

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST VICTORIA	MI	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(90deg); transform-origin: center;"> RECEIVED - CSO 16 APR - 7 AM 9:52 </div>
	NICKNAME	LAST FARRAR-MEYERS	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1804 PARK HIGHWAY WAY, ARLINGTON, TX 76012			
<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 791-8822	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST CHARLES	MI E.	Receipt #
	NICKNAME I	LAST BRADY	SUFFIX	Amount \$
Date Imaged				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1919 ALAN A DALE RD. ARLINGTON, TX 76013			
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 274-9602	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 4 / 2016 3 / 28 / 2016			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 5 / 7 / 2016	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) CITY COUNCIL, DISTRICT 7		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME Dr. Victoria Farrar-Myers

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

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

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 17,256.79

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 13,263.57

CONTRIBUTION
BALANCE

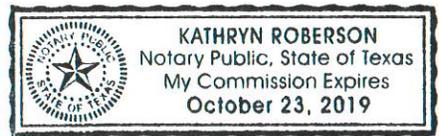
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 27,348.20

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 25,000.00

18 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.



Victoria A. Farrar-Myers
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Victoria A. Farrar-Myers this the 7th day of April, 2016, to certify which, witness my hand and seal of office.

Kathryn Roberson
Signature of officer administering oath

Kathryn Roberson
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Victoria Farrar-Myers

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,005.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 251.79
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 25,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,263.57
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 986.63
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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: 10 of 10
2 FILER NAME DR. VICTORIA FARRAR MYERS		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NANCY BOWE	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 4120 EDREDGE ST. FORT WORTH TX 76107		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 2/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY BRETT	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 6217 BRENHAVEN RD. ARLINGTON, TX 76017		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 2/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENJAMIN COVELAND	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 7317 CANADIAN IRVING TX 75039		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) N/A
Date 2/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY GAINES	Amount of contribution (\$) \$ 75.00
Contributor address; City; State; Zip Code 711 FINDLAY DR. ARLINGTON, TX 76012		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 10
2 FILER NAME DR. VICTORIA FARRAR, MYERS		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW HARDING	7 Amount of contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code 9523 BARCELONA CT. FAIRFAX, VA, 22031		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3/9/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSTIS FORGER	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1201 BEACONFIELD LN. # 103, ARLINGTON, TX 76011		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. NACHAEL FOSIETZ	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3325 STONEWAY DR., GRANDPRANGE, TX 75052		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/13/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE JACKSON	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3330 MAROCK ARLINGTON, TX 76015		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
3 of 10

2 FILER NAME DR. VICTORIA FARRE - MYERS 3 Filer ID (Ethics Commission Filers)

4 Date <u>3/13/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>IAN MYERS</u>	7 Amount of contribution (\$) <u>\$200.00</u>
6 Contributor address; City; State; Zip Code <u>3104 QUAIL COW. ARLINGTON, TX 76016</u>		

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

Date <u>3/16/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TODD HILL</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>3828 GEORGIA AVE NW, WASHINGTON DC 20011</u>		

Principal occupation / Job title (See Instructions) N/A Employer (See Instructions)
N/A

Date <u>3/19/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MIKE FARHAT</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>1060 HARBOR HAVEN SOUTHLAKE, TX 76092</u>		

Principal occupation / Job title (See Instructions) N/A Employer (See Instructions)
N/A

Date <u>3/23/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICHARD GREENE</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>2114 CROSS CREEK COURT, ARLINGTON, TX 76017</u>		

Principal occupation / Job title (See Instructions) N/A Employer (See Instructions)
N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

Dr. Victoria Farrar-Myers

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/16

5 Full name of contributor

NANCY BOWE

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

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

City; State; Zip Code

4120 EUBRIDGE ST. FORT WORTH TX 76107

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

3/29/16

Full name of contributor

MOSY HADDAD

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

Amount of contribution (\$)

\$ 2000.00

Contributor address;

City; State; Zip Code

2500 NE GREEN OAKS BLVD ARLINGTON TX 76010

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/13/16

Full name of contributor

JANE HURDLEY

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

6724 JOHNS CT. ARLINGTON TX 76016

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/13/16

Full name of contributor

CHARLIE GARCIA

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

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

2011 MAPLES LN. GRAND PRAIRIE TX 75052

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 10
2 FILER NAME DR. VICTORIA FERRAR-MYERS		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERIE CANDRY	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1650 ASCENSION BLVD PR. #248, ARLINGTON, TX 76006		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA DAROVICH	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2401 VILCA VERA, ARLINGTON, TX 76017		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREA POWERS	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2614 SHADOW RIDGE Ct., ARLINGTON, TX 76006		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL TILGOLD	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1216 WINDMILL Ct. ARLINGTON, TX 76013		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

4 Date 3/13/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL VINES	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 6601 CANALVIEW DR. HOUSTON, TX 76016		

8 Principal occupation / Job title (See Instructions) **N/A** 9 Employer (See Instructions)
N/A

Date 3/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY WHITE	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3529 SHEFFIELD DR. ARLINGTON, TX 76013		

