

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

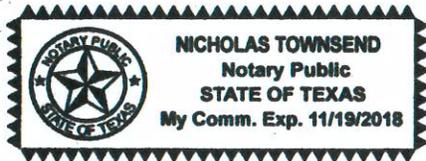
14 C/OH NAME 15 Filer ID (Ethics Commission Filers)

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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,526.37
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,940.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,832.18
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



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.

Victoria A. Farrar-Myers
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Victoria A. Farrar-Myers, this the 29th day of April, 2016, to certify which, witness my hand and seal of office.

<i>Nicholas Townsend</i>	<u>Nicholas Townsend</u>	<u>Personal Banker</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,795.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,731.37
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,940.22
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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:

1 of 6

2 FILER NAME

Dr. Victoria Farrah Myers

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/16

5 Full name of contributor

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

MPAC ARLINGTON, INC.

7 Amount of contribution (\$)

\$400.00

6 Contributor address;

City; State; Zip Code

P.O. Box 174474, Arlington, TX 76003

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/16/16

Full name of contributor

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

RACDH SHELTON

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3609 SMITH BEAR, STE 150, ARL., TX 76013

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/16/16

Full name of contributor

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

MEF MANAGERMENT CO. LLC

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

1108 GREEN BEAR LN., ARLINGTON, TX 76013

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/15/16

Full name of contributor

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

LINDA KEI DEPERT

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1512 KILLIAN, ARLINGTON, TX 76013

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 6

2 FILER NAME

Dr. Victoria Fareasz-Myers

3 Filer ID (Ethics Commission Filers)

4 Date

4/18/16

5 Full name of contributor

G. CRAIG HUBBLE

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

7 Amount of contribution (\$)

\$125.00

6 Contributor address;

City; State; Zip Code

637 ST. CHARLES CT. ARLINGTON, TX 76013

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/18/16

Full name of contributor

JOE P. BAENETT

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1013 ROSEWOOD LN. ARLINGTON, TX 76010

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/14/16

Full name of contributor

WAJID SOUVANY

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

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

2900 RUSH CT. ARLINGTON, TX 76017

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/14/16

Full name of contributor

J. TONY POWNA

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

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

5101 FOREST LAKE CT. ARL., TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 6
2 FILER NAME Dr. Victoria Ferraz-Myers		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN VIPERO	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1512 KILLIAN AVE., TX 76013		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMIE SUCCINS	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2010 SHADOW RIDGE DR., ARLINGTON, TX 76006		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE CAMERE	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2808 BUALI COURT, ARLINGTON, TX 76016		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/13/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK MERRITT	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3004 IRON STONE CT. ARL, TX 76006		
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:

4 of 6

2 FILER NAME

Dr. Victoria Fareae Myers

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/16

5 Full name of contributor

SAN SCOTT

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

3700 CROSS BEND DR, ARLING, TX 76000

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/14/16

Full name of contributor

FERNANDO ORTIZ

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

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

717 W. D INISION, ARLING, TX 76016

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/14/16

Full name of contributor

JAMAL QADDOBI

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

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

2206 GLADSTONE DR, ARLING, TX 76016

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/14/16

Full name of contributor

HASAN HACABY

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

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

7901 CHARTWELL LN, FTW, TX 76120

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:

5 of 6

2 FILER NAME

Dr. VICTORIA FARREAR-Myers

3 Filer ID (Ethics Commission Filers)

4 Date

4/14/16

5 Full name of contributor

BRIAN COUCH

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

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

2131 N. COLLINS, ARLINGTON, TX 76011

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/14/16

Full name of contributor

SAM MAHROUB

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

Amount of contribution (\$)

\$2000.00

Contributor address;

City; State; Zip Code

2615 HENNINGWAY, ARL. TX 76006

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/14/16

Full name of contributor

MOUFFA NAHHAS

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

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

703 BITCH CT, ARLINGTON, TX 76006

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/18/16

Full name of contributor

MORRIS MENSHEW

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

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2008 KODIAK CT, ARL. TX 76013

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:

6 of 6

2 FILER NAME

DR. VICTORIA FERRAR-MYERS

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/16

5 Full name of contributor

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

CONNIE LOEICH

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

1707 HIGHVIEW ST, ARL, TX 76013

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/24/16

Full name of contributor

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

BARBARA DAVIS

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1710 WESTOVER DR., ARL, TX 76055

