

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **50**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS **(MR)** FIRST MI
TODD
NICKNAME LAST SUFFIX
RADFORD

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**1603 LAS ENTRADAS
SPICEWOOD, TX, 78669**

Change of Address

FILED FOR RECORD
2016 JAN 5
12:18
Dana DeBeauvoir
County Clerk
Travis County, TX

Date Hand-Delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 971 9196

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS **(MR)** FIRST MI
MARTHA
NICKNAME LAST SUFFIX
LIMON

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1211 E. 11th, AUSTIN TX 78702

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 791-4369

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
7 / 1 / 15 THROUGH **12 / 31 / 15**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 1 / 16 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**TRAVIS CO.
SHERIFF**

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME TODD RADFORD

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 52,660. ¹⁰
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
4. TOTAL POLITICAL EXPENDITURES	\$ 27,368. ³⁰
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,291. ⁷⁰
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Todd Radford
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Todd Radford, this the Jan. day of 15, 2014, to certify which, witness my hand and seal of office.

Margaret-Anne Moore
Signature of officer administering oath

Margaret-Anne Moore
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME TODD RABFORD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 52660. ³⁹
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 815. ²⁹
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 15000. ⁶⁰
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27368. ³⁹
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1475. ⁸¹
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

1000

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

RADFORD

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(512)

971-9196

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1603 LAS ENTRADAS SPLEENWOOD TX 78669

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

TRAVIS C. SHERIFF

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MARILKA

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

LIMON

GO TO PAGE 2

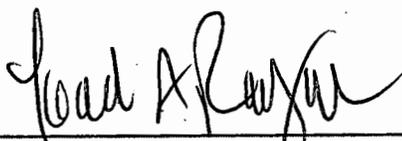
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

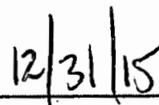
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

8/5

5 Full name of contributor

out-of-state PAC (ID#: _____)

ALAN TYE

7 Amount of contribution (\$)

1,000.⁰⁰

6 Contributor address;

City; State; Zip Code 78134

1228 CHALLENGER LAKEWAY TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

DAVE DEOME

Amount of contribution (\$)

500.⁰⁰

Contributor address;

City; State; Zip Code 78134

114 F. REBIRD LAKEWAY TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

CHANNY SOEUR

Amount of contribution (\$)

300.⁰⁰

Contributor address;

City; State; Zip Code 78754

7908 CAMERON AUSTIN TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

SAUY BUOY

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code

514 LADIN LAKEWAY TX 78734

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TODD RADFORD		3 Filer ID (Ethics Commission Filers)
4 Date 8/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY MUDG 6 Contributor address; City; State; Zip Code 503 RR 620 LAKEWAY TX 78734	7 Amount of contribution (\$) 250. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG LINDGREN Contributor address; City; State; Zip Code 78738 10 CLUB ESTATES, THE HILLS, TX	Amount of contribution (\$) 250. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN NEIGHBORS Contributor address; City; State; Zip Code 1201 LAKEWAY LAKEWAY TX 78734	Amount of contribution (\$) 100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN SWAN Contributor address; City; State; Zip Code 850 SUNFISH LAKEWAY TX 78734	Amount of contribution (\$) 100. ⁰⁰
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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

8/5

5 Full name of contributor

out-of-state PAC (ID#: _____)

LYNN LOUAR

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

City; State; Zip Code 78738

108 OUTCROP VIEW LAKEWAY TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

RICHARD DRURY

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

124 SUNFISH LAKEWAY TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

STEPHEN PUTONTI

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code 78734

308 ENCHANTED HILLTOP LAKEWAY TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

JOE BAIN

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code 78734

949 VANGUARD LAKEWAY TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

RODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

8/5

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

TERRY BROWDER

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code 78738

43 STILLMEADOW, THE HILLS, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5

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

GAYLE ARNN

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code 78738

111 REFLECTION BAY LAKEWAY TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

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

ROBIN CLINKENBEARD

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code 78733

2130 SARATOGA LAKEWAY TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

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

ALAN BOJORQUEZ

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code 78729

12604 VELARDE CV, AUSTIN TX

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

8/5

5 Full name of contributor

out-of-state PAC (ID#: _____)

