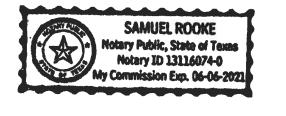
	PURPOSE COMMITTEE	FORM SPAC COVER SHEET PG 1	
The SPAC Instruction Guid	te explains how to complete this form.	2 Total pages filed: 22	
3 COMMITTEE NAME		OFFICE USE ONLY	
Tarrant Water Allian	ce		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE 3327 Winthrop Avenue, Suite 208	APR 2 6 2019	
Change of Address	Fort Worth, TX 76116	BY:	
		Date Hand delivered or Date Postmarked	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$	
NAME	Mr. Victor W.	Date Processed	
	Vic Henderson	Date Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. CITY: STATE:	ZIP CODE	
TREASURER STREET ADDRESS (Residence or Business)	3863 Candlelite Lane Fort Worth, TX 76109		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX: APT / SUITE #, CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 909-5544		
9 REPORT TYPE	January 15 30th day before election July 15 X Bih day before election Runoff	Exceeded \$500 limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year	Month Day Year	
	3 / 26 / 19 THROUGH	4 24 19	
11 ELECTION	ELECTION DATE ELECTION TYPI Month Day Year Primary Runoff Other Description 5 4 19 X General Special	E	
GO TO PAGE 2			
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Revised 9/8/2015	

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SPECIFIC-PL PURPOSE AI			MITTEE REPORT:	COVER	FORM SPAC SHEET PG 2
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Tarrant Water Alliance					
14 COMMITTEE PURPOSE			CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	X CANDI	IDATE	Marty Leonard and Jim Lane		
X SUPPORT (Candidate or Measure)	OFFICI	EHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	older)	
OPPOSE (Candidate or Measure)			Board of Directors, Tarrant Regional Wa	ater Distri	ct
		BALLOT IDENTIFICATION / # ELECTION Month Day		ELECTION D Day	ATE Year
ASSIST (Officeholder)	MEASU	URE	DESCRIPTION	<u> </u>	
15 CONTRIBUTION TOTALS			CONTRIBUTIONS OF \$50 OR LESS (OTHER T , OR GUARANTEES OF LOANS), UNLESS ITEM		\$ 1,000.00
			L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 72,100.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ -0-
	4. TOTA	. TOTAL POLITICAL EXPENDITURES		\$ 75,501.94	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$15,001.98		
OUTSTANDING LOAN TOTALS			AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE	\$ -0-

IDAVIT



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.

Sigr of Campaign Treasurer ture

AFFIX NOTARY STAMP / SEALABOVE

Sworn to and subscribed before me, by the said Victor W. Henderson

, this the 25 μ 2019 , to certify which, witness my hand and seal of office.

day of Signature of officer administering oath

April

Printed name of officer administering oath

Title of officer administering oath

FORM SPAC **SUBTOTALS - SPAC COVER SHEET PG 3** 18 Filer ID (Ethics Commission Filers) Т SUBTOTAL

19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$71,100.00
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$75,501.94
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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COMMITTEE NAME

Tarrant Water Alliance

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

			3
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 3
FILER NAME Tarrant Wate	r Alliance		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of contribution (\$) \$1,000.00
	3825 Camp Bowie, Fort Worth, Texas 76107		
Principal occup Real Estat	oation / Job title (See Instructions) e	9 Employer (See Instruct	ions)
Date	Full name of contributor 🗌 out-of-state PAC	; (iD#:)	Amount of contribution (\$)
04/08/2019	Contributor address; City; State 120 Saint Louis Ave., #305, Fort Worth, Te:		\$300.00
Principal occup General M	ation / Job title (See Instructions) anager	Employer (See Instruct Tarrant Regional Wate	
Date	Full name of contributor [] out-of-state PAC (ID#:) Hillwood Alliance Group, L.P.		Amount of contribution (\$)
04/08/2019	Contributor address; City: State 3000 Turtle Creek Blvd., Dallas, Texas 75219		\$2,500.00
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Dout-of-state PAC Sue Stubbs Cutler	(ID#:)	Amount of contribution (\$)
04/12/2019	Contributor address; City; State 65 Westover Terrace, Fort Worth Texas 7610	; Zip Code)7	\$500.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instr		

