

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 46		
3 COMMITTEE NAME VOTE YES! KEEP THE RANGERS			OFFICE USE ONLY RECEIVED - CSO OCT 11 PM 1:34 RECEIVED - CSO		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1283 ARLINGTON, TX 76004				Date Received
					Date Hand-delivered or Date Postmarked
					Receipt # Amount
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		Michael	M.		
	NICKNAME	LAST	SUFFIX		
		Jacobson			
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE	
	505 East Border			Arlington TX 76010	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX;		APT / SUITE #;	CITY; STATE; ZIP CODE	
	same				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	817	543	4280		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 Limit		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)		
		<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year	THROUGH		Month Day Year	
	07/01/2016			09/29/2016	
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
	11/08/2016		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME VOTE YES! KEEP THE RANGERS	13 Filer ID
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year 11/08/2016
		DESCRIPTION AUTHORIZING THE CITY OF ARLINGTON TO PROVIDE FOR THE TEXAS RANGERS DEVELOPMENT PROJECT	

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 3,625.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 617,707.27
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 564,478.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 117,709.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Michael Jacobson

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Michael Jacobson, this the 11th day of October, 2016, to certify which, witness my hand and seal of office.

Gina Woodlee Gina Woodlee Notary

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

SUBTOTALS - SPAC**FORM SPAC
COVER SHEET PG 3**
3 of 46

17 COMMITTEE NAME VOTE YES! KEEP THE RANGERS	18 Filer ID
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,680.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,477.27
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 601,550.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 535,520.61
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 28,958.09
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, WICK	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 4103 SHADY VALLEY DR ARLINGTON, TX 76013		
8 Principal occupation / Job title (See Instructions) ORTHODONTIST		9 Employer (See Instructions) DRS ALEXANDER ORTHODONTICS
Date 08/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHWORTH, BRUCE	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2214 PARK SPRINGS BLVD ARLINGTON, TX 76013		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN, ALAN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1812 NORWOOD ARLINGTON, TX 76013		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) AISD
Date 08/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN, NICKY	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3901 SHADYCREEK DR ARLINGTON, TX 76013		
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, JIM	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7305 TIDAL TRCE ARLINGTON, TX 76016		
Principal occupation / Job title (See Instructions) ADMIN		Employer (See Instructions) UTA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLEVENS, REBA <hr/> 6 Contributor address; City; State; Zip Code 6210 KEN AVE ARLINGTON, TX 76011	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		9 Employer (See Instructions) INFORMATION REQUESTED
Date 09/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADY, CHARLES <hr/> Contributor address; City; State; Zip Code 1919 ALAN A DALE ARLINGTON, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LGBS
Date 09/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, AUTUMN <hr/> Contributor address; City; State; Zip Code PO BOX 121506 ARLINGTON, TX 76012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) DAN DIPERT COACHES
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARGILE, KEITH <hr/> Contributor address; City; State; Zip Code 408 WESTBURY CT ARLINGTON, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED
Date 08/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAVENDER, STEPHEN <hr/> Contributor address; City; State; Zip Code 2111 N COLLINS STE 323 ARLINGTON, TX 76011	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) TRITON CORP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAWFORD, KIMBERLY <hr/> 6 Contributor address; City; State; Zip Code 2310 MIDWAY RD ARLINGTON, TX 76011	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) AISD