SHARON HANSON

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

City; State; Zip Code

PO BOX 34060 AUSTIN TX 78734

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

ANN PIERCE

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code 78728

14917 ALPHA COLLIER AUSTIN TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

BERTINA SCHREIBER

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code 78669

20208 BARNETT SPICEWOOD TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

CLINTON CONNELL

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code 78734

106 HURST CREEK LANEWAY TX

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TODD RADFORD		3 Filer ID (Ethics Commission Filers)
4 Date 8/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT SCHOOVER	7 Amount of contribution (\$) 50.⁰⁰
6 Contributor address; City; State; Zip Code 10040 C.R. LAKEWAY TX 78734		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE HARRIS	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 15329 ORIGINS LAKEWAY TX 78734		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID SHEEHAN	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 907 PALOS VERDES LAKEWAY TX 78734		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENT O'BRIEN	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code 515 EXPLORER LAKEWAY TX 78734		
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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

8/5

5 Full name of contributor

out-of-state PAC (ID#: _____)

DON GOFF

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City; State; Zip Code 78134

105 EXPLORER LAKELAND TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

CLAUDETE GUNSALES

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

1508 S. RR. 620 LAKELAND TX 78134

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

MICHAEL DEMARCO

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code 78134

PO BOX 342105 LAKELAND TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/12

Full name of contributor

out-of-state PAC (ID#: _____)

TOMMY BLACKWELL

Amount of contribution (\$)

250⁰⁰

Contributor address;

City; State; Zip Code

125 KILDRUMMY LAKELAND TX 78134

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TODD RADFORD		3 Filer ID (Ethics Commission Filers)
4 Date 9/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN BILLY	7 Amount of contribution (\$) ⁰⁰ 1,000.
6 Contributor address; City; State; Zip Code 603 Robin Dale Lakeway TX 78734		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD ASTORINO	Amount of contribution (\$) ⁰⁰ 100.
Contributor address; City; State; Zip Code 206 POLOS VERDES LAKELAND TX 78734		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYTHAM DAWLETT	Amount of contribution (\$) ⁰⁰ 5,000.
Contributor address; City; State; Zip Code 16100 CHATEAU AUSTIN TX 78734		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER TAN	Amount of contribution (\$) ⁰⁰ 2,000.
Contributor address; City; State; Zip Code 1701 HACKNEY CV, AUSTIN TX 78727		
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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TUPP PAOFORD		3 Filer ID (Ethics Commission Filers)
4 Date 10/1	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHANNY SOEUR 6 Contributor address; City; State; Zip Code 7908 CAMERON RD. AUSTIN TX 78754	7 Amount of contribution (\$) ⁵⁰ 1,000.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAVY BUOY Contributor address; City; State; Zip Code 514 LADIN LN LAKEWAY TX 78734	Amount of contribution (\$) ⁰⁰ 300.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBBIE ROBINSON Contributor address; City; State; Zip Code 2220 LAKEWAY BLVD, LAKEWAY TX 78734	Amount of contribution (\$) ⁰⁰ 300.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/2	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOROTHY STEVENSON Contributor address; City; State; Zip Code 310 CAMINO ARBOLAGO LAKEWAY TX 78734	Amount of contribution (\$) ⁰⁰ 200.
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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TODD RADFORD		3 Filer ID (Ethics Commission Filers)
4 Date 10/1	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS KIMBALL 6 Contributor address; City; State; Zip Code 2220 LAIKENAY BLVD LAIKENAY TX 78734	7 Amount of contribution (\$) 100. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS CO. SHERIFFS OFFICE ASSOC. Contributor address; City; State; Zip Code 400 W. 14th STREET #220, AUSTIN TX 78701	Amount of contribution (\$) 3000. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATE GILLESPIE Contributor address; City; State; Zip Code 10014 WOODHAVEN AUSTIN TX 78753	Amount of contribution (\$) 200. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD BROWN Contributor address; City; State; Zip Code 15014 10th STREET AUSTIN TX 78734	Amount of contribution (\$) 200. ⁰⁰
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.