MONETARY	POLITICAL	CONTRIBUTIONS

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SCHEDULE A1

			1 Total assess Schedule Att
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME Tarrant Wate	r Alliance		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2019	 5 Full name of contributor out-of-state PAC Rosa Navejar 6 Contributor address; City; State 2701 Calder Ct., Fort Worth, Texas 76107-30 	-	7 Amount of contribution (\$) \$3,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Public Rel	ations		
Date 04/12/2019	Full name of contributor 🗌 out-of-state PAC Daniel L. & Tiffany D. Buhman	(ID#:)	Amount of contribution (\$)
04/12/2019	Contributor address; City; State 425 Willet Dr., Coppel, Texas 75019-3547	: Zip Code	\$300.00
	ation / Job title (See Instructions) eral Manager	Employer (See Instruct Tarrant Regional	
Date	Full name of contributor 🔲 out-of-state PAC Martha Leonard Campaign	(ID#:)	Amount of contribution (\$)
04/17/2019	Contributor address; City: State: 1411 Shady Oaks Lane, Fort Worth, Texas 76		\$25,000.00
Principal occup Investments	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC Matthew A. Gaughan and Mildred C. Gaugha		Amount of contribution (\$)
04/17/2019	Contributor address; City; State 2704 Valleywood Dr., Grapevine, Texas 7605	; Zip Code 51-6570	\$500.00
	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Engineer		· · · · · · · · · · · · · · · · · · ·	
	ATTACH ADDITIONAL COPIES OF		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 3
2 FILER NAME Tarrant Wate	r Alliance		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2019	 5 Full name of contributor Jim Lane Campaign 6 Contributor address; City; State; 	D#:) Zip Code	7 Amount of contribution (\$) \$12,000.00
	204 W. Central Ave., Fort Worth, Texas 76164		
8 Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructi	งกร)
Date	Full name of contributor Dout-of-state PAC (I Marty Leonard Campaign	D#:)	Amount of contribution (\$)
04/24/2019	Contributor address; City; State: 1411 Shady Oaks Lane, Fort Worth, Texas 7610	Zip Code)7	\$25,000.00
Principal occup Investments	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution Bryan Eppstein Amount of contribution Amount of contribution			Amount of contribution (\$)
04/24/2019	Contributor address; City: State; 2908 Alton Rd., Fort Worth, Texas 76109	Zip Code	\$1,000.00
Principal occup Public Affai	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor 🔲 out-of-state PAC (f	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc		

	MONETARY (IN-KIND) POLITICAL RIBUTIONS	SCHEDULE A2
Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAM Tarrant Wa		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	5 \$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	ver (FOR No UUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	ribu. ab title (FOR JUDIC AL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL) 15 aw	firm of con. or's spouse any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) from	
Date	Full name of contribut	Amount of In-kind contribution Contribution \$ description
	Contributor address City; State, o Code	Check if travel outside of Texas. Complete Schedule T
Principal occ	supation / Job title 'FOR NOI VCIAL) (See Instruction Empl	oyer (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FLR JUDIC). Contr	ributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's		firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, any firm of parent(s) (n-see FOR JUDICIAL)	
If	ATTACH ADDITIONAL COPIES OF THIS SCHE contributor is out-of-state PAC, please see instruction guide fo	

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PLEDO	ED CONTRIBUTIONS		SCHEDULE B
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedu	le B: 1
2 FILER NAME Tarrant Wat		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 A ount dge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	tek if tran outsic	of Texas. Complete Schedule T
10 Principal occ	upation / Job title (See Instructions) 11 Employer (See	Instruc	
Date	Full name of pledgor Out-of-state PAC (UP+)	Amount of Pledge \$	kind contribution
	Pledgor address; City; State; Zip & de		
Principal occi	upation / Job title (See Instruct is) imployer the	Check if travel outsid	le of Texas. Complete Schedule T.
Date	Full name of nor I-stale PAC (ID#:) Pledgor address; City;	Amount of Pledge \$	In-kind contribution description
Principal occu	upation / Job tit. (See Instruction. Employer (See	1	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
Principal occu	upation / Job title (See Instructions) Employer (See		e of Texas. Complete Schedule T.
. If (ATTACH ADDITIONAL COPIES OF THIS SCHEDULE contributor is out-of-state PAC, please see instruction guide for a		equirements.