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/16/16

Full name of contributor

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

Bill BOWERMAN

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

P.O. Box 171199, ARL, TX 76003

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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: <i>103</i>	
2 FILER NAME <i>DR. VICTORIA FARRAR-MYERS</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>0</i>	
5 Date <i>4/11/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAN FERNANDEZ</i>	8 Amount of Contribution \$ <i>\$565.00</i>	9 In-kind contribution description <i>SEMIN INSTALLATIONS</i>
7 Contributor address; City; State; Zip Code <i>2829 QUAIL LAKE, ARL, TX 76016</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date <i>4/18/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SHANNON GRACEY RATLIFF & MILLER, LLP</i>	Amount of Contribution \$ <i>\$538.05</i>	In-kind contribution description <i>FOOD FOR EVENT</i>
Contributor address; City; State; Zip Code <i>1000 BAL PARK WAY ARLINGTON, TX 76011</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>LAW FIRM</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>N/A</i>	
Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>N/A</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <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>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 3	
2 FILER NAME DR. VICTORIA FARRAR-MYERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 4/17/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA + DAN DIPERT	8 Amount of Contribution \$ \$250.00	9 In-kind contribution description FOOD + DRINKS FOR EVENT
7 Contributor address; City; State; Zip Code 1511 WEST SECOND STREET ARLINGTON, TX 76013		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) N/A		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date 4/17/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY J. CURENTT	Amount of Contribution \$ \$248.32	In-kind contribution description INVITATIONS + DRINKS FOR EVENT
Contributor address; City; State; Zip Code 101 EAST PARK ROW DRIVE ARLINGTON, TX 76010		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) 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>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3 of 3	
2 FILER NAME DR. VICTORIA FARRAR-MYERS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANE HURLEY	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 6724 JOHNS COURT ARLINGTON, TX 76016	\$60.00	FOOD + DRINKS for events
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A		11 Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATHY NORDMAN	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code 3631 LAKE TAHOE, ARLINGTON TX 76016	\$70.00	FOOD + DRINKS for events
<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)			
<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>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>DR. VICTORIA FARENE MYERS</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/1/16</i>	5 Payee name <i>HEATHER GILBERT</i>
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6 Amount (\$) <i>\$2500.00</i>	7 Payee address; City; State; Zip Code <i>2629 RIVEROAKS, AUSTIN, TX 76016</i>
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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
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Date <i>4/6/16</i>	Payee name <i>DR. VICTORIA FARENE MYERS</i>
-----------------------	--

Amount (\$) <i>986.53</i>	Payee address; City; State; Zip Code <i>1804 PARK HIGHLAND WAY, AUSTIN, TX 76017</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REIMBURSEMENT</i> <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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/11/2016</i>	Payee name <i>DAN FERNANDEZ</i>
--------------------------	------------------------------------

Amount (\$) <i>2,927.50</i>	Payee address; City; State; Zip Code <i>2823 QUAIL LANE, AUSTIN, TX 76016</i>
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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
-------------------------------	--	---

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DR. VICTORIA FARRAR-MYERS	3 Filer ID (Ethics Commission Filers)
4 Date 4/11/16	5 Payee name JOSE GARCIA	
6 Amount (\$) 24.50	7 Payee address; City; State; Zip Code 2305 MEADOWBROOK TR. # 207, FTV, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/11/16	Payee name KELLY BEYANT	
Amount (\$) \$51.00	Payee address; City; State; Zip Code 5319 VERMILION TR. & AVE., 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/11/16	Payee name MAY HART	
Amount (\$) 297.00	Payee address; City; State; Zip Code 2503 PERKINS RD. & ARLINGTON, TX 76016	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Dr. Victoria Farrar-Myers** 3 Filer ID (Ethics Commission Filers)

4 Date **4/11/16** 5 Payee name **Penny Sanders**

6 Amount (\$) **\$231.00** 7 Payee address; City; State; Zip Code
1307 Wood Dr., Mansfield, TX 76003

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Contract Labor** (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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 **4/11/16** Payee name **Harry Vincent**

Amount (\$) **\$24.00** Payee address; City; State; Zip Code
15001 Indian Run Court

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Contract Labor** Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date **4/11/16** Payee name **Dr. Victoria Farrar-Myers**

Amount (\$) **\$398.00** Payee address; City; State; Zip Code
1804 Park Highlands Way, Aec., TX 76012

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **REIMBURSEMENT** Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
ADVERTISING EXPENSE

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **DR. VICTORIA KARRAR-MYERS** 3 Filer ID (Ethics Commission Filers)

4 Date **4/18/16** 5 Payee name **SAIGON DALLAS MEDIA**

6 Amount (\$) **\$192.00** 7 Payee address; City; State; Zip Code
10975 ESTATE LAKE #180, DALLAS, TX 75238

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date **4/18/16** Payee name **TCTGM CORP**

Amount (\$) **\$600.00** Payee address; City; State; Zip Code
1700 CHIP N DACE DR., ARL., TX 76012

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date **4/18/16** Payee name **HEATHER GULBERT**

Amount (\$) **\$30.68** Payee address; City; State; Zip Code
2629 BEVEROAKS, ARL., TX 76006

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **REIMBURSEMENT FOOD/BEVERAGE EXPENSE** Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dr. VICTORIA FARREAR-MYERS	3 Filer ID (Ethics Commission Filers)
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4 Date 4/27/16	5 Payee name DAN FERNANDEZ
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6 Amount (\$) 2,217.50	7 Payee address; City; State; Zip Code 2923 QUAIL LAKE, ARLINGTON, TX 76016
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/16	Payee name DIGITAL CORPORATE COMPANIES INC.
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Amount (\$) \$5,570.51	Payee address; City; State; Zip Code 801 STATION DR., SUITE 109, ARL., TX 76015
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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