

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**8940**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 29
3 COMMITTEE NAME Friends of North Shore Fire Department		<b>OFFICE USE ONLY</b>	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1505 Jackie Robinson Pl  Round Rock, TX 78665	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Michael C NICKNAME LAST SUFFIX Johnson	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1505 Jackie Robinson Pl Round Rock Tx 78665	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION 5127403108	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED		Month Day Year      Month Day Year 07/20/2016      THROUGH      10/11/2016	
11 ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/08/2016 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME**  
Friends of North Shore Fire Department

**13 Filer ID**

<b>14 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> Candidate  <input type="checkbox"/> Officeholder	<b>CANDIDATE / OFFICEHOLDER NAME</b>  _____  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  _____	
	<input checked="" type="checkbox"/> Measure	<b>BALLOT IDENTIFICATION / #</b> Prop 1	<b>ELECTION DATE</b> Month    Day    Year 11/08/2016
	<b>DESCRIPTION</b> Emergency Service District Overlay, ESD #7 Fire Department		

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	\$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	\$10,245.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	\$7,163.03
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$3,456.67
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Michael Johnson, this the 12 day of October, 2016, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

Brittany Williams  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - SPAC

<b>17 COMMITTEE NAME</b> Friends of North Shore Fire Department	<b>18 Filer ID</b>
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<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,495.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 5,750.00
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,163.03
9. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
10. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/29
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Taylor	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code  TX		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Taylor	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Charles	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/16 Rpt: 5/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/07/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Tim	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  TX		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Tim	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Tim	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condit, Dustin	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condit, Dustin	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/16 Rpt: 6/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/07/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condit, Dustin  <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daigle, David  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daigle, David  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daigle, David  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mark  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/16 Rpt: 7/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/21/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
<b>Date</b> 10/05/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mark <hr/> <b>Contributor address; City; State; Zip Code</b>  TX	<b>Amount of Contribution (\$)</b>  \$75.00
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 09/07/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicks, Honri <hr/> <b>Contributor address; City; State; Zip Code</b>  TX	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 09/21/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicks, Honri <hr/> <b>Contributor address; City; State; Zip Code</b>  TX	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 10/05/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicks, Honri <hr/> <b>Contributor address; City; State; Zip Code</b>  TX	<b>Amount of Contribution (\$)</b>  \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/16 Rpt: 8/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 10/05/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gammon, Will	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  TX		
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gammon, Will	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Britney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5405 Barcelona Ct  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Britney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5405 Barcelona Ct  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Britney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5405 Barcelona Ct  Georgetown, TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/16 Rpt: 9/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/21/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Charles <hr/> <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$45.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Charles <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Devin <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Devin <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Devin <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/29
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 09/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Sammy 6 Contributor address; City; State; Zip Code  TX	7 Amount of Contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Sammy Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Sammy Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hert, John Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hert, John Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/16 Rpt: 11/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/07/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Troy  <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Troy  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Troy  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Michael  Contributor address; City; State; Zip Code 1505 Jackie Robinson Pl  Round Rock, TX 78665	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Michael  Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/16 Rpt: 12/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/21/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Michael	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  TX	
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
<b>Date</b> 10/05/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Michael	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  TX	
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 09/07/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Dylan	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  TX	
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 09/21/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Dylan	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  TX	
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 10/05/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Dylan	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  TX	
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/16 Rpt: 13/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 10/05/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcdonald, Chris	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  TX	
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
<b>Date</b> 09/21/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcdonald, Chris	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  TX	
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 09/07/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcdonald, Chris	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  TX	
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1
<b>Date</b> 08/08/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Minette, Laura	<b>Amount of Contribution (\$)</b>  \$200.00
	<b>Contributor address; City; State; Zip Code</b> 18208 Lura Ln  Jonestown, TX 78641	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/05/2016	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ming, Robert	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Contributor address; City; State; Zip Code</b>  TX	
<b>Principal occupation / Job title (See Instructions)</b> Firefighter		<b>Employer (See Instructions)</b> TCESD1

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/16 Rpt: 14/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/21/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ming, Robert	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  TX		
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ming, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Chris	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Chris	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Donnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/29
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 09/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Donnie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code  TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Donnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Asa	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Asa	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipkin, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/16 Rpt: 16/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/21/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipkin, David	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  TX		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipkin, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringstaff, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringstaff, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringstaff, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/16 Rpt: 17/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 09/07/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robeson, Tim	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  TX		
<b>8</b> Principal occupation / Job title (See Instructions) Firefighter		<b>9</b> Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robeson, Tim	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robeson, Tim	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stengel, Brannon	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stengel, Brannon	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/29
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stengel, Brannon	7 Amount of Contribution (\$)  \$100.00
6 Contributor address; City; State; Zip Code  TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sukup, Chris	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sukup, Chris	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TroxteIl, Kyle	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TroxteIl, Kyle	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/16 Rpt: 19/29
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID
<b>4</b> Date 10/05/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxtell, Kyle	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  TX		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 20/29	
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of contribution (\$)	<b>9</b> In-kind contribution description
<b>7</b> Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 1/1 Rpt: 21/29	
<b>2</b> FILER NAME Friends of North Shore Fire Department		<b>3</b> Filer ID lt.johnson16@gmail.com	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (If applicable)
	<b>7</b> Pledgor Address; City; State; Zip Code		
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

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# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 22/29
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 09/01/2016	5 Corporation / Labor Organization name Blind Faith  6 Corporation / Labor Organization address; City; State; Zip Code 18601 FM 1431  Jonestown, TX 78645	7 Amount of contribution (\$) \$200.00
Date 09/01/2016	Corporation / Labor Organization name Doug Casey Homes Inc.  Corporation / Labor Organization address; City; State; Zip Code 20624 FM 1431  Lago Vista, TX 78645	Amount of contribution (\$) \$200.00
Date 09/07/2016	Corporation / Labor Organization name Lago Vista Sun Hardware  Corporation / Labor Organization address; City; State; Zip Code 7401 Lohman Ford Rd  Lago Vista, TX 78645	Amount of contribution (\$) \$100.00
Date 09/19/2016	Corporation / Labor Organization name North Lake Travis Firefighters Association  Corporation / Labor Organization address; City; State; Zip Code  TX	Amount of contribution (\$) \$3,000.00
Date 09/01/2016	Corporation / Labor Organization name Ray Garner Insurance Company  Corporation / Labor Organization address; City; State; Zip Code 105 E Baker Ln  Austin, TX 78753	Amount of contribution (\$) \$2,000.00
Date 09/06/2016	Corporation / Labor Organization name Vasara Photography  Corporation / Labor Organization address; City; State; Zip Code <i>3461 OUTPOST TRAIL</i> <i>Lago Vista</i> TX <i>78645</i>	Amount of contribution (\$) \$250.00

# POLITICAL EXPENDITURES 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 -<br>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.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 23/29	<b>2</b> FILER NAME Friends of North Shore Fire Department	<b>3</b> Filer ID
<b>4</b> Date 09/08/2016	<b>5</b> Payee name Dirt Cheap Signs	
<b>6</b> Amount (\$) \$2,300.00	<b>7</b> Payee address; City; State; Zip Code 7301 Bark Ranch Lago Vista TX 78645	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs and banners
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 10/03/2016	Payee name FedEx	
Amount (\$) \$132.49	Payee address; City; State; Zip Code 1335 E Whitestone Blm Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printed out Flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 09/20/2016	Payee name GCP Association Services	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 2006 MIA Pflugerville TX TX 78691	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES 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	Printing Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services		OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 24/29	<b>2</b> FILER NAME Friends of North Shore Fire Department	<b>3</b> Filer ID
<b>4</b> Date 10/05/2016	<b>5</b> Payee name HEB # 265	
<b>6</b> Amount (\$) \$16.75	<b>7</b> Payee address; City; State; Zip Code Cedar Park TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Coffee for Townhall meetings
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2016	Payee name HEB # 580	
Amount (\$) \$21.78	Payee address; City; State; Zip Code Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Food for Meet and Greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2016	Payee name HEB # 580	
Amount (\$) \$53.38	Payee address; City; State; Zip Code Cedar Park TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Food for Meet and Greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES 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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 25/29	<b>2</b> FILER NAME Friends of North Shore Fire Department	<b>3</b> Filer ID
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<b>4</b> Date 09/06/2016	<b>5</b> Payee name Lago Vista Booster Club
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<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code Thunderb. Cr. St Lago Vista TX 78045
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lago Vista Booster Club Paid to be on T-shirts and a Sign.
---------------------------------	--	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2016	Payee name Lowes Market
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Amount (\$) \$27.44	Payee address; City; State; Zip Code 7709 Lohmanford Rd Lago Vista TX 78045
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> 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 meet and greet
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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 09/06/2016	Payee name Miller Signs
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 18400 FM 1431 Somers town TX 78645
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense To pay rent on a billboard.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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 -<br>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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 26/29	<b>2</b> FILER NAME Friends of North Shore Fire Department	<b>3</b> Filer ID
<b>4</b> Date 09/07/2016	<b>5</b> Payee name Miller Signs	
<b>6</b> Amount (\$) \$675.00	<b>7</b> Payee address; City; State; Zip Code 18400 FM 1431 Jones town TX 78645	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pay Banner and Billboard Production
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/07/2016	Payee name Miller Signs	
Amount (\$) \$375.00	Payee address; City; State; Zip Code 18400 FM 1431 Jones town TX 78645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Billboard Installation.
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/03/2016	Payee name Miller Signs	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 18400 FM 1431 Jones town TX 78645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Rent on Billboard
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES 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: Sch: 5/5 Rpt: 27/29	2 FILER NAME Friends of North Shore Fire Department	3 Filer ID
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4 Date 10/07/2016	5 Payee name Sams Club # 6189
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6 Amount (\$) \$136.09	7 Payee address; City; State; Zip Code 10901 Lakehine Mall Austin TX 78717
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Food for Meet and Greet and Townhall Meetings
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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 09/26/2016	Payee name Vistago Print / Dirt Cheap Signs
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Amount (\$) \$425.10	Payee address; City; State; Zip Code 7301 Bank Row Lago Vista TX 78645
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Banners
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 28/29	2 FILER NAME Friends of North Shore Fire Department	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 29/29	2 FILER NAME Friends of North Shore Fire Department	3 Filer ID
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
---------------------------	--	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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