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	ETARY CONTRIBUTIONS FROM PORATION OR LABOR ORGANIZATION	SCHEDULE C1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1:
2 FILER NA Tarrant	ME Water Alliance	3 Filer ID (Ethics Commission Filers)
Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
	6 Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	mount of contribution (\$)
	Corporation / Labor Organization address: City: State; Zip Code	
Date	Corporation / Labor Organization ame Corporation / Labor Organization address; City; Sta Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organiz Non name Corporation (Labor Corporation Labor Corporation) Labor Corporation (Labor Corporation) Corporation) Corporation) Corporation) Corporation) Corporation (Labor Corporation) Corporation	Amount of contribution (\$)
Date	Corporation / Labor Organic tion name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

Forms provided by Texas Ethics Commission

	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule C2:
FILER N	AME	3 Filer ID (Ethics Co	ommission Filers)
Tarran	t Water Alliance		
Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description
	6 Corporation / Labor Organization address; City: State; Zip Code	Check if travel uts	ide of Texas. Complete Schedule
Date	Corporation / Labor Organization name	Co don \$	In-kind contribution description
	Corporation / Labor Organization address; Cit State; Zip Code	Iravel out	de of Texas. Complete Schedule
Date	Corporation / Labor Organization ame	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organizat address; City; State; Code	Check if travel outs	ide of Texas. Complete Schedul
Date	Corporation / Labor Organiza, yı name	Amount of Contribution \$	In-kind contribution description
	Corporation / bor Organization City; State; Zip Code	Check if travel outs	de of Texas. Complete Schedule
Date	Corporation / Labor Organiza parame	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsid	de of Texas. Complete Schedule

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Revised 9/8/2015

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PLEDGED CONTRIBUTIONS FROM CORPORATIONOR LABOR ORGANIZATIONSCHEDULE D

		The Instruction Guide explains how to complete this form.	1 Total pages Schedule D:
2	FILER	NAME	3 Filer ID (Ethics Commission Filers)
	Tar	rant Water Alliance	
4	Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Conttion \$ description
		6 Corporation / Labor Organization address: City; State; Zip Code	if the noutside of Texast Complete Schedule T
	Date	Corporation / Labor Organization name	Amoun In-kind atribution Contribute descripen
		Corporation / Labor Organization address; City; Si, T	Check if traveoutside of Texas. Complete Schedule T
	Date	Corporation / Labor Organization me	Amount of In-kind contribution Contribution \$ description
		Corporation / Labor Conization acos; City; State; Zi ode	Check if travel outside of Texas. Complete Schedule
	Date	Corpe Prization name	Amount of In-kind contribution Contribution \$ description
		Corporation / Labor & anization address; Cmy; State; Zip Code	Check if travel outside of Texas. Complete Schedule
	Date	Corporation / Labor Organization ame	Amount of In-kind contribution Contribution \$ description
		Corporation / Labor Organization address; City; State; Zip Code	
			Check if travel outside of Texas. Complete Schedule
		ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

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LOANS					SCHEDULE E
The I	nstruction Guide explains	how to con	nplete this form.		1 Total pages Schedule E:
FILER NAME Tarrant Water Al	liance				3 Filer ID (Ethics Commission Filer
TOTAL OF UN	ITEMIZED LOANS				\$
Date of loan	7 Name of lender	out-of-sta	tte PAC (ID#:		9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address;	City;	State; Zir ce		10 Interest rate
Y N					11 Maturit date
2 Principal occupatio	n / Job title (See Instructions	5)	13 Employe (Se		
Description of Colla	iteral		ak if pers	on. funds were d ons)	ed into political account
GUARANTOR INFORMATION	17 Name of guarantor18 Guarantor ac ess;	City;	re; Zip rde		19 Amount Guaranteed (\$)
not applicable Principal Occupati	on (5 structions)		21 nployer (Se	ee Instructions)	
Date of loan	Name of lend	ol-sta	ate PAC)	Loan Amount (\$)
ls lender a financial	Lenat	City;	State; Zip Code		Interest rate
Institution? Y N					Maturity date
Principal occupatio	n / Job title (S > Instructions	5)	Employer (Se	e Instructions)	
Description of Colla	teral		Check if perso (See Instructi		eposited into political account
GUARANTOR INFORMATION	Name of guarantor	2.21	<u> </u>		Amount Guaranteed (\$)
not applicable	Guarantor address;	City;	State; Zip Code		
Principal Occupatio	on (See Instructions)	·	Employer (Se	e Instructions)	
	ATTACH AD		COPIES OF THIS SCI		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CATI	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	-	The Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)	
2	1	Water Alliance				
4 Date 04/23/2019	5 Payeena Tim R	ame Reeves Consulting LLC				
6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code			
\$5,000.00	815-A E	Brazos Street, Austin, Texas	78701			
8	(a) Categor	(See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE					utside of Texas. Complete Schedule T.	
	Campaig	gn Expense (signs)		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought	Office held	
Date	Payee na	ame				
04/23/2019	Tim	Reeves Consulting LLC				
Amount (\$)	Payee a	ddress; City, State;	Zip Code			
\$22,262.40	815-2	A Brazos Street, Austin Tex	as 78701			
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE					tside of Texas. Complete Schedule T	
EXPENDITURE	Camj	oaign Expense (campaign m	ail)	Check II Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI		late / Officeholder name		Office sought	Office held	
Date	Payee n	ame				
04/23/2019	Tim Re	eves Consulting LLC				
Amount (\$)	Payee ad	ddress; City; State;	Zip Code			
\$21,744.33	815-7	A Brazos Street, Austin, Tex	as 78701			
	Category	/ (See Categories listed at the top of this	s schedule)	Description	tside of Texas, Complete Schedule T.	
PURPOSE OF EXPENDITURE	Campaig	gn Expense (campaign mail))		, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI		late / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		EXPENDITURE CAT	EGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ove Polling Exp Printing Ex Salaries/W	pense lages/Contract Labor	Solicitation/Fundraising E Transportation Equipmen Travel In District Travel Out Of District Other (enter a category n	t & Related Expense
1 Total pages Schedule F1: 2		AME Water Alliance			3 Filer ID (Ethics Co	ommission Filers)
4 Date 04/24/2019	5 Payee na				<u> </u>	
6 Amount (\$)	7 Payee a	ddress; City; State;	Zip Code			
\$5,000.00	815-A I	Brazos Street, Austin, Texa	is 78701			
8 PURPOSE OF EXPENDITURE		Y (See Categories listed at the top of	his schedule)		ulside of Texas. Complete Sched n, TX, officeholder living expe	
EXPENDITORE	Other (g	rass roots)				
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought	Off	ice held
Date	Payee na	ame				
04/24/2019	Tim	Reeves Consulting LLC				
Amount (\$)	Payee a	ddress; City; State;	Zip Code		· · · · · · · · · · · · · · · · · · ·	
\$21,495.21	815-	A Brazos Street, Austin Te	xas 78701		waar oo too too too too too too too too too	
PURPOSE	Category	Y (See Categories listed at the top of II	his schedule)	Description Check if travel ou	Iside of Texas. Complete Schedu	ule T.
OF EXPENDITURE	Adve	ertising Expense (campaigr	n mail)	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Off	ice held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress; City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Categor	 See Categories listed at the top of top of	his schedule)		Itside of Texas. Complete Schedu	
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	Of	fice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATE	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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 explai	ns how to complete this form.		
1 Total pages Schedule F2:	2 FILER NAME Tarrant Water Alliance		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED INCURRED OBLIGATIONS		\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories listed at the top of In	scree Des viptio	n	
PURPOSE			travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Other (Neighborb	Check i	Doelin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate Officeholder name	Office : hight	Office held	
Date	Payeerame			
Amount (\$)	Payee address City,	code		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category e Categories listed at the top of this	Check if	on travel outside of Texas. Complete Schedule T. If Austin, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES (
Forms provided by Texas Ethic	s Commission www.ethics	s.state.tx.us	Revised 9/8/2015	

The ins	struction Guide explains how to complete this form.	1 Total pages Schedule F3: I
R NAME Tarrant Water	Alliance	3 Filer ID (Ethics Commission Filers)
5	Name of person from whom investment is purchased	
6	Address of person from whom investment is purchased;	Sity; State; Zip Code
7	Description of investment	
8	Amount of investment (\$)	
3	Name of person from when investment is person ad	
	Address of p on from when vestment is purchased	ity; State; Zip Code
	- investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	E AS NEEDED

Forms provided by Texas Ethics Commission

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		EXPENDI	TURE CATE	GORIES	OR BO	K 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Event Expens Fees Food/Beverage Ex Gift/Awards/Mem Legal Services	kpense	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contra	al Expense act Labor	Transport Travel In Travel Ou	n/Fundraising Expense ation Equipment & Related Ex District It Of District ler a category not listed above
Total pages Schedule F4:	2 FILER I						3 Filer ID	O (Ethics Commission File
TOTAL OF UNITEN	1				REDITG	ARD	\$	
Date	6 Payeer	ame						
Amount (\$)	8 Payee a	address;	City; State;	Zip Coure				
TYPE OF EXPENDITURE	P(Ditical		Non-Politic	20			
0	(a) Categoi	y (See Categories li		dula)) Descripti	off	
PURPOSE OF EXPENDITURE						-	4	f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Cano DH	ate / Officeho	lder na		flice sough	nt		Office held
Date	Payee n	am						
Amount (\$)	Payee Payee	lan Ydress;	ity; State;	p Code				
Y	Payee		ity: State;	p Code	al			
Amount (\$) TYPE OF	Payee	lidress;		Non-Politic	al		l travel outside o	f Texas. Complete Schedule T. ceholder living expense
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee Payee Protegor Cance	Pidress; plitical	sted at the top of thi	Non-Politic	cal	Check	f travel outside o f Auslin, TX. offi	
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee Payee Protegor Cance	Vdress; blitical y (See Categories lis	sted at the top of thi	Non-Politic		Check	f travel outside o f Auslin, TX. offi	ceholder living expense

