

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mrs. VICTORIA A  
NICKNAME LAST SUFFIX

FARRAR-MYERS

OFFICE USE ONLY

Date Received

RECEIVED - CSO  
16 JUL 14 AM 8:53

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1804 PARK HIGHLAND WAY, ARLINGTON, TX  
76012

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 791-8822

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. CHARLES E  
NICKNAME LAST SUFFIX

BRADY

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1919 ALAN A. DALE ROAD, ARLINGTON, TX 76013

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 274-9662

9 REPORT TYPE

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

10 PERIOD  
COVERED

Month Day Year    Month Day Year

4 / 28 / 2016    THROUGH    6 / 30 / 2016

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 2016

ELECTION TYPE

- Primary     Runoff     Other Description
- General     Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL, DISTRICT 7

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

GENERAL

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)

\$ 7,475.00

EXPENDITURE  
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 10,499.80

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 14,330.66

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 F. Farrar-Myers*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Victoria F. Myers, this the 14th day of July, 2016, to certify which, witness my hand and seal of office.

*Mary Supino*  
Signature of officer administering oath

MARY SUPINO  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

DR. VICTORIA A. 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	\$ 7,475.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 10,499.80
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:

103

2 FILER NAME

VICTORIA A. FARRAR-MYERS

3 Filer ID (Ethics Commission Filers)

4 Date

5/16/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CLIFFORD MYCOSKIE

7 Amount of contribution (\$)

9250.00

6 Contributor address;

City; State; Zip Code

1409 WOODBINE COURT ARLINGTON, TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/12/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

VAL GIBSON

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2414 WIMBLEDON DR. ARLINGTON, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

CARL CRAVENS

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1201 CANTERBURY CT. ARLINGTON, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NANCY McCLELLAN

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

1801 LONGBRANCH COURT ARLINGTON, TX 76012

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:

2003

2 FILER NAME

VICTORIA A. FARRAR-MYERS

3 Filer ID (Ethics Commission Filers)

4 Date

5/10/16

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

TEXAS ASSOCIATION OF REALTORS PAC

6 Contributor address;

City; State; Zip Code

P.O. Box 2246 AUSTIN, TX 78768

7 Amount of contribution (\$)

\$3,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/30/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

APARTMENT ASSOCIATION OF TARRANT COUNTY

Contributor address;

City; State; Zip Code

6350 BANKER BLVD. FORT WORTH, TX 76118

Amount of contribution (\$)

\$2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAM W. SNIDER

Contributor address;

City; State; Zip Code

2111 N. COLLINS, STE. 323, ARLINGTON, TX 76011

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/16

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

JOHN MORITZ

Contributor address;

City; State; Zip Code

P.O. Box 490 ARLINGTON, TX 76004

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
3 of 5

2 FILER NAME **VICTORIA A. FARRAR-MYERS** 3 Filer ID (Ethics Commission Filers)

4 Date <b>5/12/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHEN E. CAVENDER</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>2111 N. COLLINS, STE. 323 ARLINGTON, TX 76011</b>		

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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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.

# 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: 105	2 FILER NAME VICTORIA A. FARRAR-MYERS	3 Filer ID (Ethics Commission Filers)
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4 Date 4/28/16	5 Payee name MAY HART
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6 Amount (\$) \$91.00	7 Payee address; City; State; Zip Code 2503 PERKINS ROAD, ARLINGTON, TX 76016
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/2/16	Payee name HEATHER GILBERT
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2629 RIVERDAKS DRIVE, ARLINGTON, TX 76016
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/2/16	Payee name WILLIAM BUSBY
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Amount (\$) \$91.00	Payee address; City; State; Zip Code 1501 W. SPURGEON ST., FORT WORTH, TX 76115
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 5	<b>2</b> FILER NAME VICTORIA A. FARRAR-MYERS	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 5/2/16	<b>5</b> Payee name PENNY SANDERS
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<b>6</b> Amount (\$) \$42.00	<b>7</b> Payee address; City; State; Zip Code 1307 WOOD DRIVE, MANSFIELD, TX 76063
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRACT LABOR	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/7/16	Payee name JASON MYERS
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Amount (\$) \$158.80	Payee address; City; State; Zip Code 1804 PARK HIGHLAND WAY, ARLINGTON, TX 76012
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) REIMBURSEMENT - EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 5/23/16	Payee name KELLY BRYANT
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Amount (\$) \$78.00	Payee address; City; State; Zip Code 5319 VERMILION TRAIL, ARLINGTON, TX 76017
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5	2 FILER NAME VICTORIA A. FARRAR-MYERS	3 Filer ID (Ethics Commission Filers)
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4 Date 5/23/16	5 Payee name PENNY SANDERS
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6 Amount (\$) 978.00	7 Payee address; City; State; Zip Code 1307 WOOD DRIVE, MANSFIELD, TX 76063
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/23/16	Payee name MAX HART
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Amount (\$) \$182.00	Payee address; City; State; Zip Code 2503 PERKINS ROAD, ARLINGTON, TX 76016
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/1/16	Payee name JASON MYERS
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Amount (\$) 980.00	Payee address; City; State; Zip Code 1804 PARK HIGHLAND WAY, ARLINGTON, TX 76012
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4065	<b>2</b> FILER NAME VICTORIA A. FARRAR-MYERS	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 6/1/16	<b>5</b> Payee name CAMPAIGN SIDERICK LLC
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<b>6</b> Amount (\$) \$199.00	<b>7</b> Payee address; City; State; Zip Code 1550 OLD ANNETTA, ALEDO, TX 76008
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/6/16	Payee name JASON MYERS
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1804 PARK HIGHLAND Way, ARLINGTON, TX 76012
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) REIMBURSEMENT - CONSULTING EXPENSE - WILLIAM BUSBY	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 6/6/16	Payee name JASON MYERS
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1804 PARK HIGHLAND Way, ARLINGTON, TX 76012
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) REIMBURSEMENT - CONSULTING EXPENSE - NATHAN BASETTO	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

# 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>5 of 5</i>	2 FILER NAME <i>VICTORIA A. FARRAR-MYERS</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/16/16</i>	5 Payee name <i>JASON MYERS</i>
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6 Amount (\$) <i>\$500.00</i>	7 Payee address; City; State; Zip Code <i>1804 PARK HIGHLAND Way, ARLINGTON, TX 76012</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>REIMBURSEMENT - CONSULTING EXPENSE - HEATHER GILBERT</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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/16/16</i>	Payee name <i>JASON MYERS</i>
------------------------	----------------------------------

Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>1804 PARK HIGHLAND Way, ARLINGTON, TX 76012</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REIMBURSEMENT - CONSULTING EXPENSE - ESTEBAN BLANCO</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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Date <i>6/30/16</i>	Payee name <i>JASON MYERS</i>
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Amount (\$) <i>\$1,500.00</i>	Payee address; City; State; Zip Code <i>1804 PARK HIGHLAND Way, ARLINGTON, TX 76012</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>REIMBURSEMENT - CONSULTING EXPENSE - CRAIG OWENBY</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