11

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD RAP TOLD

3 Filer ID (Ethics Commission Filers)

4 Date

8/1

5 Full name of contributor

out-of-state PAC (ID#: _____)

Dwight HALEY

7 Amount of contribution (\$)

1,000.⁰⁰

6 Contributor address;

City; State; Zip Code 78738

214 JACK NICKLAUS AUSTIN TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/1

Full name of contributor

out-of-state PAC (ID#: _____)

KRISTIN DOLES

Amount of contribution (\$)

2,500.⁰⁰

Contributor address;

City; State; Zip Code 78613

2806 COSTELLO CT, BEDAR PARK

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4

Full name of contributor

out-of-state PAC (ID#: _____)

LEONARD JOHNSON

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City; State; Zip Code

112 TALLSTAR LAKEWAY TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5

Full name of contributor

out-of-state PAC (ID#: _____)

JAMES HAEG

Amount of contribution (\$)

50.⁰⁰

Contributor address;

City; State; Zip Code 78738

12801 HACIEDA RIDGE AUSTIN TX

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---------------------------------------

4 Date 8/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS ARMSTRONG	7 Amount of contribution (\$) 100.⁰⁰
6 Contributor address; City; State; Zip Code 78734 404-B Hummingbird LANEWAY TX		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 8/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY LYNN GIBBS	Amount of contribution (\$) 110.⁰⁰
Contributor address; City; State; Zip Code 78734 402 ZEPHYR LAKENWAY TX		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROCHELLE STORIN	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code 78734 15802 Debra AUSTIN TX		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 8/5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL FOREMAN	Amount of contribution (\$) 200.⁰⁰
Contributor address; City; State; Zip Code 78734 101 CURACAO CT LAKENWAY TX		

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD BASTERS

3 Filer ID (Ethics Commission Filers)

4 Date

8/5

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

DEVIN MONK

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

5604 SOUTH WEST PKWY AUSTIN TX 78732

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5

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

ROBERT ABBOTT

Amount of contribution (\$)

200.⁰⁰

Contributor address; City; State; Zip Code

5142 MANFIELD DAM AUSTIN TX 78732

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/6

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

DON BRENT

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

4539 MIRAVALE LOOP ROUND ROCK TX 78665

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7

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

R.K. JOHNSON

Amount of contribution (\$)

500.⁰⁰

Contributor address; City; State; Zip Code

7004 MITRA AUSTIN TX 78739

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

RODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

8/10

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

JOHN CONLEY

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address; City; State; Zip Code

707 Cardinal W. Austin TX 78704

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/12

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

DONALD BLASCHKE

Amount of contribution (\$)

5000.⁰⁰

Contributor address; City; State; Zip Code

804 BATHWICK BRENTWOOD TN 37027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18

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

STEVEN WALKER

Amount of contribution (\$)

200.⁰⁰

Contributor address; City; State; Zip Code

8800 HAZELHURST AUSTIN TX 78729

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20

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

RON MASSA

Amount of contribution (\$)

500.⁰⁰

Contributor address; City; State; Zip Code

520 GOLDEN BEAR AUSTIN TX 78738

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

RODD RANFORD

3 Filer ID (Ethics Commission Filers)

4 Date

8/27

5 Full name of contributor

out-of-state PAC (ID#: _____)

MARILYN GILBREATH

7 Amount of contribution (\$)

500⁰⁰

6 Contributor address;

City; State; Zip Code

12302 FM 3436 DICKINSON TX 7539

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/10

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID SEWELL

Amount of contribution (\$)

50.⁰⁰

Contributor address;

City; State; Zip Code

331 Bisset Ct. Austin TX 78738

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21

Full name of contributor

out-of-state PAC (ID#: _____)

MARK SPANGLER

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

422 MUSTANG MESA Liberty Hill TX 78642

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21

Full name of contributor

out-of-state PAC (ID#: _____)

JERRY CONWAY

Amount of contribution (\$)

100.⁰⁰

Contributor address;

City; State; Zip Code

2605 Westlake Dr, Austin TX 78746

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TOSP RADFORD		3 Filer ID (Ethics Commission Filers)
4 Date 10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy McHUGH 6 Contributor address; City; State; Zip Code 78732 11304 Woodland Hills Austin TX	7 Amount of contribution (\$) ⁰⁰ 250.
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON ROGERS Contributor address; City; State; Zip Code 119 GOLF CREST LAKEWAY TX 78734	Amount of contribution (\$) ⁰⁰ 100.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMBER URRUTIA Contributor address; City; State; Zip Code 11609 ANATOLE CT AUSTIN TX 78748	Amount of contribution (\$) ⁰⁰ 100.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Garrido Contributor address; City; State; Zip Code 78730 7400 Cowwater Canyon Austin TX	Amount of contribution (\$) ⁰⁰ 100.
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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

12/6

5 Full name of contributor

JOSEPH BROWNING

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

City; State; Zip Code

123 PECK KYLE TX 78640

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/16

Full name of contributor

JACKIE ELLIOTT

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150.⁰⁰

Contributor address;

City; State; Zip Code 78734

26 PRESTONWOOD CIR, LAKAWAY TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/26

Full name of contributor

JUDY SHAWWAY

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.⁰⁰

Contributor address;

City; State; Zip Code

1008 MAULFRAIS AUSTIN TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10

Full name of contributor

LINEBARGER GOGGAN BLAIR SAMPSON

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 17428 AUSTIN TX 78760

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TODD RADFORD

3 Filer ID (Ethics Commission Filers)

4 Date

12/30

5 Full name of contributor

out-of-state PAC (ID#: _____)

MARK SPANGLER

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

City; State; Zip Code 78642

422 MUSTANG MEJA LIBERTY #11

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/31

Full name of contributor

out-of-state PAC (ID#: _____)

JAY AND SANDY COX

Amount of contribution (\$)

500.⁰⁰

Contributor address;

City; State; Zip Code

105 VITEX LAKEWAY TX 78734

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31

Full name of contributor

out-of-state PAC (ID#: _____)

KATHY BORICH

Amount of contribution (\$)

300.⁰⁰

Contributor address;

City; State; Zip Code 78704

1009 HARWOOD PL. AUSTIN TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28

Full name of contributor

out-of-state PAC (ID#: _____)

VICKI ROBERTS

Amount of contribution (\$)

10,000.

Contributor address;

City; State; Zip Code 78748

3201 AZTEC FALL C. AUSTIN TX

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 POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">TODD RAYFORD</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">12/31</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">TRAVIS CO SHERIFFS OFFICERS ASSOC.</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">10,000.</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">400 W. 14th #220 AUSTIN TX 78701</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>TODD TRADTORD</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>815.²⁹</u>	
5 Date <u>11/2/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SHANE STREET</u>	8 Amount of Contribution \$ <u>815.²⁹</u>	9 In-kind contribution description <u>WOODEN ADVERTISEMENT CHIPS</u>
7 Contributor address; City; State; Zip Code <u>12921 HILL COUNTRY BLVD, BEE CAVE, TX 78138</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>TODD RADFORD</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>15,000.⁰⁰</u>	
5 Date <u>12/30/15</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TRAVIS CO. SHERIFFS OFFICES ASSOC.</u>	8 Amount of Pledge \$ <u>\$10,000</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>400 W. 14th AUSTIN TX 78701 #220</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date <u>12/28/15</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HAYTHEM DAWLETT</u>	Amount of Pledge \$ <u>\$5,000.</u>	In-kind contribution description
Pledgor address; City; State; Zip Code <u>16100 CHATEAU AUSTIN TX 78734</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME TODD RAPFORD	3 Filer ID (Ethics Commission Filers)
---------------------------	-------------------------------------	---------------------------------------

4 Date 6/22/15	5 Payee name SIXOAL CREEK SALOON
--------------------------	--

6 Amount (\$) 48.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 909 N LAMAR AUSTIN TX 78703
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE	(b) Description STAFF MEETING <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/25/15	Payee name LIPOLLINA
------------------------	--------------------------------

Amount (\$) 110.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1263 W. LYNN AUSTIN TX 78703
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	(b) Description STAFF/SUPPORTER MEETING <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/26	Payee name TUNE GROVE
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Amount (\$) 52.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3001 BELLOWS LAKEWAY TX 78734
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE	(b) Description SUPPORTER MEETING <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME ROD RADFOLD	3 Filer ID (Ethics Commission Filers)
4 Date 6/26/18	5 Payee name SCHOLZ BEER GARDEN	
6 Amount (\$) 57.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6602 SAN JACINTO AUSTIN TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description ATTENDED EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6/29/18	Payee name MON PIZZA	
Amount (\$) 12.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1804 E. 57ST AUSTIN TX 78723	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description STATE MEETING <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6/29	Payee name HOME DEPOT	
Amount (\$) 79.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3600 EL BLO S. BOCA GONTS TX 78738	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description OFFICE NEEDS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Ann Radford	3 Filer ID (Ethics Commission Filers)
---------------------------	------------------------------------	---------------------------------------

4 Date 11/3/15	5 Payee name STAPLES
--------------------------	--------------------------------

6 Amount (\$) 143.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4301 W. Wm CANNON AUSTIN TX 78748
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description OFFICE MATERIALS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/6/15	Payee name THE GROVE
-----------------------	--------------------------------

Amount (\$) 72.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6317 Bee Grove Rd. AUSTIN TX 78746
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description STAFF/SUPPORT MEETING <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/14	Payee name AMPU PARKING
---------------------	-----------------------------------

Amount (\$) 18⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 CONGRESS AVE AUSTIN TX 78701
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description AWARDED EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Good Barber	3 Filer ID (Ethics Commission Filers)
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4 Date 8/17/15	5 Payee name PP Books Brands Int.
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6 Amount (\$) 60⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 19915 Lakewood Loop Spicewood TX 78669
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ATTENDED EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/15	Payee name Home Depot
------------------------	---------------------------------

Amount (\$) 244.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3600 RLBLO S. Bee Cave TX 78738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description Sign Needs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/15	Payee name Joe's Crab Shack
------------------------	---------------------------------------

Amount (\$) 23.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 600 E. Riverside Austin TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description STAFF MEETING / PRE-EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME BOOD RASTFORD	3 Filer ID (Ethics Commission Filers)
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4 Date 9/18/15	5 Payee name SAGRA
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6 Amount (\$) 50.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1050 E. 11th AUSTIN TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description STAFF / SUPERVISOR MEETING <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/21/15	Payee name HILLSIDE FARMACY RESTAURANT
------------------------	--

Amount (\$) 71.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1209 E. 11th AUSTIN TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description STAFF / SUPERVISOR MEETING <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/15	Payee name THE LAWREN
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Amount (\$) 15.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 922 WEST 12th AUSTIN TX 78703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description AWARDED BAKK <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME LODD RANDOL	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/15	5 Payee name HOSPITALITY PARKING	
6 Amount (\$) 10⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1214 W. 6th AUSTIN TX 78743	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ATTENDED EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23	Payee name MARIE'S EL RANCHO	
Amount (\$) 38.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2613 S. LOMAR AUSTIN TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description STAFF MEETING/ATTENDED EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/9	Payee name WILSON HORA	
Amount (\$) 27.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 500 E. 4th Street AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	(b) Description ATTENDED EVENT <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>BOB RADFORD</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/21/15</i>	5 Payee name <i>LEAS WALK BBQ</i>	
6 Amount (\$) <i>43.43</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>100 Red River Austin TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD / BEVERAGE</i>	(b) Description <i>STAFF MEETING</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/8/15</i>	Payee name <i>HILTON HOTEL</i>	
Amount (\$) <i>17.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>500 E. 4th Street Austin TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD / BEVERAGE</i>	(b) Description <i>ATTENDED EVENT</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/10/15</i>	Payee name <i>LOWE'S</i>	
Amount (\$) <i>275.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>12611 Shops Parkway Bee Cave TX 78138</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>SIGN NEEDS/OFFICE TABLES/CHAIRS</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/15	5 Payee name CONSTANT CONTACT	
6 Amount (\$) 31.98	7 Payee address; City; State; Zip Code 3675 Precision Drive, Loveland, CO 80538	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPORTER CONTACT/TRACKING