Principal occupation / Job title (See Instructions) **N/A** Employer (See Instructions)
N/A

Date CR 4/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE LE MERE	Amount of contribution (\$) \$290.00
Contributor address; City; State; Zip Code 2808 QUAIL CT. ARLINGTON, TX 76016		

Principal occupation / Job title (See Instructions) **N/A** Employer (See Instructions)
N/A

Date 3/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARGEANT INVESTMENTS LLC	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 2714 SHERMAN ST, GRAND PRAIRIE, TX 75051		

Principal occupation / Job title (See Instructions) **N/A** Employer (See Instructions)
N/A

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>7 of 10</i>
2 FILER NAME <i>DR. VICTORIA PARRAZ-MYERS</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/18/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINEBARGER, GOGGAN, BEAR AND SIMPSON LLP</i>	7 Amount of contribution (\$) <i>\$ 5000.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 AUSTIN, TX 78760</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>3/29/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARLINGTON PROFESSIONAL FREELANCERS</i>	Amount of contribution (\$) <i>\$ 5000.00</i>
Contributor address; City; State; Zip Code <i>208 S. FIELDER ARLINGTON TX 76013</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>3/16/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUSTIN CHAPA</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>3206 AVON DR. ARLINGTON, TX 76015</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>3/18/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE JOHNSON</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>6095 AUTUMN BREEZE CIRCLE, FTW, TX 76140</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
DR. VICTORIA FAERAR - MYERS

3 Filer ID (Ethics Commission Filers)

4 Date
3/19/16

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
3703 DOSTIN TR, ARLINGTON, TX 76016

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date
3/19/16

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
3500 BENLEY C. DENTON, TX 76210

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
3/18/16

Full name of contributor out-of-state PAC (ID#: _____)
ELIZABETH Mc PHERSON - DAREW

Amount of contribution (\$)
\$25.00

Contributor address; City; State; Zip Code
807 ASHFIELD CT. ARLINGTON, TX 76012

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
3/18/16

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3409 VES COUNTY DR. ARLINGTON, TX 76016

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Dr. Victoria FARRAR-Myers

3 Filer ID (Ethics Commission Filers)

4 Date
3/19/10

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
501 S. FIELDER RD. ARLINGTON, TX 76013

\$500.00

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date
3/19/10

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
6411 TUSCANY PARK DR, ARLINGTON, TX 76016

\$5.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
3/19/10

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
370 CAGLE CROW DR, MANFIELO, TX 76003

\$50.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
3/19/10

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2304 W IH 20, #190, ARLINGTON, TX 76017

\$100.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
Dr. Victoria Farrar-Myers

3 Filer ID (Ethics Commission Filers)

4 Date
3/18/16

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

6 Contributor address; City; State; Zip Code
2803 ZINFANDEL ARLINGTON, TX 76001

7 Amount of contribution (\$)
\$5000

8 Principal occupation / Job title (See Instructions)
N/A

9 Employer (See Instructions)
N/A

Date
3/18/16

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

Contributor address; City; State; Zip Code
2607 RUBY RUN DR. ARLINGTON, TX 76016

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date
3/18/16

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

Contributor address; City; State; Zip Code
3631 LAKE TAHOE DR., ARLINGTON, TX 76016

Amount of contribution (\$)
\$20.00

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1
2 FILER NAME Dr. Victoria Farrar-Myers		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 3/13/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolores Pell	8 Amount of Contribution \$ \$161.80
7 Contributor address; City; State; Zip Code 3703 DUSTON TR. ARLINGTON, TX 76016		9 In-kind contribution description FOOD FOR FUNDRAISER
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date 3/21/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BUSBY	Amount of Contribution \$ \$89.99	In-kind contribution description SOCIAL MEDIA ALERTS
Contributor address; City; State; Zip Code 15014 SPURGEON ST. FT W, TX 76115		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>DR. VICTORIA FAERAE-MYERS</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>2/4/16</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JASON MYERS / VICTORIA FAERAE-MYERS</i>	9 Loan Amount (\$) <i>\$25,000.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>1804 PARK HIGHLAND WAY, ARLINGTON TX 76012</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>ATTORNEY / PROFESSOR</i>		13 Employer (See Instructions) <i>HUDSON ADVISORS / SMU</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: <i>1 of 6</i>	2 FILER NAME <i>DR. VICTORIA FARFAR MYERS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/16</i>	5 Payee name <i>HEATHER GILBERT</i>	
6 Amount (\$) <i>\$2500.00</i>	7 Payee address; City; State; Zip Code <i>2629 RIVEROAKS DR., ARLINGTON, TX 76006</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3/2/16</i>	Payee name <i>ARLINGTON POLICE ASSOCIATION</i>	
Amount (\$) <i>\$675.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 2319, ARLINGTON, TX 76004</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>3/4/16</i>	Payee name <i>DIGITAL CORPORATE CO.</i>	
Amount (\$) <i>\$646.92</i>	Payee address; City; State; Zip Code <i>801 STATION DR. #109 ARLINGTON TX 76015</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2 of 6	2 FILER NAME DR. VICTORIA FARRAR-Myers	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/16	5 Payee name DR. VICTORIA FARRAR-Myers	
6 Amount (\$) \$4319.18	7 Payee address; City; State; Zip Code 1804 PARK HIGHLAND WAY, ARLINGTON, TX 76012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN PAYMENT/REIMBURSEMENT ADVERTISING EXPENSES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/11/16	Payee name 3di SIGN AND DESIGNS	
Amount (\$) \$63.33	Payee address; City; State; Zip Code 1133 W. MAIN, ARLINGTON, TX 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/11/16	Payee name VILVA SCREEN PRINTING	
Amount (\$) \$795.96	Payee address; City; State; Zip Code 2800 W. DIVISION, STE E3, ARLINGTON, TX 76012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3066</i>	2 FILER NAME <i>DR. VICTORIA FERRAR-MAYERS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/18/16</i>	5 Payee name <i>JOSE GARCIA</i>	
6 Amount (\$) <i>\$210.00</i>	7 Payee address; City; State; Zip Code <i>2305 MEADOWS BROOK TR, #207, FORT WORTH, TX 76112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>SALARIES/WAGES/CONTRACT LABOR</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>3/18/16</i>	Payee name <i>HEATHER GILBERT</i>	
Amount (\$) <i>\$44.26</i>	Payee address; City; State; Zip Code <i>2629 RIVEROAKS DR, ARLINGTON, TX 76006</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE REIMBURSEMENT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>3/18/16</i>	Payee name <i>VILLA SCREEN PRINTING</i>	
Amount (\$) <i>766.90</i>	Payee address; City; State; Zip Code <i>2800 W. DIVISION, STE. E3, ARLINGTON, TX 76012</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 4086	2 FILER NAME DR. VICTORIA FARRAR-MYERS	3 Filer ID (Ethics Commission Filers)
4 Date 3/18/16	5 Payee name DR. VICTORIA FARRAR-MYERS	
6 Amount (\$) \$108.00	7 Payee address; City; State; Zip Code 1804 PARK HIGHLAND WAY, ARLINGTON, TX 76012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENTS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/21/16	Payee name WILLIAM BUSBY	
Amount (\$) \$80.12	Payee address; City; State; Zip Code 1501 W. SPOERGEON, FORT WORTH, TEXAS 76115	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/24/16	Payee name ARLINGTON TODAY	
Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 1000 BACKLARK WAY, # 315, ARLINGTON, TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 6	2 FILER NAME DR. VICTORIA FABIAN - My etc	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/16	5 Payee name JOSE GARLHA	
6 Amount (\$) \$210.00	7 Payee address; City; State; Zip Code 2305 MEADOWBROOK TR. #207, FORT WORTH, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/24/16	Payee name PENNY SANDERS	
Amount (\$) \$354.00	Payee address; City; State; Zip Code 1307 WOOD DRIVE, MANFISSEL, TX 76063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/24/16	Payee name KELLY BRYANT	
Amount (\$) \$288.00	Payee address; City; State; Zip Code 5319 VERMILION TR., ARLINGTON, TX 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>6 of 6</i>	2 FILER NAME <i>DR. VICTORIA FAROAR-Myers</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>3/24/16</i>	5 Payee name <i>MAX HART</i>				
6 Amount (\$) <i>\$402.00</i>	7 Payee address; City; State; Zip Code <i>2503 PERKINS RD, ARLINGTON, TX 76016</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1 of 2	2 FILER NAME DR. VICTORIA FARRAR-MYERS	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 2/19/16	6 Payee name DR. VICTORIA FARRAR-MYERS
--------------------------	--

7 Amount (\$) \$877.53	8 Payee address; City; State; Zip Code 1804 PARK HIGHLAND WAY, ARLINGTON, TX 76012
----------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT EXPENSE 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
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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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Date 2/19/16	Payee name DR. VICTORIA FARRAR-MYERS
------------------------	--

Amount (\$) \$10.00	Payee address; City; State; Zip Code 1804 PARK HIGHLAND WAY, ARLINGTON, TX 76012
-------------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: <i>2 of 2</i>	2 FILER NAME <i>DR. VICTORIA FARBER - MYERS</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
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5 Date <i>2/4/16</i>	6 Payee name <i>DR VICTORIA FARBER - MYERS</i>
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7 Amount (\$) <i>100.00</i>	8 Payee address; City; State; Zip Code <i>1804 PARK HIGHLANDS Way, ARLINGTON, TX 76012</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FILING FEES REIMBURSEMENT</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/4/16</i>	Payee name <i>DR VICTORIA FARBER - MYERS</i>
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Amount (\$) <i>\$43.00</i>	Payee address; City; State; Zip Code <i>1804 PARK HIGHLANDS Way, ARLINGTON, TX 76012</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REIMBURSEMENT P.O. BOX RENTAL</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED