# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC COVER SHEET PG 1

$\vdash$			<u> </u>
Th	ne SPAC instruction Guid	2 Total pages filed: 21	
3	COMMITTEE NAME		OFFICE USE ONLY
	Tarrant Water Alliand	Date Received  RECEIVEN	
4	COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  3327 Winthrop Avenue, Suite 208	JUL 1 2 2019
	Change of Address	Fort Worth, TX 76116	BY:
_			
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$
	NAME	Mr. Victor W	Date Processed
		Vic Henderson	Date Imaged
		710	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  3863 Candlelite Lane Fort Worth, TX 76109	ZIP CODE
7	CAMPAIGN TREASURER MAILING ADDRESS  Change of 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 Runoff	Exceeded \$500 limit Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination
10	PERIOD COVERED	Month Day Year	Month Day Year
	OOVERED	4 / 25 / 19 THROUGH	6 / 30 / 19
11	ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  5 / 4 / 19	
		GO TO PAGE 2	

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE N	AME				13 Filer IC	(Ethics Commission Filers)
Tarrant Water A	Alliance					
14 COMMITTEE PURPOSE				CANDIDATE/OFFICEHOLDER NAME		
(Attach lists on pi paper to complete report if necessar	e this	x	CANDIDATE	Marty Leonard and Jim Lane		
X SUPPORT (Candidate or M	leasure)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	·	
OPPOSE (Candidate or M	feasure)			Board of Directors, Tarrant Regional W	ater Distri	ct
☐ ASSIST			MEASURE	BALLOT IDENTIFICATION / # Mon	ELECTION Day	OATE Year
(Officeholder)			MEASURE	DESCRIPTION		
15 CONTRIBUTION TOTALS	N	1.		CONTRIBUTIONS OF \$50 OR LESS (OTHER S, OR GUARANTEES OF LOANS), UNLESS ITE		\$ 50.00
		2.		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 20,300.00
EXPENDITURE TOTALS 3.			3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ -0-
		4.	TOTAL POLITICA	AL EXPENDITURES		\$ 85,710.98
CONTRIBUTION BALANCE	١	5.	TOTAL POLITICAL OF THE REPORTI	CONTRIBUTIONS MAINTAINED AS OF THE LANG PERIOD	AST DAY	\$4,191.00
OUTSTANDING LOAN TOTALS		6.		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$ -0-
16 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.  Notary Public, State of Texas Comm. Expires 05-18-2022 Notary ID 131569872					
				Signature of Cam	paign Treas	urer
AFFIX NOTARY ST	AMP/SEAL	ABOVE				
Sworn to and sub	scribed b	efore m	e, by the said	Victor W. Henderson	, th	nis the <u>12+h</u>
day of <u>July</u>			_, 20 <u>19</u> , to	o certify which, witness my hand and sea	al of office.	
Patricia	ati	ur		THICH TEEK	nati	my hou c
Signature of office	r administe	ering oati	n Printed	I name of officer administering oath	Title of of	ficer administering oath

### SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Cor	nmission Filers)				
	<b>,</b>						
19	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORGANIZATION	ORATION OR LABOR	\$				
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	R ORGANIZATION	\$				
7.	SCHEDULE E: LOANS		\$				
8.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$85,710.98				
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	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 CO	NTRIBUTIONS	\$				
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$				

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 2					
2 FILER NAME Tarrant Water	or Alliance	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC LAN-PAC	(ID#:)	7 Amount of contribution (\$)				
04/30/2019	6 Contributor address; City; State; 2925 Briarpark Dr., Fourth Floor, Houston, TX 7	\$1,000.00					
8 Principal occu	pation / Job title (See Instructions)	tions)					
Date	Full name of contributor □ out-of-state PAC  Kay Granger Campaign Fund	(ID#:)	Amount of contribution (\$)				
04/30/2019	Contributor address; City; States 1701 River Run, Suite 308, Fort Worth, TX 76		\$7,500.00				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor □ out-of-state PAC	(ID#:)	Amount of contribution (\$)				
	Contributor address; City; State;	Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
	Contributor address; City; State	, Zip Code					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
		П					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethlcs Commission Filers) Tarrant Water Alliance 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ Jim Lane Campaign 05/04/2019 \$9,000.00 6 Contributor address; City; State; Zip Code 204 W. Central Ave., Fort Worth, TX 76106 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Brian Carl Newby 05/09/2019 \$300.00 Contributor address; City; State; Zip Code 715 Jones St., Suite 201, Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Amount of contribution (\$) Full name of contributor Out-of-state PAC (ID#:\_\_\_\_ CDM Smith, Inc. \$2,000.00 05/02/2019 Contributor address; City; State; Zip Code 3050 Oak Blvd., Suite 300, Houston, TX 77056-6585 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:\_ Brian Byrd 05/16/2019 \$500.00 Contributor address; City; State; Zip Code 6816 River Bend Rd., Fort Worth, TX 73162-1110

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

		AIBO II ONS	
	Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2	FILER NAMI Tarrant Wat		3 Filer ID (Ethics Commission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
5	Date	6 Full name of contributor  ut-of-state PAC (ID#:  7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution description : :
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	ver (FOR No UDICIAL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	ibu. p title (FOR JUDIC AL) (See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	irm of con or's spouse any) (FOR JUDICIAL)
16	If contributor	is a child, law firm of parent(s) (if any)	
			Amount of . In-kind contribution description
	Contribu or's	em. COR JUDIC AL) Law	irm of contributor's spouse (if any) (FOR JUDICIAL)
	If contributor	is a child, w firm of parent(s) (In the FOR JUDICIAL)	
	If	ATTACH ADDITIONAL COPIES OF THIS SCHE contributor is out-of-state PAC, please see instruction guide to	

#### SCHEDULE B **PLEDGED CONTRIBUTIONS** 1 Total pages Schedule B: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tarrant Water Alliance 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#: **Amount** 8 9 In-kind contribution description dae \$ 7 Pledgor address; City; State; Zip Code outsion of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Falore r (See Instruc Date Full name of pledgor Out-of-state PAC (IP) **Amount** kind contribution of Pledge \$ escription Pledgor address; City; State; Zip \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instruct imployer ( ne Instructions) Date Full name of f-state PAC (ID#: Amount In-kind contribution of Pledge \$ description Pledgor address; City; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job tit. (See Instruction Employer (See Instructions) Date Full name of pledgo ut-of-state PAC (ID#:\_ Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) 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.

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE C1

	The instruction Guide explains how to complete this form.	1 Total pages Schedule C1:
2 FILER NA	MF	3 Filer ID (Ethics Commission Filers)
l .	Water Alliance	S File ID (Ethics Commission Files)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
	6 Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contri ution (\$)
	Corporation / Labor Organization address, Oily, State, Elp Code	
Date	Corporation / Labor Organization arms	Amount of contribution (\$)
	Corporation / Labor Organiza n address; City; Sta Zip Code	•
Date	Corporation / Labor Organiz Non name  Corporatio. (Labor Organiz Non name)  Response State: State: Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organiz Non rame	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
		×
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2

	The instruction Guide explains how to complete this form.	1 Total pages Schedule C2:
2 FILER NAM	/E	3 Filer ID (Ethics Commission Filers)
Tarrant V	Water Alliance	
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution \$ description
:	6 Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel tside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Co for s in-king contribution description
	Corporation / Labor Organization address; City State; Zip Code	
		travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization withe	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor organizat address; City; State; Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organiza n name	Amount of In-kind contribution Contribution \$ description .
	Corporation / bor Organization City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organiza ame	Amount of In-kind contribution Contribution \$ description .
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED

# PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE D

$\vdash$						
		The instruction Guide explains how to complete this form.	1 Total pages Schedule D: 1			
2	FILER	NAME	3 Filer ID (Ethics Commission Filers)			
	Tar	rant Water Alliance				
4	Date	5 Corporation / Labor Organization name	7 Amount of S In-kind contribution description			
		6 Corporation / Labor Organization address; City; State; Zip Code				
	Date	Corporation / Labor Organization name	Amoun : In-kind stribution Contribution descrip			
		Corporation / Labor Organization address; Only; St. 17				
			Check if trave outside of Texas. Complete Schedule T.			
	Date	Corporation / Labor Organization me	Amount of In-kind contribution Contribution \$ description			
		Corporation / Labor Conjugation acong s; City; State; Zi, ode				
			Check if travel outside of Texas. Complete Schedule T.			
	Date	Corpr	Amount of In-kind contribution Contribution \$ description			
		Corporation / Labor Canization address; City; State; Zip Code	· · ·			
			Check if travel outside of Texas. Complete Schedule T.			
	Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description			
		Corporation / Labor Organization address; City; State; Zip Code				
	IM.		Check if travel outside of Texas. Complete Schedule T.			
	7411	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED			

	LOANS			SCHEDULE E		
	The	Instruction Guide explains how to complete this form.	1	Total pages Schedule E:		
2	FILER NAME Tarrant Water Al	lliance	3	Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	\$				
5	Date of loan	7 Name of lender out-of-state PAC (ID#:	9	Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City; State; Zir Co		Interest rate		
	Y N		17	Maturit, date		
12	Principal occupation	on / Job title (See Instructions)  13 Employu (See Instructions)				
14	Description of Colla	ateral funds were	de	ed into political account		
16	GUARANTOR INFORMATION	17 Name of guarantor	19	Amount Guaranteed (\$)		
	not applicable	18 Guarantor ac ess; City; te; Zip nde				
20	Principal Occupat	ion (5 structions) 21 nployer (See Instructions)				
	Date of loan	Name of lenc ( ): )		Loan Amount (\$)		
	Is lender a financial Institution?	Lender City; State; Zip Code		Interest rate		
	Y N			Maturity date		
	Principal occupation	on / Job title (a a Instructions) Employer (See Instructions)				
	Description of Colla	Check if personal funds were (See Instructions)	depo	osited into political account		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	not applicable	Guarantor address; City; State; Zip Code				
	Principal Occupati	on (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						

### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explain		ense ges/Contract Labor	Travel In District Travel Out Of Distric Other (enter a categ	
1 Total pages Schedule F1:	2 FILER NA	AME			3 Filer ID (Ethic	s Commission Filers)
2		Water Alliance				•
4 Date	5 Payee na					
05/21/2019	Tim R	eeves Consulting LLC				
6 Amount (\$)	7 Payee ad	dress; City; State; 2	Zip Code			
\$49,745.48	815-A B	razos Street, Austin, Texas	78701			
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE					tside of Texas. Complete S	
OF EXPENDITURE	Campaig	n Expense (Direct Mail)		Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	····	Office held
Date	Payee na	me		-		
05/21/2019	Tim	Reeves Consulting LLC				
Amount (\$)	Payee ad	dress; Clty; State;	Zip Code			
\$450.00	815-A	Brazos Street, Austin Texa	as 78701			
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE					side of Texas. Complete S	
OF EXPENDITURE	Camp	aign Expense (Signs)		L Check If Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	<b>-</b>	Office sought		Office held
Date	Payee na	ıme				
05/21/2019	Tim Ree	eves Consulting LLC				
Amount (\$)	Payee ad	dress; City; State;	Zip Code			
\$9,000.00	815-A	Brazos Street, Austin, Tex	as 78701			
	Category	(See Categories listed at the top of this	schedule)	Description		<del></del>
PURPOSE OF EXPENDITURE	Campaig	n Expense (Grass Roots)			talde of Texas. Complete S , TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## POLITICAL EXPENDITURES MADE 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 Glift/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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tarrant Water Alliance 4 Date 5 Payee name 05/21/2019 Tim Reeves Consulting LLC 6 Amount (\$) 7 Pavee address: City; State; Zip Code \$1,515.50 815-A Brazos Street, Austin, Texas 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Campaign Expense (Poll Cards) Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Date Payee name 05/21/2019 Tim Reeves Consulting LLC Amount (\$) Payee address; City; State; Zlp Code 10.000.00 815-A Brazos Street, Austin, Texas 78701 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Li Check if Austin, TX, officeholder living expense Campaign Expense (Social Media) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 05/21/2019 Tim Reeves Consulting LLC Amount (\$) Payee address; City; State; Zip Code 815-A Brazos Street, Austin, Texas 78701 \$15,000.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Campaign Expense (Consulting) EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 1 Tarrant Water Alliance 4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Desc **PURPOSE** outside of Texas. Complet OF EXPENDITURE Check if Au officeholder livin 11 Complete ONLY If direct Candidate / Officeholder name waht held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip C TYPE OF Political Non-Politica **EXPENDITURE** (See Categories ted at the top of this Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check If Austin, TX, officeholder living expense EXPENDITURE Candida Officeholder name Complete ONLY If direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Tarrant Water Alliance	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased;	City; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Name of person from who investment is pour and an investment is pour and an investment is purchased.	City; State; Zip Code
Aqvestment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

**Event Expense** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expense Printing Expense Salaries/Wages/Co	entract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide	explains	how to complete	e this form.		
1 Total pages Schedule F4:	2 FILER Tarran	NAME t Water Alliance				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHA	RGED T	OACREDIT	CARD	\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address; City;	State; Z	ip Cc ae			
9 TYPE OF EXPENDITURE	P	olitical	N	on-Politica			
10	(a) Catego	ry (See Categories		-tule)	Descripti	ort	
PURPOSE			La		Check i	f trave outside of Texas. Complete Schedule T.	
CF EXPENDITURE					eck	if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	11 Complete ONLY if direct expenditure to benefit C/OH  Canc ate / Officeholder na. ffice sought Office held						
Date	Payee	пал					
Amount (\$)	Payee	dress; w;	State;	p Code			
TYPE OF EXPENDITURE	□ P	olitical	N	on-Political			
1283	C tego	ry (See Categories listed at the	top of this sc	hedule)	Descripti	on	
PURPOSE						f travel outside of Texas. Complete Schedule T.	
EXPENDITURE					Check i	if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

#### SCHEDULE H

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contra	Trave Trave	portation Equipment & Related Expense il In District (enter a category not listed above)
Credit Card Payment		The Instruction Guide expla	ins how to complete th	is form.	
1 Total pages Schedule H:	2 FILER NA	AME Water Alliance		3 File	er ID (Ethics Commission Filers)
4 Date	_				V.
- 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) Desc	0	
PURPOSE			Check	side of Texas. C	complete s hedule T.
OF EXPENDITURE			Check	if XX, officehold	der living ense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder n	Office	ght	Office held
Date	Business	name			
Amount (\$)	Business	a dress; City;	Zip Coo		
	1				
	rtegory	(Se pories listed at the top of this	sch e) Descript	ion	1150-150-150-150-150-150-150-150-150-150
PURPOSE			Check	if travel outside of Texas. C	complete Schedule T.
OF EXPENDITURE			Check	t if Austin, TX, officehole	der living expense
EXPENDITORE		1 0			
Complete CNLY if expenditure to benefit		ate / Or eholder name	Office sou	ght	Office held
Date	Business	name			
Amount (\$)	Busin	address; City; State;	Zip Code		
- 2007		<b>Y</b>			
	Category	(See Categories listed at the top of this	schedule) Descript	ion	
PURPOSE			Check	if travel outside of Texas. C	Complete Schedule T.
OF			Check	if Austin, TX, officehol	der living expense
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sou	ght	Office held
				**	
	ATT	ACH ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	
	200	100000000000000000000000000000000000000			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

	The instruction Guide explains how to complete this form.	
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Tarrant Water Alliance	
4 Date	5 Payee name	
6 Amount (\$)  Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.)  Description (Stategories.)	n instructions regarding type of information
Date	Payee name	
Amount (\$)  Expenditure from corporate funds	Payee address; City: Code	
PURPOSE OF EXPENDITURE	Category (See Aructions for the Categories.)  Description (Secrequired.)	e instructions regarding type of information
Date	P tee name	
Amount (\$)	Payee ado ss; State; Zip C de	
PURPOSE OF EXPENDITURE	Category (See examples of acceptable Description (See required.)	e instructions regarding type of information
Date	Payee nah	
Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Description (Se required.)	e Instructions regarding type of information
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Tarrant Water	Alliance	- 1.1.1.2 (2.1.100	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received	political antribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amounts.	Zip Co	
	Purpose for which ar unt is receive. Check If	political contribution	returned to filer
Date	Name of Prson from m amount is received		Amount (\$)
	Purp te for which amount ved Check if	political contribution	returned to filer
Date	Name of person it is a whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

		J LAA-0		
The instru	iction Guide explains	how to complete th	is form.	1 Total pages Schedule T:
2 FILER NAME Tarrant Water Allia	ince			3 Filer ID (Ethics Commission Filers)
4 Name of Contributor /	Corporation or Labor C	Organization / Pledgor /	Payee	
5 Contribution / Expend	liture reported on:			
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name of person(s	) traveling		
	8 Departure city or n	ame of departure locat	ion	
	9 Destination city or	name of destination lo	Come	
10 Means of transportati	ion 11 Purpo	ose of travel (including	name of com. ence, se	mina. ther event)
Name of Contributor	Corporation or Labor C	Organization / Piè ton.		
Contribution / Expend	liture reported on:			
Schedule A2	Schedule	Scheo (I)	hedule C2	Schedule D Schedule F1
Schedule F2	Schedu =4	Schedule G	Scheulle H	Schedule COH-UC Schedule B-SS
Dates of travel		s) traveling		
	De, rture city &	e of departure local	ior	
	Destination ity or	nam stination lo	ca n	
Means of transpo	Purp	of travel (including	name of conference, se	eminar, or other event)
Name of Contributor	/ Corp ration or Labor (	Organization / Pledgor /	Payee	
Contribution / Expend	fiture reported in:			
Schedule A2	Schedule	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of person(s	s) traveling	22	
	Departure city or r	name of departure local	tion	*
	Destination city or	name of destination lo	cation	
Means of transportat	ilon Purp	ose of travel (including	name of conference, se	eminar, or other event)
	ATTACH A	DDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

### FORM PAC - DR

The Instruction Guide explains how to complete this form.  Complete only if "Report Type" on page 1 is marked "Dissolution" ••				
COMMITTEE NAME		2 Filer ID (Eth	nics Commission Filers)	
Tarrant Water Alliance				
Affidavit of Dissolution				
Code is required. I declare that a understand that designating a reparter. I further understand that a	r any other campaign or elector.  all of the information required to be reponent as a discollution report terminates the political condittee may not make or autout having an a pointment of campling.  Signature of the political conditions are pointment of campling.	e app	er the Election een reported. I campaign trea- ditures or	
AFFIX NOTARY STAMP/SEALABOVE				
worn to and subscribed before me, by	the said	_, this the	day of	
, 20, to certify	which, witness my hand and seal of office.			
Signature of officer administering oath	Printed name of officer administering oath	Title of office	er administering oath	