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27/15	Payee name CONSTANT CONTACT	
Amount (\$) 31.98	Payee address; City; State; Zip Code 3675 Precision Drive, Loveland CO 80538	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPORTER CONTACT/TRACKING

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2/15	Payee name OMEGA BROADCASTING GROUP	
Amount (\$) 292.28	Payee address; City; State; Zip Code 817 W. Howard Lane 78753	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-SHIRTS / HANDOUT MATERIAL

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME TODD RADFORD		3 Filer ID (Ethics Commission Filers)	
4 Date 12/21/15		5 Payee name TIME WARNER CABLE			
6 Amount (\$) 50.10		7 Payee address; City; State; Zip Code 12012 N. MOFAC AUSTIN TX 78759			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET / CABLE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/14/15		Payee name CAL UARNER			
Amount (\$) 3,000.⁰⁰		Payee address; City; State; Zip Code P.O. BOX 6100 AUSTIN TX 78762			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE LEASE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/15/15		Payee name HALO			
Amount (\$) 364.⁷⁷		Payee address; City; State; Zip Code 12416 HYMEADOW #201, AUSTIN TX 78750			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HANDOUT MATERIAL	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RAPPOLD	3 Filer ID (Ethics Commission Filers)
4 Date 12/28/15	5 Payee name CONSTANT CONTACT	
6 Amount (\$) 63.96	7 Payee address; City; State; Zip Code 3675 Precision Drive, Loveland, CO 80538	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPORTER TRAILING
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/30/15	Payee name ALONTI CAFE	
Amount (\$) 178.76	Payee address; City; State; Zip Code 701 So. Lamar Blvd. Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD FOR EVENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 8/15/15	Payee name FORE RESTAURANT	
Amount (\$) 272.38	Payee address; City; State; Zip Code 900 RR 620 S. LAKEWAY TX 76734	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KICKOFF EVENT EXPENSE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES 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
Credit Card Payment

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
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4 Date 9/17/15	5 Payee name CHECKMARK TYPESETTING
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6 Amount (\$) 1,933.⁸¹	7 Payee address; City; State; Zip Code 3217 N. IH 35 AUSTIN TX 78722
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HANDOUT MATERIAL
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/3/15	Payee name THE CHRONICLE
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Amount (\$) 1,300.⁰⁰	Payee address; City; State; Zip Code 4000 IV-I 35 78751
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/15	Payee name FACEBOOK
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Amount (\$) 25.⁰⁸	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
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4 Date 11/17/15	5 Payee name FACEBOOK
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6 Amount (\$) 13.88	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/24/15	Payee name CHECKMARK TYPESETTING
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Amount (\$) 239.23	Payee address; City; State; Zip Code 3217 N IH 35 AUSTIN TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HANDOUT MATERIAL
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/24/15	Payee name CHECKMARK TYPESETTING
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Amount (\$) 1,833.⁵⁶	Payee address; City; State; Zip Code 3217 N. IH 35 AUSTIN TX 78722
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME TODD RADFORD		3 Filer ID (Ethics Commission Filers)	
4 Date 11/27/15		5 Payee name CONSTANT CONTACT			
6 Amount (\$) 31.98		7 Payee address; City; State; Zip Code 3675 Precision Drive, Loveland CO 80538			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPORT CONTACT MATERIALS		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/2/15		Payee name FACEBOOK			
Amount (\$) 23.47		Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/14/15		Payee name FACEBOOK			
Amount (\$) 54.61		Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET ADS		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
4 Date 9/21/15	5 Payee name DIASPORA VOTE	
6 Amount (\$) 100. ⁰⁰	7 Payee address; City; State; Zip Code 916 Rochester Castle Way, Pflugerville, TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD COST
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/29/15	Payee name AFLCIO	
Amount (\$) 145. ⁰⁰	Payee address; City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD COST
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/1/15	Payee name TRAVIS CO. DEMOCRATIC PARTY	
Amount (\$) 250. ⁰⁰	Payee address; City; State; Zip Code 1311 E. 6th St. Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD COST / SUPPORT FEE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
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4 Date 7/17/15	5 Payee name AUSTIN TEXAS DEMOCRATS
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6 Amount (\$) 100. ⁰⁰	7 Payee address; City; State; Zip Code 2544 Stoutwood Circle, Austin, TX 78745
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD COST / SUPPORT FOR
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/27/15	Payee name AFLCIO
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Amount (\$) 125. ⁰⁰	Payee address; City; State; Zip Code 1106 Lavaca St #200 Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD COST / SUPPORT FOR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/14/15	Payee name ST JULIA CHURCH
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Amount (\$) 100. ⁰⁰	Payee address; City; State; Zip Code 3010 Lyons Rd. Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD COST / EVENT SUPPORT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
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4 Date 11/17/15	5 Payee name ANTHONY SCHOGGINS
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6 Amount (\$) 1,900.⁰⁰	7 Payee address; City; State; Zip Code 124 Mesa Vista Dr., Leander, TX 78641
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/15	Payee name DAVID EDMUNDSON
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Amount (\$) 500.	Payee address; City; State; Zip Code 4502 Pelham, Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/29/15	Payee name ANTHONY SCHOGGINS
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Amount (\$) 1900.⁰⁰	Payee address; City; State; Zip Code 124 Mesa Vista Dr., Leander, TX 78641
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TOOD RAPTORS	3 Filer ID (Ethics Commission Filers)
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4 Date 9/21/15	5 Payee name DAVID EDMUNDSON
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6 Amount (\$) 1,000. ⁰⁰	7 Payee address; City; State; Zip Code 4502 Pelham, Austin, TX 78727
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Larson fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/15	Payee name ANTHONY SCHOGGINI
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Amount (\$) 1800. ⁰⁰	Payee address; City; State; Zip Code 124 Mesa Vista Dr. Leander, TX 78641
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Larson fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/12/15	Payee name DAVID EDMUNDSON
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Amount (\$) 1000. ⁰⁰	Payee address; City; State; Zip Code 4502 Pelham, Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Larson fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME TOON RAPFORD		3 Filer ID (Ethics Commission Filers)	
4 Date 11/16/15		5 Payee name TRAVIS CO. DEMOCRATIC PARTY			
6 Amount (\$) 1250.⁰⁰		7 Payee address; City; State; Zip Code 1311 E 6th St. Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FILING FEE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 7/17/15		Payee name ANTHONY SCHOGGINS			
Amount (\$) 500.⁰⁰		Payee address; City; State; Zip Code 124 Mesa Vista Dr, Leander, TX 78641			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expenses		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/10/15		Payee name SYLVIA CAMARILLO			
Amount (\$) 2500.⁰⁰		Payee address; City; State; Zip Code 904 Brookhollow Dr. Pflugerville, TX 78660			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expenses		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/15	5 Payee name TIME WARNER CABLE	
6 Amount (\$) 50.10	7 Payee address; City; State; Zip Code 12012 N. MOPAC AUSTIN, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET CABLE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/25/15	Payee name AUSTIN UTILITY	
Amount (\$) 672.55	Payee address; City; State; Zip Code 1800 Lavaca St. AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTRIC / TRASH FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/1/15	Payee name HOME DEPOT	
Amount (\$) 250.00	Payee address; City; State; Zip Code 3600 RR 620 S. BEE CAVE, TX 78738	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LYNN MATERIAL
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME TODD RADFORD		3 Filer ID (Ethics Commission Filers)	
4 Date 10/15/15		5 Payee name BEST BUY			
6 Amount (\$) 184.²⁵		7 Payee address; City; State; Zip Code 4970 West. U.S. Hwy 290, Austin, 78735			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/ RENTAL EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SHREDDER/PRINTER		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 10/21/15		Payee name TIME WARNER CABLE			
Amount (\$) 73.64		Payee address; City; State; Zip Code 12012 N MOPAC, Austin, TX 78759			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/ RENTAL EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET/CABLE		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 10/26/15		Payee name AUSTIN UTILITY			
Amount (\$) 232.⁷⁴		Payee address; City; State; Zip Code 1800 Lavaca, Austin, TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/ RENTAL EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTRIC TRASH		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME TODD RAPTORS		3 Filer ID (Ethics Commission Filers)	
4 Date 1/24/15		5 Payee name NAACP			
6 Amount (\$) 200.⁰⁰		7 Payee address; City; State; Zip Code 1717 East 12th, Austin 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD / EVENT SUPPORT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/17/15		Payee name WALMART			
Amount (\$) 189.⁰⁰		Payee address; City; State; Zip Code 2525 Anderson Lane, Austin, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION / DUES/PRINTE BACK TO SCHOOL BACKPACKS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/10/15		Payee name TIME WARNER CABLE			
Amount (\$) 60.⁹⁸		Payee address; City; State; Zip Code 12012 N MOPAC, AUSTIN, TX 78759			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET / CABLE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RANFORD	3 Filer ID (Ethics Commission Filers)
4 Date 8/5/15	5 Payee name INDUSTRY ART PRINT SHOPS	
6 Amount (\$) ⁸⁴ 535.	7 Payee address; City; State; Zip Code 6721 N. LAMAR #110, AUSTIN TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-SHIRTS / HANDOUT MATERIAL
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 7/16/15	Candidate / Officeholder name SYLVIA CAMARILLO	
Amount (\$) ⁶⁰ 100.	Payee address; City; State; Zip Code 904 Brook Hollow Pflugerville TX 78660	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEES
	Candidate / Officeholder name SYLVIA CAMARILLO	
Date 8/6/15	Office sought Office held	
Amount (\$) ⁷⁵ 110.	Payee address; City; State; Zip Code 9005 CURLEW DR. AUSTIN TX 78748	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEE
	Candidate / Officeholder name SYLVIA CAMARILLO	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
4 Date 8/21/15	5 Payee name SYLVIA CAMARILLO	
6 Amount (\$) 173. ¹⁴	7 Payee address; City; State; Zip Code 904 Brook Hollow Pflugerville TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEES
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/16/15	Payee name SYLVIA CAMARILLO	
Amount (\$) 100. ⁰⁰	Payee address; City; State; Zip Code 904 Brook Hollow Dr. Pflugerville TX 78660	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEES
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/29/15	Payee name SYLVIA CAMARILLO	
Amount (\$) 167. ⁵⁸	Payee address; City; State; Zip Code 904 BROOK HOLLOW DR. PFLUGERVILLE TX 78660	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEES
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TODD RADFORD	3 Filer ID (Ethics Commission Filers)
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4 Date 12/9/15	5 Payee name TSOKE ADJAVOM
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6 Amount (\$) 60.⁰⁰	7 Payee address; City; State; Zip Code 916 RECHTERSTEN CASTLE WAY PRUYERVILLE TX 78660
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LABOR FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/15	Payee name TODD RADFORD
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Amount (\$) 1475.³¹	Payee address; City; State; Zip Code 1603 LAS ENTRADAS SPICKWOOD TX 78669
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN REPAYMENT / REIMBURSEMENT	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR PERSONAL MONEY USED
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED