plete this form.	
1 Total pages Schedule F1:		FOR CALVIN 1	BOYD FOR	SHERIFF	3 Filer ID (Ethics Commission Filers)
4 Date 2 -17-16	5 Payee name	S DISPATE		•	
6 Amount (S)	7 Payee address;	City; State; Z	Zip Code		
\$ 147.75		IUE DAIC S, TX: 765	50		
8		egories listed at the top of this s		(b) Description	
PURPOSE OF EXPENDITURE	ADUER	TISING			outside of Texas, complete Schedule T . TX, officeholder fiving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		liceholder name	1	Office sought	Office held
Date	Payee name				
Amount (S)	Payee address;	City; State; 2	Zip Code	***************************************	
PURPOSE OF EXPENDITURE	Category (See car	regories listed at the top of this	schedule)	لسا	outside of Texas, complete Schedule T TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name		Office sought	Office held
Date	Payee name	•			
Amount (\$)	Payee address;	City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See ca	tegories listed at the top of this	schedule)		outside of Texas, complete Schedule T I, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name		Office sought	Office held
	ATTACH	ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEI	EDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 02/27/2015