

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

8951

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form. **1** Filer ID **2** Total pages filed:
37

3 COMMITTEE NAME
Friends of North Shore Fire Department

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1505 Jackie Robinson Pl
Round Rock, TX 78665

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Michael C
NICKNAME LAST SUFFIX
Johnson

6 CAMPAIGN TREASURER STREET ADDRESS
(Residence or Business)

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
 Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1505 Jackie Robinson Pl Round Rock TX 78665

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
512-740-3108

9 REPORT TYPE

January 15 20th day before election Exceeded \$500 Limit
 July 15 8th day before election Dissolution (Attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year
07/20/2016 THROUGH 10/31/2016

11 ELECTION

ELECTION DATE Month Day Year
11/08/2016

ELECTION TYPE
 Primary Runoff Other
 General 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

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


15 CONTRIBUTION TOTALS	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)	\$	\$13,812.68
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	\$13,578.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$234.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	\$0.00

16 AFFIDAVIT



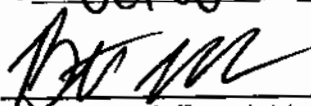
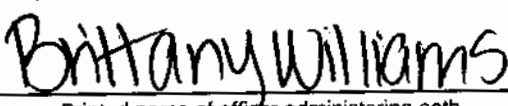
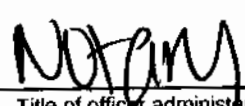
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Michael Craig Johnson, this the 31 day of October, 2016, to certify which, witness my hand and seal of office.




 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

17 COMMITTEE NAME Friends of North Shore Fire Department		18 Filer ID
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,462.68
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,500.00
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	\$ 5,850.00
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	\$ 13,578.16
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/37
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 6 Contributor address; City; State; Zip Code 12525 Enchanted Forest Dr Austin, TX 78727	7 Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code 12525 Enchanted Forest Dr Austin, TX 78727	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buck, Taylor Contributor address; City; State; Zip Code 12525 Enchanted Forest Dr Austin, TX 78727	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#: _____) Buckley, Charles Contributor address; City; State; Zip Code 21118 Highland Lake Dr # 2 Lago Vista, TX 78645	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Charles Contributor address; City; State; Zip Code 21118 Highland Lake Dr # 2 Lago Vista, TX 78645	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/37
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 10/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Charles	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 21118 Highland Lake Dr # 2 Lago Vista, TX 78645	
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
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 21118 Highland Lake Dr # 2 Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 09/07/2016	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 609 Highcrest Dr # 112 Granite Shoals, TX 78654	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
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 609 Highcrest Dr # 112 Granite Shoals, TX 78654	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
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 609 Highcrest Dr # 112 Granite Shoals, TX 78654	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/37
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 10/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Tim	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 609 Highcrest Dr # 112 Granite Shoals, TX 78654	
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
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 13304 Ivywood Cv Austin, TX 78729	
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 13304 Ivywood Cv Austin, TX 78729	
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#: _____) Condit, Dustin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 13304 Ivywood Cv Austin, TX 78729	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	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 13304 Ivywood Cv Austin, TX 78729	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/37
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#: _____) Daigle, David	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1007 Oak Hollow Dr Leander, TX 78641		
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#: _____) Daigle, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1007 Oak Hollow Dr Leander, TX 78641		
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	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1007 Oak Hollow Dr Leander, TX 78641		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daigle, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1007 Oak Hollow Dr Leander, TX 78641		
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	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code 16920 Tidewater Cove Austin, TX 78717		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/37
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#: _____) Davidson, Mark 6 Contributor address; City; State; Zip Code 16920 Tidewater Cove Austin, TX 78717	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mark Contributor address; City; State; Zip Code 16920 Tidewater Cove Austin, TX 78717	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mark Contributor address; City; State; Zip Code 16920 Tidewater Cove Austin, TX 78717	Amount of Contribution (\$) \$75.00
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#: _____) Dicks, Honri Contributor address; City; State; Zip Code 2000 S Lakeline Blvd Cedar Park, TX 78619	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#: _____) Dicks, Honri Contributor address; City; State; Zip Code 2000 S Lakeline Blvd Cedar Park, TX 78619	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/37
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#: _____) Dicks, Honri	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2000 S Lakeline Blvd Cedar Park, TX 78619		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicks, Honri	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2000 S Lakeline Blvd Cedar Park, TX 78619		
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#: _____) Gammon, Will	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2932 Angelina Dr Round Rock, TX 78665		
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#: _____) Gammon, Will	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2932 Angelina Dr Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	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 2932 Angelina Dr Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/37
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#: _____) Gammon, Will	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2932 Angelina Dr Round Rock, TX 78665		
8 Principal occupation / Job title (See Instructions) Firefighter		9 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) Firefighter		Employer (See Instructions) TCESD 1
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) Firefighter		Employer (See Instructions) TCESD 1
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) Firefighter		Employer (See Instructions) TCESD 1
Date 10/19/2016	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) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/37
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#: _____) Garner, Charles	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code 25200 Ranch Rd Leander, TX 78645	
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Charles	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code 25200 Ranch Rd Leander, TX 78645	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Charles	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code 25200 Ranch Rd Leander, TX 78645	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Charles	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code 25200 Ranch Rd Leander, TX 78645	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Devin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 9009 Great Hills Trail # 1515 Austin, TX 78759	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/37
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#: _____) Gray, Devin	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 9009 Great Hills Trail # 1515 Austin, TX 78727	
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Devin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 9009 Great Hills Trail APT 1515 Austin, TX 78759	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Devin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 9009 Great Hills Trail # 1515 Austin, TX 78759	
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#: _____) Hancock, Sammy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7933 Mountain View Rd Aubrey, TX 76227	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Sammy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7933 Mountain View Rd Aubrey, TX 76227	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/37
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#: _____) Hancock, Sammy	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 7933 Mountain View Rd Aubrey, TX 76227	
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Sammy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7933 Mountain View Rd Aubrey, TX 76227	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hert, John	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 8001 RR 1869 Liberty Hill, TX 78642	
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	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 8001 RR 1869 Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hert, John	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code 8001 RR 1869 Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/37
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 09/08/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kathleen 6 Contributor address; City; State; Zip Code 17113 East Darleen Dr Leander, TX 78645	7 Amount of Contribution (\$) \$23.47
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Troy Contributor address; City; State; Zip Code 12813 Wire Rd Leander, TX 78641	Amount of Contribution (\$) \$100.00
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#: _____) Jackson, Troy Contributor address; City; State; Zip Code 12813 Wire Rd Leander, TX 78641	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 12813 Wire Rd Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Troy Contributor address; City; State; Zip Code 12813 Wire Rd Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/37
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 09/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Michael 6 Contributor address; City; State; Zip Code 1505 Jackie Robinson Pl Round Rock, TX 78665	7 Amount of Contribution (\$) \$9.21
8 Principal occupation / Job title (See Instructions) Firefighter		9 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 1505 Jackie Robinson Pl Round Rock, TX 78665	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#: _____) Johnson, Michael Contributor address; City; State; Zip Code 1505 Jackie Robinson Pl Round Rock, TX 78665	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#: _____) Johnson, Michael Contributor address; City; State; Zip Code 1505 Jackie Robinson Pl Round Rock, TX 78665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	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 (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/37
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#: _____) Kenny, Dylan	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 305 Finn St Hutto, TX 78634		
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#: _____) Kenny, Dylan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 305 Finn St Hutto, TX 78634		
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#: _____) Kenny, Dylan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 305 Finn St Hutto, TX 78634		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny, Dylan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 305 Finn St Hutto, TX 78634		
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#: _____) Mcdonald, Chris	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1203 North Crest Granite Shoals, TX 78654		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/37
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#: _____) McDonald, Chris	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 1203 North Crest Granite Shoals, TX 78654	
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Chris	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1203 Northcrest Granite Shoals, TX 78654	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Chris	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1203 North Crest Granite Shoals, TX 78654	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 08/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minette, Laura	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 18208 Lura Ln Jonestown, TX 78641	
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#: _____) Ming, Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1745 CR 262 Geotgetown, TX 78633	
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/37
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#: _____) Ming, Robert 6 Contributor address; City; State; Zip Code 1745 CR 262 Georgetown, TX 78633	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ming, Robert Contributor address; City; State; Zip Code 1745 CR 262 Georgetown, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ming, Robert Contributor address; City; State; Zip Code 1745 CR 262 Geotgetown, TX 78633	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#: _____) Moore, Chris Contributor address; City; State; Zip Code 2028 Tribal Way Leander, TX 78641	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#: _____) Moore, Chris Contributor address; City; State; Zip Code 2028 Tribal Way Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/37
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 10/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Chris	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2028 Tribal Way Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Firefighter		9 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 22109 Cross Timber Bend Lago Vista, TX 78645-4812		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 09/21/2016	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 22109 Cross Timber Bend Lago Vista, TX 78645-4812		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
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 22109 Cross Timber Bend Lago Vista, TX 78645-4812		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/19/2016	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 22109 Cross Timber Bend Lago Vista, TX 78645-4812		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/37
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 08/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Donnie 6 Contributor address; City; State; Zip Code 22109 Cross Timber Bend Lago Vista, TX 78645-4812	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Asa Contributor address; City; State; Zip Code PO Box 541 Marble Falls, TX 78654	Amount of Contribution (\$) \$60.00
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#: _____) Oliver, Asa Contributor address; City; State; Zip Code PO Box 541 Marble Falls, TX 78654	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Asa Contributor address; City; State; Zip Code PO Box 541 Marble Falls, TX 78654	Amount of Contribution (\$) \$60.00
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#: _____) Pipkin, David Contributor address; City; State; Zip Code 1018 Terrace Dr Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/37
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#: _____) Pipkin, David	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1018 Terrace Dr Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
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 1018 Terrace Dr Leander, TX 78641		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/19/2016	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 1018 Terrace Dr Leander, TX 78641		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
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 851 CR 177 Leander, TX 78641		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
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 851 CR 177 Leander, TX 78641		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/37
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#: _____) Ringstaff, James	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 851 CR 177 Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
Date 10/19/2016	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 851 CR 177 Leander, TX 78641		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 09/07/2016	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 300 Terry Ln Leander, TX 78641		
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#: _____) Robeson, Tim	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 300 Terry Ln Leander, TX 78641		
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 300 Terry Ln Leander, TX 78641		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/37
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID
4 Date 10/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robeson, Tim <hr/> 6 Contributor address; City; State; Zip Code 300 Terry Ln Leander, TX 78641	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD1
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stengel, Brannon <hr/> Contributor address; City; State; Zip Code 25 Waters Edge Cir # 25 Georgetown, TX 78626	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stengel, Brannon <hr/> Contributor address; City; State; Zip Code 25 Waters Edge Cir Georgetown, TX 78626	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stengel, Brannon <hr/> Contributor address; City; State; Zip Code 25 Waters Edge Cir Georgetown, TX 78626	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stengel, Brannon <hr/> Contributor address; City; State; Zip Code 25 Waters Edge Cir Georgetown, TX 78626	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/37
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#: _____) Sukup, Chris	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 20706 Park Dr Lago Vista, TX 78645		
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#: _____) Sukup, Chris	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 20706 Park Dr Lago Vista, TX 78645		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD1
Date 10/19/2016	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 20706 Park Dr Lago Vista, TX 78645		
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#: _____) TroxteLL, Kyle	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 13108 Country Trail Austin, TX 78732		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TroxteLL, Kyle	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 13108 Country Trail Austin, TX 78732		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/37
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#: _____) Troxtell, Kyle	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 13108 Country Trail Austin, TX 78732		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxtell, Kyle	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 13108 Country Trail Austin, TX 78732		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ty, Thomason	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1101 Brushy Creek Rd Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
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 2737 Crimson Sky Ct Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1
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 2737 Crimson Sky Ct Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/37
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#: _____) White, James	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2737 Crimson Sky Ct Round Rock, TX 78665		
8 Principal occupation / Job title (See Instructions) Firefighter		9 Employer (See Instructions) TCESD 1
Date 10/19/2016	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 2737 Crimson Sky Ct Round Rock, TX 78665		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) TCESD 1

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 27/37	
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 10/21/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deck, Mitch	8 Amount of contribution (\$) \$1,500.00	9 In-kind contribution description Made a 15 and 30 second commercial for ESD 7. Donated time and equipment.
7 Contributor address; City; State; Zip Code 8109 Cannon Court Lago Vista, TX 78645		<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)			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 28/37	
2 FILER NAME Friends of North Shore Fire Department		3 Filer ID lt.johnson16@gmail.com	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

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: 29/37
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 10/15/2016	Corporation / Labor Organization name Buz Henry Construction Corporation / Labor Organization address; City; State; Zip Code 17009 Blue Canyon Cv Leander, TX 78641	Amount of contribution (\$) \$100.00
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 21118 Highland Lake Dr Lago Vista, TX 78645	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 3961 Outpost Trace Lago Vista, TX 78645	Amount of contribution (\$) \$250.00

POLITICAL EXPENDITURES 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: Sch: 1/6 Rpt: 30/37	2 FILER NAME Friends of North Shore Fire Department	3 Filer ID
4 Date 10/21/2016	5 Payee name Deck, Mitch	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 8109 Cannon Court Lago Vista, TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) In-Kind 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 In-Kind Expense for Mitch Decks time and services.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2016	Payee name Dirt Cheap Signs	
Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 7301 Bar K Ranch Lago Vista, 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 Yard signs and banners
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 Blvd Cedar Park, TX 78613	
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 Printed out Flyers
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
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: Sch: 2/6 Rpt: 31/37		2 FILER NAME Friends of North Shore Fire Department		3 Filer ID	
4 Date 09/20/2016		5 Payee name GCP Association Services			
6 Amount (\$) \$1,750.00		7 Payee address; City; State; Zip Code 200 W Main Pflugerville, TX 78691			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting Campaign Services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/19/2016		Payee name GCP Association Services			
Amount (\$) \$3,444.52		Payee address; City; State; Zip Code 200 W Main Pflugerville, TX 78691			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting Expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/05/2016		Payee name HEB			
Amount (\$) \$16.75		Payee address; City; State; Zip Code 170 E Whitestone Blvd 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 and Coffee for Townhall meetings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES 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: Sch: 3/6 Rpt: 32/37		2 FILER NAME Friends of North Shore Fire Department		3 Filer ID	
4 Date 10/06/2016		5 Payee name HEB			
6 Amount (\$) \$21.78		7 Payee address; City; State; Zip Code 2800 E Whitestone Blvd Cedar Park, TX 78613			
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 Greets	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/26/2016		Payee name HEB			
Amount (\$) \$53.38		Payee address; City; State; Zip Code 2800 E Whitestone Blvd 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	
Date 09/08/2016		Payee name Harland Clarke			
Amount (\$) \$12.98		Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checking account checks.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES 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: Sch: 4/6 Rpt: 33/37		2 FILER NAME Friends of North Shore Fire Department		3 Filer ID	
4 Date 09/06/2016		5 Payee name Lago Vista Booster Club			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code Thunderbird Lago Vista, TX 78645			
8 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 Lago Vista Booster Club Paid to be on T-shirts and a Sign.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/07/2016		Payee name Lowes Market			
Amount (\$) \$27.44		Payee address; City; State; Zip Code 7708 Lohmans Ford Rd Lago Vista, TX 78645			
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	
Date 09/06/2016		Payee name Miller Signs			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 18400 FM 1431 Jonestown, 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 To pay rent on a billboard.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES 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: Sch: 5/6 Rpt: 34/37	2 FILER NAME Friends of North Shore Fire Department	3 Filer ID
4 Date 09/07/2016	5 Payee name Miller Signs	
6 Amount (\$) \$675.00	7 Payee address; City; State; Zip Code 18400 FM 1431 Jonestown, TX 78645	
8 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 Pay Banner and Billboard Production
9 Complete <u>ONLY</u> 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 Jonestown, 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 <u>ONLY</u> 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 Jonestown, 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 <u>ONLY</u> 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
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: Sch: 6/6 Rpt: 35/37		2 FILER NAME Friends of North Shore Fire Department		3 Filer ID	
4 Date 10/26/2016		5 Payee name Quik Print			
6 Amount (\$) \$1,457.63		7 Payee address; City; State; Zip Code 8508 Cross Park Austin, TX 78754			
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 Printing for mailers.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/07/2016		Payee name Sams Club			
Amount (\$) \$136.09		Payee address; City; State; Zip Code 10901 Lakeline Mall Austin, TX 78717			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/26/2016		Payee name Vistago Print / Dirt Cheap Signs			
Amount (\$) \$425.10		Payee address; City; State; Zip Code 7301 Bar K Ranch Lago Vista, 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 Banners	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

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: 36/37	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
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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 ONLY 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 | 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 |
| | 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 F4: Sch: 1/1 Rpt: 37/37	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
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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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