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROUCH-REYNOLDS, DARLA <hr/> Contributor address; City; State; Zip Code 1923 LOST CREEK DR ARLINGTON, TX 76006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 07/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEAN, GENE <hr/> Contributor address; City; State; Zip Code 7207 LAKE MEAD BLVD ARLINGTON, TX 76016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TECHNICAL SALES SUPPORT		Employer (See Instructions) NETWORK SERVICES SOLUTIONS
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DILPERT, LINDA <hr/> Contributor address; City; State; Zip Code 1512 KILLIAN DR ARLINGTON, TX 76013	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIPERT, DAN <hr/> Contributor address; City; State; Zip Code 1512 KILLIAN DR ARLINGTON, TX 76013	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOEGEY, JAY 6 Contributor address; City; State; Zip Code PO BOX 1081 ARLINGTON, TX 76004	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) TCAP
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUKE, DON Contributor address; City; State; Zip Code PO BOX 13464 ARLINGTON, TX 76094	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INSURANCE BROKER		Employer (See Instructions) COBLE CRAVENS
Date 08/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARHAT, MICHAEL Contributor address; City; State; Zip Code 1108 GREENBRIAR LN ARLINGTON, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRIS, JODI Contributor address; City; State; Zip Code 2728 CANYON CREST CT ARLINGTON, TX 76006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) AISD
Date 08/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDS, GREG Contributor address; City; State; Zip Code 2500 FEATHERSTONE CT ARLINGTON, TX 76001	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) DIR IT		Employer (See Instructions) BELL HELICOPTER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 8/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/23/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, STEPHANIE 6 Contributor address; City; State; Zip Code 7400 LEDBETTER RD ARLINGTON, TX 76001	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF EMPLOYED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRASER, LYNN Contributor address; City; State; Zip Code 2701 CRYSTAL CIRCLE ARLINGTON, TX 76006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BROKER/BANKER		Employer (See Instructions) INFORMATION REQUESTED
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANCOCK, MARK Contributor address; City; State; Zip Code 3305 SHELLBROOK CT ARLINGTON, TX 76016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MARTEX SOFTWARE INC
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARMISON, JOSEPH Contributor address; City; State; Zip Code PO BOX 152643 ARLINGTON, TX 76015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARTMAN, SANDY Contributor address; City; State; Zip Code 2203 SHADY VIEW ARLINGTON, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERR, PHILLIP	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 802 DEL MAR LN ARLINGTON, TX 76012		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEVE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO BOX 121421 ARLINGTON, TX 76012		
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) RIVER LEGACY FOUNDATION
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, BARBARA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1809 WOODS DR ARLINGTON, TX 76010		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUMPHREY, JOHN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2403 COPPER RIDGE RD ARLINGTON, TX 76006		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) DILLION GAGE
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, JANN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4700 HIDDEN OAKS LN ARLINGTON, TX 76017		
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 08/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JARRETT, MIKE <hr/> 6 Contributor address; City; State; Zip Code 4706 WILD TURKEY TRAIL ARLINGTON, TX 76016	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) WORTHINGTON NATIONAL BANK
Date 08/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFERY, JIM <hr/> Contributor address; City; State; Zip Code 3404 HIDDEN PINES CT ARLINGTON, TX 76016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF EMPLOYED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENSEN Jr., PETER <hr/> Contributor address; City; State; Zip Code 4414 WILLOW BEND DR ARLINGTON, TX 76017	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) COOPER JENSEN CONTRACTORS INC
Date 07/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLEY, CLAY <hr/> Contributor address; City; State; Zip Code 1300 CANTERBURY CT ARLINGTON, TX 76013	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) RUSH HR
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLEY, CLAY <hr/> Contributor address; City; State; Zip Code 1300 CANTERBURY CT ARLINGTON, TX 76013	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KONGEVICK, JOE <hr/> 6 Contributor address; City; State; Zip Code 3206 ALGONQUIN AVE ARLINGTON, TX 76017	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PROFESSOR		9 Employer (See Instructions) UT ARLINGTON
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINSCOTT, MARY JO <hr/> Contributor address; City; State; Zip Code 2734 CANYON CREST CT ARLINGTON, TX 76006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOYNACHAN, KEITH <hr/> Contributor address; City; State; Zip Code 1706 LAVENDER LN ARLINGTON, TX 76013	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOYNACHAN, MATTHEW <hr/> Contributor address; City; State; Zip Code 2204 NEW MILL LN ARLINGTON, TX 76012	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INVESTMENT CONSULTANT		Employer (See Instructions) FIDELITY INVESTMENTS
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYHUGH, EDDIE <hr/> Contributor address; City; State; Zip Code 908 CHESTNUT DR ARLINGTON, TX 76012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/23/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDANIEL, BILL	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2305 CROWN COLONY DR ARLINGTON, TX 76011		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGEE, MARTY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2101 WARNFORD PL ARLINGTON, TX 76015		
Principal occupation / Job title (See Instructions) PROMOTIONAL PRODUCTS DISTRIBUTOR		Employer (See Instructions) IMPRESSIONS MARKETING
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERRITT, RICK	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3004 IRON STONE CT ARLINGTON, TX 76006		
Principal occupation / Job title (See Instructions) BUS OWNER		Employer (See Instructions) RP ANUIL
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOISE, HELEN	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2106 HILLRIDGE CT ARLINGTON, TX 76012		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN, JOHN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3003 KELHAM CT ARLINGTON, TX 76015		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUNEZ, LINDA <hr/> 6 Contributor address; City; State; Zip Code 1800 RAYDON ARLINGTON, TX 76016	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) HEALTHCARE ASSOCS
Date 08/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NURDIN, MARK <hr/> Contributor address; City; State; Zip Code 2692 RIVERWOOD TRAIL FT WORTH, TX 76109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) BANK OF TEXAS
Date 08/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, SUE <hr/> Contributor address; City; State; Zip Code 415 JOYCE ST ARLINGTON, TX 76010	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 09/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERSON, PAULA <hr/> Contributor address; City; State; Zip Code 2117 SHADOW RIDGE DR ARLINGTON, TX 76006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) QUINN, WILLIAM <hr/> Contributor address; City; State; Zip Code 1108 LOCH LAMOND CT ARLINGTON, TX 76012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INVESTMENTS		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED, KEITH <hr/> 6 Contributor address; City; State; Zip Code 1101 CROWLEY RD ARLINGTON, TX 76012	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REINSCH, DONNA <hr/> Contributor address; City; State; Zip Code 603 ATLEE CT ARLINGTON, TX 76006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 08/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, MURL <hr/> Contributor address; City; State; Zip Code 5112 RACQUET CLUB DR ARLINGTON, TX 76017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTMENT		Employer (See Instructions) PELTON CAPITAL PARTNERS
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERTS, BRYAN <hr/> Contributor address; City; State; Zip Code 1200 E COPELAND RD STE 300 ARLINGTON, TX 76011	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		Employer (See Instructions) INFORMATION REQUESTED
Date 08/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSE, RANDAL <hr/> Contributor address; City; State; Zip Code 3416 COLLARD RD ARLINGTON, TX 76017	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) BROKER		Employer (See Instructions) JP MORGAN SECURITIES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSENBERRY, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code 3609 LAKE POWELL DR ARLINGTON, TX 76018	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) INFORMATION REQUESTED		9 Employer (See Instructions) INFORMATION REQUESTED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUFF, BAILEY <hr/> Contributor address; City; State; Zip Code 4102 SHADY VALLEY DR ARLINGTON, TX 76013	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL, DAVID <hr/> Contributor address; City; State; Zip Code 1106 SAN JUAN CT ARLINGTON, TX 