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tarrant Water Alliance 1 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this sched-(b) Deso PURPOSE Che ide of Texas. Complete edule 1 OF EXPENDITURE Check if X. officeholder living nse Candidate / Officeholder n Office ught Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business dress; City; Zip Co egory (Se ories listed at the top of this so Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete CALY IT ndidate / On eholder name Office sought Office held expenditure to benefit YOH Date Business name Amount (\$) Busines address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX. officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE H

	The Instruction Guide explains how to co	omplete this form.
Total pages Schedule I:		3 Filer ID (Ethics Commission Filers
1	Tarrant Water Alliance	
1 Date	5 Payee name	
6 Amount (\$)	7 Payee address: City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	Description (S o instructions regarding type of information guired.)
Date	Payee name	
Amount (\$)	Payee address; City; Code	
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	Category (See : ductions for e. el acceptable categories.)	Description (See instructions regarding type of information required.)
Date	P ee name	
Amount (\$)	Payee ado nss; State; Zip O de	
PURPOSE OF EXPENDITURE	Category (See examples of acceptable ategories.)	Description (See instructions regarding type of information required.)
Date	Payee nan	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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٦	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
FILER NAM	ME ater Alliance	3 Filer ID (Ethics Commission Filers)		
Date	5 Name of person from whom amount is received	8 Amount (\$))	
	6 Address of person from whom amount is received; City; S	State; Zip Code		
	7 Purpose for which amount is received	ck if political ontribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$))	
	Address of person from whom amr an City;	Sh. e: Zip Co		
	Purpose for which an junt is receive.	ck if political contribution returned to filer		
Date	Name of erson from the amount is received	Amount (\$)	
	Address of person, om whom, at is received? City; S	State; Zip Code		
	Purp te for which amount ved Che	ck if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$	Б)	
	Address of person from whom amount is received; City;	State: Zip Code		
	Purpose for which amount is received Che	ck if political contribution returned to filer		

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	NTRIBUTIONS OR POLITICAL EXPEN	IDITURES SCHEDULE T
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule T: 1
2 FILER NAME Tarrant Water Allia	ance	3 Filer ID (Ethics Commission Filers)
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend Schedule A2	liture reported on: Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination locras	
10 Means of transportat	ion 11 Purpose of travel (including name of con. sence, se	emina ther event)
Name of Contributor	/ Corporation or Labor Organization / Ple ton	
Contribution / Expend Schedule A2 Schedule F2 Dates of travel Means or transpoor Name of Contributor Contribution / Expend Schedule A2 Schedule F2 Dates of travel	Schedule Schedule Schedule C2 Schedul F4 Schedule G Schedule C2 Name of perm(s) traveling Schedule G Schedule H Name of perm(s) traveling Departure city downe of departure location Departure city downe of departure location Departure city downe of departure location Departure city downe of departure location Departure city downe of travel (including name of conference, see the second departure) V Corp. ration or Labor Organization / Pledgor / Payee Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS aminar, or other event) Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Means of transportat	ion Purpose of travel (including name of conference, se	minar, or other event)
Forms provided by Texas f	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED Revised 9/8/2015

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POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

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FORM PAC - DR

	truction Guide explains how to complete this fo nly if "Report Type" on page 1 is marked "Diss	
1 COMMITTEE NAME		2 Filer ID (Ethics Commission Filers)
Tarrant Water Alliance		
³ Affidavit of Dissolution		1
understand that designating a repo surer. I further understand that a accept political contributions witho	any other campaign or ele on the information required the report of the information required the report of as a discolution report term, ates the appolitical compatitee may not make or authout having an a pointment of cam, tight the Signature of the second seco	nze politica ditures or
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by t	he said, t	his the day of
, 20, to certify w	which, witness my hand and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath