CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST Frank MI OFFICE USE ONLY NICKNAME LAST Ward SUFFIX OCC RECEIVE JUL 9 '19 PM5 CANDIDATE / OFFICEHOLDER NAME NICKNAME LAST Ward SUFFIX OCC RECEIVE JUL 9 '19 PM5 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 93146- IOGD2 MedField Ctt. ZIP CODE Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78799 Date First MI CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI MIR Mr Taylor SUFFIX SUFFIX | | | | 1 Filer | ID | | 1 | 2 Total pages fil | ed: |
|---|-------------------------|--------------------------|-----------------|---------|-----|-----------------|------|--------------------|----------------|
| OFFICEHOLDER Frank Des Rockiel NICKNAME LAST SUFFX OCRUESS /PO BOX: APT / SUITE #; CITY; PO Box 93146 NOCKNAME LAST Oracle of Addees ADDRESS /PO BOX: APT / SUITE #; CITY; PO Box 93146 NOCKNAME LAST SUFFX Oracle of Addees ADDRESS /PO BOX: APT / SUITE #; CITY; PO Box 93146 Noracle of Addees Austin, TX 78799 MI CAMPAGEN Mr Taylor NickNAME LAST MARE Mr Taylor SUFFX Date Head-deleved or Date PatienteRed CAMPAGEN Mr Taylor NickNAME LAST MARE Holcomb SUFFX First, CITY; STATE; ZIP CODE CAMPAGEN Mr Taylor STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAGEN TREASURER Austin, TX 76735 Austin, TX 76735 STATE; ZIP CODE PHONE (G12) 695-4644 ELECTION TYPE Sin day before election Exceeded 5500 lmit; Final Report (Mach COH-FR) | he C/OH Instruction | Guide explains how to co | mplete this for | m. | | | ſ | | |
| Ward JUL 9 '19 Ph5 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX: APT / SUITE #; CITY; DO Box 02146- TOHO2 MULTELL C.L. Austin, TX 78799 Date Hand-delivered or Date Potestanded Total Processed Comparing of Address MS / MRS / MR FIRST MI CAMPAIGN NAME MS / MRS / MR FIRST MI Mr Taylor Date Hand-delivered or Date Potestanded Date Hand-delivered or Date Potestanded CAMPAIGN NAME MS / MRS / MR FIRST MI Mr Taylor MickNAME LAST SUFFIX Mr Taylor SUFFIX MI MREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER ADDRESS AREA CODE PHONE NUMBER EXTENSION CAMPAICN TYPE January 15 30th day before election Runoff LSD day after campaign Fresumer Austin, TX 78735 PERIOD COVERED Month Day Year Primary Frail Report (Attan CDH-FR) PERIOD COVERED Month Day Year Office HILD (If any) Austin City Council District 8 1 OFFICE HILD (If any) None 12 OFFICE SOUGHT (If known) Austin City Council District 8 | OFFICEHOLDER | MS / MRS / MR | | | | MI | | | JSE ONLY |
| OFFICE PO-Bax 93146- IDEDZ McLFell Ct. Recipit # Anount Deter Processed Deter Processed Deter Processed CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr Taylor MI NICKNAME LAST SUFFIX Holcomb STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION STATE; ZIP CODE CAMPAIGN TYPE January 15 30th day before election Runoff ISth day after campaign treasurer appointment (officioholder only) YIPE January 15 80th day before election Exceeded \$500 limit Final Report (Attach COH-FR) PERIOD COVERED Month Day Year Primary Primary Primary PERIOD OFFICE OFFICE HELD (If any) None 12 OFFICE SOUGHT (If known) Austin City Council District 8 20 Office HELD (If any) | | NICKNAME | | | | SUFFIX | | | |
| CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr Taylor Mr Taylor NICKNAME LAST SUFFIX Mr Taylor NICKNAME LAST SUFFIX Mr Taylor STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; GReadence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXPORT (512) 695-4644 REPORT january 15 30th day before election Exceeded \$500 limit YPE january 15 30th day before election Exceeded \$500 limit Final Report (Attach CICH-FR) PERIOD Outful Day Year Month Day Year O1/01/2019 THROUGH Month Day Year O1/01/2019 THROUGH Office Soulight (If known) 1 OFFICE HeLD (If any) Austin City Council District 8 | OFFICEHOLDER MAILING | 10902 Med | | | | ZIP COD | | | |
| CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr Taylor NICKNAME LAST SUFFIX Holcomb STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 4800 Eagle Feather Drive Austin, TX 78735 CAMPAIGN TREASURER PHONE Austin, TX 78735 AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TYPE AREA CODE PHONE NUMBER EXTENSION (512) 695-4644 REPORT TYPE January 15 Br day before election KX Final Report (Attach COH+FR) PERIOD COVERED Month Day Year Primary Period PELECTION DATE ELECTION DATE LICFFICE OFFICE HELD (if any) None None AUSTIN CAMPAIGN TAYLOR | Change of Address | Austin, TX 78709 | | | | | | Date Processed | |
| TTEASURER NAME Mr Taylor Mr Taylor NICKNAME LAST SUFFIX Holcomb SUFFIX CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): ADDRESS APT / SUITE #; CITY; STATE; ZIP CODE 4800 Eagle Feather Drive Austin, TX 78735 4800 Eagle Feather Drive Austin, TX 78735 APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION Extension CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION Isth day after campaign treasurer appointment (officaholder only) REPORT TYPE January 15 30th day before election Runoff Isth day after campaign treasurer appointment (officaholder only) Xill July 15 Bith day before election Exceeded 3500 limit Final Report (Attach C/OH+R) PERIOD COVERED Month Day Year Isth day before election Exceeded 3500 limit Final Report (Attach C/OH+R) 0 ELECTION Day Year Isth day before election Exceeded 3500 limit Tinal Report (Attach C/OH+R) 0 ELECTION <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Date Imaged</td><td></td></t<> | | | | | | | | Date Imaged | |
| NICKNAME LAST SUFFIX Holcomb Holcomb CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); A800 Eagle Feather Drive Austin, TX 78735 APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION CAMPAIGN COVERED January 15 30th day before election Runoff Ish day after campaign treasurer appointment (officeholder only) PERIOD COVERED Month Day Year Primary Final Report (Attach CIOH-FR) PERIOD COVERED Month Day Year 01/01/2019 THROUGH 07/10/2019 0 ELECTION ELECTION DATE Month ELECTION DATE ELECTION TYPE Other 10 OFFICE OFFICE HELD (if any) None 12 OFFICE SOUGHT (if known) Austin City Council District 8 | | | | | | МІ | | | |
| CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): 4800 Eagle Feather Drive Austin, TX 78735 APT / SUITE #; CITY; STATE; ZIP CODE Austin, TX 78735 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 695-4644 (512) 695-4644 Ish day after campaign treasurer appointment (officeholder only) X July 15 Bit day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year 01/01/2019 THROUGH 07/10/2019 0 ELECTION Anth Day Year 01/01/2019 It Rouge 00her 1 OFFICE OFFICE HELD (if any) None 12 OFFICE SOUGHT (if known) Austin City Council District 8 12 OFFICE SOUGHT (if known) | NAME | Mr | Taylor | | | | | | |
| TREASURER ADDRESS (Residence or Business) 4800 Eagle Feather Drive Austin, TX 78735 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (512) 695-4644 Isth day after campaign treasurer appointment (difuebolder only) IX January 15 30th day before election Runoff Isth day after campaign treasurer appointment (difuebolder only) IX July 15 8th day before election Exceeded \$500 limit Isth day after campaign treasurer appointment (difuebolder only) PERIOD COVERED Month Day Off Year THROUGH Month Day Off/0/2019 0 ELECTION Month Day Off Year Primary Ispecial Runoff Ispecial Other 1 OFFICE Month Day Day Year Ispecial | | NICKNAME | | mb | | SUFFIX | | | |
| TREASURER PHONE (512) 695-4644 REPORT TYPE January 15 30th day before election Runoff Isth day after campaign treasurer appointment (officeholder only) X July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day 01/01/2019 Year Month Day 07/10/2019 Year D ELECTION DATE Image: General ELECTION TYPE Image: General ELECTION TYPE Image: General Other Image: General L OFFICE Month Day Day Year Image: General 12 OFFICE SOUGHT (if known) Austin City Council District 8 | TREASURER ADDRESS | 4800 E | agle Feather I | | AP' | T / SUITE #; CI | ITY; | STA | NTE; ZIP CODE |
| TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) X July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year THROUGH Month Day Year 0 ELECTION DATE Month Day Year Primary ELECTION TYPE Other 1 OFFICE HELD (if any) None Is OFFICE SOUGHT (if known) Austin City Council District 8 | TREASURER | AREA CODE PI | | | ION | | | | |
| COVERED 01/01/2019 THROUGH 07/10/2019 0 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary General General Other 1 OFFICE OFFICE HELD (if any) None None I2 OFFICE SOUGHT (if known) Austin City Council District 8 | | | | | | | | appointment (offic | ceholder only) |
| Month Day Year Primary Runoff Other General Special 1 OFFICE OFFICE HELD (if any) I12 OFFICE SOUGHT (if known) None Austin City Council District 8 | | | ar | THROUGH | 1 | | | Year | |
| None Austin City Council District 8 | 0 ELECTION | | | | | Runoff | E | Other | |
| GO TO PAGE 2 | 1 OFFICE | | I | | | | | | |
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

| 13 C / OH NAME | Ward, Frank | | 14 Filer ID | | | | |
|--|---|--|------------------------------|-----------------------|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | I'd to I office helder | olitical contributions accepted or political expenditu These expenditures may have been made without i officeholders are required to report this information | the candidate's of officeriu | Diders knowledge of | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | |
| _ | GENERAL | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | | | | | | |
| | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |
| | | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL POLITIC LOANS, OR GU | AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED | THAN PLEDGES, | \$ 0.00 | | | |
| | 2. TOTAL POLITIC (OTHER THAN | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | S) | \$ 0.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITIC | AL EXPENDITURES OF \$100 OR LESS, UNLESS | ITEMIZED | \$ 0.00 | | | |
| | 4. TOTAL POLITIC | CAL EXPENDITURES | | \$ 7,867.94 | | | |
| CONTRIBUTION BALANCE | REPORTING PE | | | \$ 0.00 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCI OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD | OF THE LAST DAY | \$ 25.00 | | | |
| 17 AFFADAVIT | ALEJANDRO MEDIN Notary Public, State of Comm. Expires 08-15-2 Notary ID 13168451 | 4 F.P. | all information required to | be reported by me | | | |
| Sworn to and subs of July | DTARY STAMP / SEAL AB | Baid Frank Ward Bertify which, witness my hand and seal of office. Alejandro Medina Printed name of officer administering | , this the9 + Note | day | | | |
| | exas Ethics Commissio | n www.ethics.state.tx.us | | Version V1.1.0ef01a4a | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 13

I

| 18 FILER NA Ward, Fr | | 19 Filer ID | | | | | | |
|-------------------------|--|-----------------|--------------------|--|--|--|--|--|
| | E SUBTOTALS SCHEDULE | SUBTOTAL AMOUNT | | | | | | |
| 1. | 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | |
| 4. | SCHEDULE E: LOANS | | \$ | | | | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | 6 | \$ 7,672.59 | | | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | | | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 9. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ 195.35 | | | | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | | | | | |
| 12. X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ 779.95 | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|---|---|--|
| 1 | Total pages Schedule F1: Sch: 1/7 Rpt: 4/13 | 2 FILER NAME 3 Filer ID Ward, Frank | |
| 4 | Date 01/28/2019 | 5 Payee name American Color Labs | |
| 6 | Amount (\$) \$649.50 | 7 Payee address; City; State; Zip Code 2157 Woodward Street Austin, TX 78744 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prior Period Obligation - Printing of Stickers | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date 01/28/2019 | Payee name American Color Labs | |
| | Amount (\$) \$64.95 | Payee address; City; State; Zip Code 2157 Woodward Street Austin, TX 78744 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prior Period Obligation - 35C Attach to each Board | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date 01/28/2019 | Payee name American Color Labs | |
| | Amount (\$) \$757.75 | Payee address; City; State; Zip Code 2157 Woodward Street | |
| | | Austin, TX 78744 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prior Period Obligation - Printing Signs 24" X 18" | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | |
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| | POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: Sch: 2/7 Rpt: 5/13 | 2 FILER NAME 3 Ward, Frank | Filer ID | | | | |
| 4 | Date 01/28/2019 | 5 Payee name CFO Shield, LLC dba Red Elephant Reports | | | | | |
| 6 | Amount (\$) \$2,125.00 | 7 Payee address; City; State; Zip Code PO Box 953 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Check if Austin, TX | ide of Texas. Complete Schedule T. 6, officeholder living expense ligation - Software Subscription | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date 01/28/2019 Amount (\$) \$41.14 | Payee name CFO Shield, LLC dba Red Elephant Reports Payee address; City; State; Zip Code PO Box 953 | | | | | |
| | PURPOSE | Colleyville, TX 76034 (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | | side of Texas, Complete Schedule T. K, officeholder IMng expense ligation - Bookkeeping Services | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date 01/10/2019 | Payee name CFO Shield, LLC dba Red Elephant Reports | | | | | |
| | Amount (\$) \$650.00 | Payee address; City; State; Zip Code PO Box 953 | | | | | |
| | | Colleyville, TX 76034 | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. K, officeholder living expense ErVICES | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Baverage Expense Polling Expense Travel in District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | | | | | |
|---|--|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: Sch: 3/7 Rpt: 6/13 | 2 FILER NAME 3 Filer ID Ward, Frank | | | | | |
| 4 | Date 01/10/2019 | 5 Payee name CFO Shield, LLC dba Red Elephant Reports | | | | | |
| 6 | Amount (\$) \$41.14 | 7 Payee address; City; State; Zip Code PO Box 953 | | | | | |
| | | Colleyville, TX 76034 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date 02/12/2019 | Payee name CFO Shield, LLC dba Red Elephant Reports | | | | | |
| | Amount (\$) \$30.31 | Payee address; City; State; Zip Code PO Box 953 Colleyville, TX 76034 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Overhead/Rental Expense Software Subscription | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date 03/10/2019 | Payee name CFO Shield, LLC dba Red Elephant Reports | | | | | |
| | Amount (\$) \$30.31 | Payee address; City; State; Zip Code PO Box 953 | | | | | |
| | | Colleyville, TX 76034 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
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| POLITICAL | EXPENDITURES | FROM | POLITICAL |
|-----------------|---------------------|------|-----------|
| CONTRIBU | TIONS | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gilt/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | |
|---|--|--|---|
| 1 | Total pages Schedule F1: Sch: 4/7 Rpt: 7/13 | 2 FILER NAME 3 Filer ID Ward, Frank | |
| 4 | Date 04/10/2019 | 5 Payee name CFO Shield, LLC dba Red Elephant Reports | |
| 6 | Amount (\$) \$30.31 | 7 Payee address; City; State; Zip Code PO Box 953 | |
| 8 | PURPOSE OF EXPENDITURE | Colleyville, TX 76034 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | |
| | Date 05/09/2019 | Payee name CFO Shield, LLC dba Red Elephant Reports | |
| | Amount (\$) \$30.31 | Payee address; City; State; Zip Code PO Box 953 Colleyville, TX 76034 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder IMng expense Software Subscription | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | |
| | Date 06/10/2019 | Payee name CFO Shield, LLC dba Red Elephant Reports | |
| | Amount (\$) \$30.31 | Payee address; City; State; Zip Code PO Box 953 | |
| | | Colleyville, TX 76034 | _ |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
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Forms provided by Texas Ethics Commission

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|--|---|---|------|---|---|
| | POLITICAL EXI CONTRIBUTIO | SCHEDULE F1 | | | |
| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | abor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 | Filer ID |
| | Sch: 5/7 Rpt: 8/13 | Ward, Frank | | | |
| 4 | Date | 5 Payee name | | | |
| | 06/30/2019 | CFO Shield, LLC dba Red Elephant Reports | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$30.31 | PO Box 953 | | | |
| | | Colleyville, TX 76034 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descript | | | |
| | EXPENDITURE | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | Softwa | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | | | Office held |
| | Date | Payee name | | | |
| | 06/30/2019 | CFO Shield, LLC dba Red Elephant Reports | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$200.00 | PO Box 953 | | | |
| | | Colleyville, TX 76034 | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| OF Accounting/Banking Check if travel outside of Texas, Complete Schedule T EXPENDITURE Check if Austin, TX, officeholder Ming expense | | | | | |
| | | Bookke | | | · · · · · · · · · · · · · · · · · · · |
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| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | | Office held |

| | Colleyville, TX 76034 | |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder IMing expense Bookkeeping Services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ught Office held |
| Date | Payee name | |
| 02/25/2019 | Costco | |
| Amount (\$) \$99.50 | Payee address; City; State; Zip Co 4301 W. William Cannon Drive Austin, TX 78745 | ode |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stamps for Letters to Supporters |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ight Office held |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | EXPENDITURE Event Expense Fees Food/Beverage Expense Git/Awards/Memorials E Legal Services The Instruction Gui | e Expense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yme rhea pense pens ages | nt/Reimbursement d/Rental Expense e se s/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abo | |
|---|---|-----------------|--|--------------------|---|--------------------------------------|---|------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | = | | | | | 3 | Filer ID | |
| - | Sch: 6/7 Rpt: 9/13 | Ward, Fran | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 06/04/2019 | Davidson, [| | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; | Zip Co | de | | | | |
| | \$1,020.00 | PO Box 12 | 131 | | | | | | | |
| | | Austin, TX | 78711 | | | | | | | |
| 8 | PURPOSE | (a) Category (S | ee Categories listed at the | e top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | Legal Servi | ces | | | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | | | officeholder living expense | |
| | | | | | | | Ethics Compl | lan | ce | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name | C | Office sou | ght | | | Office held | |
| | Date | Payee name | | | | | | | | |
| | 06/30/2019 | Davidson, [| Donna | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; | Zip Co | de | | | | |
| | \$250.00 | PO Box 12 | 131 | | | | | | | |
| | | Austin, TX | 78711 | | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the | e top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | Legal Servi | | | | | | | de of Texas. Complete Schedule T. | |
| | EXPENDITORE | - | | | | | hannal . | | officeholder living expense | |
| | | | | | | | Ethics Compl | ian | ce | |
| | | | | | | _ | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | iceholder name | C | Office soug | ght | | | Office held | |
| _ | | | | | | _ | | | | |
| | Date | Payee name | | | | | | | | |
| | 01/02/2019 | Google Dor | nains | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; | Zip Co | de | | | | |
| | \$83.16 | 1600 Amph | itheatre Parkway | | | | | | | |
| | | | | | | | | | | |
| | | Mountain V | iew, CA 94043 | | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the | e top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | Advertising | Expense | | | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | | | officeholder living expense | |
| | | | | | | | Monthly Dom | cuil | Exhelize | |
| _ | Complete ONII V If direct | Condidate IOM | acholder neme | | Wies said | a h t | | | Office hald | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ceholder name | C | Office soug | int | | | Office held | |
| - | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| POLITICAL | EXPENDITURES | FROM | POLITICAL |
|-----------------|---------------------|------|-----------|
| CONTRIBU | TIONS | | |

| SCHEDULE F1 |
|-------------|
| |
| |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|-----------------------------|--|----------------------------|--------------------------------|--|-------------|-----|-------------|---|-----------------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | nmittee | Legal Services | tt Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense VBeverage Expense Polling Expense Printing Expense | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID |
| | Sch: 7/7 Rpt: 10/13 | | Ward, Fran | ık | | | | | | |
| 4 | Date | 5 | Payee name |) | | | | | | |
| | 06/30/2019 | | Skolnick, C | chandler | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State; | ; Zip Coo | de | | | |
| | \$313.24 | | 11119 Alte | rra Pkwy, Apt 1106 | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX | 78758 | | | | | | |
| 8 | PURPOSE | (a) | Category (s | See Categories listed at the t | op of this sch | nedule) | (b) | Description | | |
| | OF EXPENDITURE | | | ages/Contract Lab | | | | | | de of Texas. Complete Schedule T. |
| | | | | | | | | | | officeholder living expense |
| | | | | | | | | Salary/Wage | 5 | |
| 9 | Complete ONLY if direct | Ļ | andidate/Of | ficeholder name | | Office soug | nht | | - | Office held |
| | expenditure to benefit C/Oł | | | | | 51100 5048 | JIC | | | |
| | Date | Γ | Payee name |) | | | | | | |
| | 06/27/2019 | | Travis Cou | nty Republican Par | ty | | | | | |
| | Amount (\$) | F | Payee addre | ess; City; | State; | ; Zip Coo | de | | | |
| | \$1,000.00 | | 807 Brazos | s Street, Suite 408 | | | | | | |
| | | | | | | | | | | |
| | | | Austin, TX | 78701 | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories listed at the t | op of this sch | nedule) | (b) | Description | | |
| | OF EXPENDITURE | | Event Expe | ense | | | | | | de of Texas. Complete Schedule T. |
| | | | | | | | | | | officeholder living expense |
| | | | | | | | | Reagan Gala | L | |
| \vdash | Complete ONU V if direct | Ļ | Condidate (Of | Booholdor nome | | | abé | | | Office held |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | Once heid | | | | | |
| - | Date | Г | Pavec name | | | | | | | |
| | 04/29/2019 | | Payee name Ward III. Fi | | | | | | | |
| ⊢ | | | | | | | | | | |
| | Amount (\$) \$195.35 | Payee address; City; State; Zip Code 5 PO Box 93146 | | | | | | | | |
| | \$130.00 | | FO DUX 33 | 140 | | | | | | |
| | | | Austin, TX | 78709 | | | | | | |
| \vdash | DUDDOGE | 1-1 | | | | | (b) | Description | | |
| | PURPOSE OF | (^(a) | | See Categories listed at the t | op of this sch | nedule) | (D) | Description | outel | de of Texas. Complete Schedule T. |
| | EXPENDITURE | | Advertising | Expense | | | | | | officeholder living expense |
| | | | | | | | | | | ursments; Web Hosting, Square |
| | | | | | | | | Space and G | | |
| - | Complete ONLY if direct | - | Candidate/Of | ficeholder name | C | Office soug | ght | | | Office held |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | | | | | | 4 | | | | |
| | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | | | |
|---|---|--|--|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | Fees Office Ov Food/Beverage Expanse Polling E v - Gift/Awards/Memorials Expense Printing E | bayment/Reimbursement Solicitation/Fundraising Expense rerhead/Rental Expense Transportation Equipment & Related Expense rpense Travel in District bypense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above) | | | | |
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 11/13 | 2 FILER NAME Ward, Frank | 3 Filer ID | | | | |
| 4 Date 01/31/2019 | 5 Payee name Google Domains | | | | | |
| 6 Amount (\$) \$54.60 X Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Advertising Expense Check if Austin, TX, officeholder living exp Website Domain Expense | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | | |
| Date 01/31/2019 | Payee name SquareSpace, Inc. | | | | | |
| Amount (\$) \$140.75 Reimbursement from political contributions | Payee address; City; State; Zip Code 8 Clarkson St. New York, NY 10014 | | | | | |
| PURPOSE OF EXPENDITURE | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 5 Months Website Expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held | | | | |
| | | | | | | |

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

SCHEDULE K

| - | | | | | |
|--|---|---|---|--|--|
| The Instruction Guide explains how to complete this form | | | | | |
| 2 FILER NAME 3 Filer ID | | | | | |
| k | | | | | |
| | Name of person from whom amount is received | | | 8 Amount (\$) | |
| | Howard, John | | | | \$350.00 |
| 6 | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | 1812 West Avenue 202 | | | | |
| | Austin, TX 78701 | | | | |
| 7 | | olitic | al contr | ribution returned to file | er |
| | Donation Returned | | | | |
| T | Name of person from whom amount is received | | | Amount (\$) | |
| | Mailchimp | | | | \$79.95 |
| | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | 675 Ponce DeLeon Avenue NE Suite 5000 | | | | |
| | | | | | |
| L | | | | | |
| | _ | olitic | al contr | ribution returned to file | er |
| | Return of Monthly Advertising Charge | | | | |
| Т | Name of person from whom amount is received | | | Amount (\$) | |
| | Troxclair for Austin, Ellen | | | | \$350.00 |
| | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | PO Box 91812 | | | | |
| | Austin, TX 78709 | | | | |
| | Purpose for which amount is received X Check if p | olitic | al contr | ribution returned to file | er |
| | Donation Returned | | | | |
| | | | | | |
| | × 5 | 5 Name of person from whom amount is received Howard, John 6 Address of person from whom amount is received; City; State; Zip Code 1812 West Avenue 202 Austin, TX 78701 Image: Check if point 7 Purpose for which amount is received Donation Returned Image: Check if point Name of person from whom amount is received Mailchimp Image: Check if point Address of person from whom amount is received; City; State; Zip Code 675 Ponce DeLeon Avenue NE Suite 5000 Image: Check if point Atlanta, GA 30308 Image: Check if point Image: Check if point Purpose for which amount is received Return of Monthly Advertising Charge Image: Check if point Name of person from whom amount is received Troxclair for Austin, Ellen Address of person from whom amount is received; City; State; Zip Code PO Box 91812 Austin, TX 78709 Image: Check if point Image: Check if point | Institution 3 5 Name of person from whom amount is received Howard, John 3 6 Address of person from whom amount is received; Howard, John 6 6 Address of person from whom amount is received; B122 West Avenue 202 2 Austin, TX 78701 X Check if politic 7 Purpose for which amount is received Donation Returned X Check if politic Name of person from whom amount is received Mailchimp X Check if politic Address of person from whom amount is received; G75 Ponce DeLeon Avenue NE Suite 5000 Check if politic Atlanta, GA 30308 Purpose for which amount is received Return of Monthly Advertising Charge Check if politic Name of person from whom amount is received Troxclair for Austin, Ellen Check if politic Address of person from whom amount is received; City; State; Zip Code PO Box 91812 Purpose for which amount is received; City; State; Zip Code PO Box 91812 Austin, TX 78709 X Check if politic | Interference Sch: 1 Sch: 1 3 Filer IC 4 Address of person from whom amount is received; City; State; Zip Code Mailchimp Address of person from whom amount is received; City; State; Zip Code Address of person from whom amount is received; City; State; Zip Code For which amount is received Check if political control Return of Monthly Advertising Charge 1 Name of person from whom amount is received; City; State; Zip Code PO Box 91812 Austin, TX 78709 Purpose for which amount is received X Check if political contro | 3 Filer ID 5 Name of person from whom amount is received Howard, John 8 Amount (\$) 6 Address of person from whom amount is received; City; State; Zip Code 1812 West Avenue 202 Austin, TX 78701 8 Amount (\$) 7 Purpose for which amount is received Donation Returned X Check if political contribution returned to file Mailchimp Address of person from whom amount is received; City; State; Zip Code 675 Ponce DeLeon Avenue NE Suite 5000 Amount (\$) Atlanta, GA 30308 Check if political contribution returned to file Return of Monthly Advertising Charge Name of person from whom amount is received; Troxclair for Austin, Ellen Amount (\$) Address of person from whom amount is received; PO Box 91812 Amount is received; City; State; Zip Code Purpose for which amount is received; Purpose for which amount is received; City; State; Zip Code Amount (\$) |

| | | | FORM C/OH - FR | | | | |
|----|---|--|---|--|--|--|--|
| | The Instruction Guide explains how to comp ** Complete only if "Report Type" on page 1 | lete this form. is marked "Final Report" ** | Page 13 of 13 | | | | |
| 1 | C/OH NAME | | 2 Filer ID Frank Ward | | | | |
| | Ward, Frank | | rerfrankward@gmail.com JPW | | | | |
| 3 | SIGNATURE | | | | | | |
| | I do not expect any further political contributions or political as a final report terminates my campaign treasurer appoint campaign expenditures without a campaign treasurer appoi | nent. I also understand that I may not ac | lidacy. I understand that designating a report cept any campaign contributions or make any | | | | |
| | | Signature of Ca | andidate / Officeholder | | | | |
| 4 | FILER WHO IS NOT AN OFFICEHOLDER | | | | | | |
| | ** Complete A & B below only if you are not an officeho | lder ** | | | | | |
| | | | | | | | |
| | A CAMPAIGN FUNDS | | | | | | |
| | Check only one: | | | | | | |
| | X I do not have unexpended contributions or unexper | nded interest or income earned from poli | tical contributions. | | | | |
| | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended interest or income that I may not retain unexpended contributions or unexpended interest or income earned on political contributions or unexpended interest or income earned interest or income earned contributions or unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned interest or income earned on political contributions and that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204. | | | | | | |
| | B ASSETS Check only one: | | | | | | |
| | X I do not retain assets purchased with political contri | ibutions or interest or other income from | political contributions. | | | | |
| | I do retain assets purchased with political contributions or interest or other income from political contrubutions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204. | | | | | | |
| | | 7-69 |) and m | | | | |
| | | | re of Candidate | | | | |
| L | | Signatu | | | | | |
| 5 | | | | | | | |
| | ** Complete this section only if you are an officeholder ** | | | | | | |
| | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. | | | | | | |
| | | | | | | | |
| | | Signatur | e of Officeholder | | | | |
| | | | | | | | |
| Fo | rms provided by Texas Ethics | www.ethics.state.tx.us | Version V1.1.0ef01a4a | | | | |