76012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT, SAM <hr/> Contributor address; City; State; Zip Code 3700 CROSS BEND DR ARLINGTON, TX 76016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEDHAM, MIKE <hr/> Contributor address; City; State; Zip Code 2430 ST GREGORY ARLINGTON, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MINISTER		Employer (See Instructions) FIRST BAPTIST CHURCH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/23/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROUTMAN, GLENN <hr/> 6 Contributor address; City; State; Zip Code 3600 YACHTCLUB DR ARLINGTON, TX 76016	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINCENT, AL <hr/> Contributor address; City; State; Zip Code 6707 GLADE DR ARLINGTON, TX 76001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIRANT, MARK <hr/> Contributor address; City; State; Zip Code 2407 COPPER RIDGE RD ARLINGTON, TX 76006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SR LAND DIRECTOR		Employer (See Instructions) HAWKWOOD ENERGY LLC
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, DAVID <hr/> Contributor address; City; State; Zip Code 5526 HUNTERWOOD LN ARLINGTON, TX 76017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BUS OWNER		Employer (See Instructions) CONSOLIDATED TRALLIS CONTROLS
Date 09/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALLACE, SUE <hr/> Contributor address; City; State; Zip Code 4907 KESLER DR ARLINGTON, TX 76017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO/PRESIDENT		Employer (See Instructions) ASSISTED SERVICES INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHETSTONE, ERICA <hr/> 6 Contributor address; City; State; Zip Code 2315 CASTLE ROCK RD ARLINGTON, TX 76006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) DESIGNER		9 Employer (See Instructions) SELF EMPLOYED
Date 09/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, PATTI <hr/> Contributor address; City; State; Zip Code 2609 MELBOURNE DR PANTEGO, TX 76013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) CM PERSONAL
Date 08/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODLEE, TIM <hr/> Contributor address; City; State; Zip Code 5000 BRIDGEWATER DR ARLINGTON, TX 76017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) WOODLEE CONSULTING

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 18/46	
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/21/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAVENS, TOM	8 Amount of contribution (\$) \$581.02	9 In-kind contribution description INKIND FOOD/BEVERAGE
	7 Contributor address; City; State; Zip Code 501 S DIELDER RD 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) PRESIDENT/CEO		11 Employer (FOR NON-JUDICIAL) (See instructions) NORTHWEST NATIONAL BANK	
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 09/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPRING CREEK COMPANIES	Amount of contribution (\$) \$896.25	In-kind contribution description INKIND FOOD/BEVERAGE
	Contributor address; City; State; Zip Code 2340 W I-20 STE 100 ARLINGTON, TX 76017	<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)			

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/3 Rpt: 19/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/01/2016	5 Corporation / Labor Organization name AMERITECH MILLWORKS 6 Corporation / Labor Organization address; City; State; Zip Code 2300 W MARSHALL DR GRAND PRAIRIE, TX 75051	7 Amount of contribution (\$) \$250.00
Date 09/01/2016	Corporation / Labor Organization name FROST BANK Corporation / Labor Organization address; City; State; Zip Code 100 W HOUSTON ST SAN ANTONIO, TX 78205	Amount of contribution (\$) \$1,000.00
Date 09/09/2016	Corporation / Labor Organization name JIM ROSS LAW GROUP PC Corporation / Labor Organization address; City; State; Zip Code 2301 E LAMAR BLVD STE 175 ARLINGTON, TX 76006	Amount of contribution (\$) \$250.00
Date 08/12/2016	Corporation / Labor Organization name MORITZ PARTNERS LP Corporation / Labor Organization address; City; State; Zip Code PO BOX 490 ARLINGTON, TX 76004	Amount of contribution (\$) \$10,000.00
Date 09/09/2016	Corporation / Labor Organization name MYCOSKIE MCINNIS ASSOCIATES INC Corporation / Labor Organization address; City; State; Zip Code 200 E ABRAM ST ARLINGTON, TX 76010	Amount of contribution (\$) \$250.00
Date 07/01/2016	Corporation / Labor Organization name NEHEMIAH REAL ESTATE ADVISORS LLC Corporation / Labor Organization address; City; State; Zip Code 835 E LAMAR BLVD 175 ARLINGTON, TX 76011	Amount of contribution (\$) \$25,000.00
Date 07/06/2016	Corporation / Labor Organization name RANGERS BASEBALL Corporation / Labor Organization address; City; State; Zip Code 1000 BALLPARK WAY STE 400 ARLINGTON, TX 76011	Amount of contribution (\$) \$100,000.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 2/3 Rpt: 20/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 08/05/2016	5 Corporation / Labor Organization name RANGERS BASEBALL 6 Corporation / Labor Organization address; City; State; Zip Code 1000 BALLPARK WAY STE 400 ARLINGTON, TX 76011	7 Amount of contribution (\$) \$200,000.00
Date 09/15/2016	Corporation / Labor Organization name RANGERS BASEBALL Corporation / Labor Organization address; City; State; Zip Code 1000 BALLPARK WAY STE 400 ARLINGTON, TX 76011	Amount of contribution (\$) \$250,000.00
Date 08/12/2016	Corporation / Labor Organization name RUMCO PROPERTIES Corporation / Labor Organization address; City; State; Zip Code 4712 HILLSIDE DR ARLINGTON, TX 76013	Amount of contribution (\$) \$1,000.00
Date 07/06/2016	Corporation / Labor Organization name SHELTON ENTERPRISES INC Corporation / Labor Organization address; City; State; Zip Code 1308 CANTERBURY CT ARLINGTON, TX 76013	Amount of contribution (\$) \$500.00
Date 09/07/2016	Corporation / Labor Organization name SOUTHWEST BANK Corporation / Labor Organization address; City; State; Zip Code PO BOX 962020 FT WORTH, TX 76162	Amount of contribution (\$) \$2,500.00
Date 08/24/2016	Corporation / Labor Organization name SOUTHWEST BANK Corporation / Labor Organization address; City; State; Zip Code PO BOX 962020 FT WORTH, TX 76162	Amount of contribution (\$) \$2,500.00
Date 09/01/2016	Corporation / Labor Organization name STADIUM PARKING Corporation / Labor Organization address; City; State; Zip Code 2809 HARDER DR ARLINGTON, TX 76016	Amount of contribution (\$) \$1,200.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/3 Rpt: 21/46
2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/23/2016	5 Corporation / Labor Organization name STADIUM PARKING <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code 2809 HARDER DR ARLINGTON, TX 76016	7 Amount of contribution (\$) \$2,000.00
Date 07/06/2016	Corporation / Labor Organization name STRIPE-A-ZONE INC <hr/> Corporation / Labor Organization address; City; State; Zip Code 2714 W SHERMAN ARLINGTON, TX 75051	Amount of contribution (\$) \$5,000.00
Date 09/23/2016	Corporation / Labor Organization name THE STAN AGEE COMPANY <hr/> Corporation / Labor Organization address; City; State; Zip Code 501 E MAIN ST ARLINGTON, TX 76010	Amount of contribution (\$) \$100.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/22 Rpt: 22/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 09/21/2016	5 Payee name AMERICAN FURNITURE RENTALS INC	
6 Amount (\$) \$1,072.53	7 Payee address; City; State; Zip Code 3201 E ARKANSAS LN STE 101 ARLINGTON, TX 76010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 OFFICE FURNITURE RENTAL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2016	Payee name AMERICAN FURNITURE RENTALS INC	
Amount (\$) \$5,654.04	Payee address; City; State; Zip Code 3201 E ARKANSAS LN STE 101 ARLINGTON, TX 76010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 OFFICE EQUIPMENT RENTAL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2016	Payee name ARLINGTON CONVENTION CENTER	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 1200 BALLPARK WAY ARLINGTON, TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FACILITY RENTAL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/22 Rpt: 23/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 09/09/2016	5 Payee name ARLINGTON ISD EDUCATION FOUNDATION	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1141 W PIONEER PKWY STE 103 ARLINGTON, TX 76013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2016	Payee name AT&T	
Amount (\$) \$217.04	Payee address; City; State; Zip Code PO BOX 105414 ATLANTA, GA 30448	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 PHONE SERVICE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2016	Payee name AT&T	
Amount (\$) \$118.81	Payee address; City; State; Zip Code PO BOX 105414 ATLANTA, GA 30448	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 PHONE SERVICE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/22 Rpt: 24/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 09/09/2016	5 Payee name ATS SPECIAL EVENT	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 2625 W PIONEER PKWY STE 813 GRAND PRAIRIE, TX 75051	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2016	Payee name BB&T BANK	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 2200 WILSON BLVD STE 100 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2016	Payee name BB&T BANK	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 2200 WILSON BLVD STE 100 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/22 Rpt: 25/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 08/17/2016	5 Payee name BB&T BANK	
6 Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 2200 WILSON BLVD STE 100 ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2016	Payee name BB&T BANK	
Amount (\$) \$17.00	Payee address; City; State; Zip Code 2200 WILSON BLVD STE 100 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2016	Payee name BB&T BANK	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 2200 WILSON BLVD STE 100 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/22 Rpt: 26/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 09/01/2016	5 Payee name BB&T BANK	
6 Amount (\$) \$17.00	7 Payee address; City; State; Zip Code 2200 WILSON BLVD STE 100 ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2016	Payee name BB&T BANK	
Amount (\$) \$43.00	Payee address; City; State; Zip Code 2200 WILSON BLVD STE 100 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2016	Payee name CAELEN COMMUNICATIONS	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 13083 CORDELLERA LN FRISCO, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/22 Rpt: 27/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 Date 08/16/2016		5 Payee name CAELEN COMMUNICATIONS			
6 Amount (\$) \$11,646.44		7 Payee address; City; State; Zip Code 13083 CORDELLERA LN FRISCO, TX 75035			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/21/2016		Payee name CAELEN COMMUNICATIONS			
Amount (\$) \$11,669.82		Payee address; City; State; Zip Code 13083 CORDELLERA LN FRISCO, TX 75035			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2016		Payee name CHAPMAN-CORNELIUS INSURANCE SERVICES INC			
Amount (\$) \$406.55		Payee address; City; State; Zip Code PO BOX 2000308 ARLINGTON, TX 76006			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INSURANCE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/22 Rpt: 28/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 07/22/2016	5 Payee name CULINAIRE INTERNATIONAL	
6 Amount (\$) \$5,218.87	7 Payee address; City; State; Zip Code 1200 BALLPARK WAY ARLINGTON, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 CATERING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2016	Payee name CULINAIRE INTERNATIONAL	
Amount (\$) \$600.95	Payee address; City; State; Zip Code 1200 BALLPARK WAY ARLINGTON, TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 CATERING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2016	Payee name FEDEX	
Amount (\$) \$34.50	Payee address; City; State; Zip Code 942 SHADY GROVE RD MEMPHIS, TN 38119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 DELIVERY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/22 Rpt: 29/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 07/25/2016	5 Payee name FEDEX	
6 Amount (\$) \$48.00	7 Payee address; City; State; Zip Code 942 SHADY GROVE RD MEMPHIS, TN 38119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 DELIVERY
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2016	Payee name FEDEX	
Amount (\$) \$38.50	Payee address; City; State; Zip Code 942 SHADY GROVE RD MEMPHIS, TN 38119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 DELIVERY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/06/2016	Payee name GOBER GROUP	
Amount (\$) \$514.50	Payee address; City; State; Zip Code PO BOX 341016 AUSTIN, TX 78734	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/22 Rpt: 30/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 08/22/2016		5 Payee name GOBER GROUP		
6 Amount (\$) \$47.50		7 Payee address; City; State; Zip Code PO BOX 341016 AUSTIN, TX 78734		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL CONSULTING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 07/21/2016		Payee name INTUIT		
Amount (\$) \$91.98		Payee address; City; State; Zip Code 2700 COAST AVE MOUNTAIN VIEW, CA 94043		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHECK PRINTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 07/25/2016		Payee name J&S AUDIO VISUAL INC		
Amount (\$) \$1,680.59		Payee address; City; State; Zip Code 1200 BALLPARK WAY ARLINGTON, TX 76011		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EQUIPMENT RENTAL	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/22 Rpt: 31/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 Date 09/09/2016		5 Payee name JACOBSON, JONATHAN			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code 703 FINDLAY DR ARLINGTON, TX 76012			
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 POLITICAL STRATEGY CONSULTING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/21/2016		Payee name JACOBSON, JONATHAN			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 703 FINDLAY DR ARLINGTON, TX 76012			
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 POLITICAL STRATEGY CONSULTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 07/06/2016		Payee name MAYES MEDIA GROUP			
Amount (\$) \$33,680.75		Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling 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 SURVEY	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/22 Rpt: 32/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 07/20/2016	5 Payee name MAYES MEDIA GROUP	
6 Amount (\$) \$24,090.38	7 Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought . Office held
Date 09/09/2016	Payee name MAYES MEDIA GROUP	
Amount (\$) \$52,553.65	Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2016	Payee name MAYES MEDIA GROUP	
Amount (\$) \$21,446.24	Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/22 Rpt: 33/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 Date 08/22/2016		5 Payee name MAYES MEDIA GROUP			
6 Amount (\$) \$30,039.87		7 Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/06/2016		Payee name MAYES MEDIA GROUP			
Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/20/2016		Payee name MAYES MEDIA GROUP			
Amount (\$) \$37,335.83		Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING - SIGNS, COLLATERAL MATERIALS, T-SHIRTS, BANNER, DECALS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/22 Rpt: 34/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 07/20/2016		5 Payee name MAYES MEDIA GROUP		
6 Amount (\$) \$21,817.19		7 Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182		
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 ADVERTISING DESIGN AND PLACEMENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/09/2016		Payee name MAYES MEDIA GROUP		
Amount (\$) \$50,097.15		Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING SIGNS AND BROCHURES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 09/09/2016		Payee name MAYES MEDIA GROUP		
Amount (\$) \$22,700.00		Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182		
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 ADVERTISING DESIGN AND PLACEMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/22 Rpt: 35/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 Date 09/09/2016		5 Payee name MAYES MEDIA GROUP			
6 Amount (\$) \$37,057.84		7 Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) POSTAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/28/2016		Payee name MAYES MEDIA GROUP			
Amount (\$) \$31,402.56		Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING ENVELOPES, SIGNS, T-SHIRTS, BROCHURES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/28/2016		Payee name MAYES MEDIA GROUP			
Amount (\$) \$29,778.00		Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
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 VIDEO PRODUCTION, ADVERTISING PLACEMENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/22 Rpt: 36/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 09/28/2016	5 Payee name MAYES MEDIA GROUP	
6 Amount (\$) \$16,253.28	7 Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POSTAGE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2016	Payee name MAYES MEDIA GROUP	
Amount (\$) \$28,000.00	Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 POLLING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2016	Payee name MAYES MEDIA GROUP	
Amount (\$) \$11,359.01	Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING T-SHIRTS, BROCHURES, BANNERS, SIGNS, STICKERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/22 Rpt: 37/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 Date 08/22/2016		5 Payee name MAYES MEDIA GROUP			
6 Amount (\$) \$2,750.00		7 Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182			
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 ADVERTISING DESIGN AND PLACEMENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/01/2016		Payee name PIEL, ANDREW			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 2707 PARK RUN DR ARLINGTON, TX 76016			
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 FINANCE CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/22/2016		Payee name RIGHTSIDE COMPLIANCE LLC			
Amount (\$) \$2,128.00		Payee address; City; State; Zip Code PO BOX 341027 AUSTIN, TX 78734			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/22 Rpt: 38/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 Date 09/21/2016		5 Payee name RIGHTSIDE COMPLIANCE LLC			
6 Amount (\$) \$892.50		7 Payee address; City; State; Zip Code PO BOX 341027 AUSTIN, TX 78734			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/09/2016		Payee name RTP MARKETING			
Amount (\$) \$3,868.56		Payee address; City; State; Zip Code 505 E ABRAM ST ARLINGTON, TX 76010			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 COLLATERAL MATERIALS - POLO SHIRTS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/09/2016		Payee name SHULTS, MATT			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 1505 WALTHAM CT ARLINGTON, TX 76012			
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 POLITICAL STRATEGY CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/22 Rpt: 39/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 09/21/2016		5 Payee name SHULTS, MATT		
6 Amount (\$) \$1,500.00		7 Payee address; City; State; Zip Code 1505 WALTHAM CT ARLINGTON, TX 76012		
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 POLITICAL STRATEGY CONSULTING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 08/29/2016		Payee name TOWN OF PANTEGO		
Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 1614 S BOWEN RD PANTEGO, TX 76013		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 07/22/2016		Payee name USHER AND MORE		
Amount (\$) \$800.00		Payee address; City; State; Zip Code PO BOX 10367 FT WORTH, TX 76114		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PERSONELL	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/22 Rpt: 40/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
4 Date 09/14/2016	5 Payee name WIDGETMAKR	
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2016	Payee name WIDGETMAKR	
Amount (\$) \$1.28	Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2016	Payee name WIDGETMAKR	
Amount (\$) \$16.50	Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/22 Rpt: 41/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID
4 Date 08/04/2016	5 Payee name WIDGETMAKR			
6 Amount (\$) \$0.69	7 Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 08/19/2016	Payee name WIDGETMAKR			
Amount (\$) \$15.34	Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 08/24/2016	Payee name WIDGETMAKR			
Amount (\$) \$1.28	Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/22 Rpt: 42/46		2 FILER NAME VOTE YES! KEEP THE RANGERS		3 Filer ID	
4 Date 08/31/2016		5 Payee name WIDGETMAKR			
6 Amount (\$) \$37.30		7 Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/07/2016		Payee name WIDGETMAKR			
Amount (\$) \$22.65		Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/21/2016		Payee name WIDGETMAKR			
Amount (\$) \$13.40		Payee address; City; State; Zip Code 1593 SPRING HILL RD #400 TYSONS CORNER, VA 22182			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/22 Rpt: 43/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
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4 Date 09/09/2016	5 Payee name WILBANKS, ESTER
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 2505 SHADYDALE DR ARLINGTON, TX 76012
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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 POLITICAL STRATGY CONSULTING
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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 09/21/2016	Payee name WILBANKS, ESTER
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 2505 SHADYDALE DR ARLINGTON, TX 76012
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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 POLITICAL STRATEGY CONSULTING
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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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/3 Rpt: 44/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 09/28/2016	6 Payee name ARLINGTON CHAMBER OF COMMERCE
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7 Amount (\$) \$1,000.00	8 Payee address; City; State; Zip Code 505 E BORDER ST ARLINGTON, TX 76010
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP FEE
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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 09/27/2016	Payee name ARLINGTON TODAY
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Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1000 BALLPARK WAY STE 315 ARLINGTON, TX 76011
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINT MEDIA
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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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 2/3 Rpt: 45/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 09/24/2016	6 Payee name MAYES MEDIA GROUP
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7 Amount (\$) \$12,750.00	8 Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 SURVEY
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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 09/29/2016	Payee name MAYES MEDIA GROUP
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Amount (\$) \$9,700.00	Payee address; City; State; Zip Code 312 CREEKWOOD DR SUNNYVALE, TX 75182
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TELEPHONE TOWN HALL
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 3/3 Rpt: 46/46	2 FILER NAME VOTE YES! KEEP THE RANGERS	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 09/28/2016	6 Payee name RTP MARKETING
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7 Amount (\$) \$1,508.09	8 Payee address; City; State; Zip Code 505 E ABRAM ST ARLINGTON, TX 76010
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 COLLATERAL MATERIALS-GLOW STICKS
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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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