

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Daniel                      M. NICKNAME                      LAST                      SUFFIX  Pope	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX,    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  [REDACTED]	Date Received  <b>RECEIVED</b> <b>APR 07 2016</b> <b>OFFICE OF THE CITY SECRETARY</b> <b>LUBBOCK, TEXAS</b>  Date Hand-delivered or Date Postmarked	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  [REDACTED]	Receipt #                      Amount \$	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                      Barry                      M. NICKNAME                      LAST                      SUFFIX  Orr	Date Processed	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE),    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  [REDACTED]		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  [REDACTED]		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year 1                      /                      1                      /                      2016                      THROUGH                      3                      /                      28                      /                      2016		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 5                      /                      7                      /                      2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) LISD Board of Trustees, Member District 5	<b>13 OFFICE SOUGHT (if known)</b> Mayor	

*gju*  
*1:55p.m.*

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Daniel M. Pope

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,131.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,643.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 71,236.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,000.00

18 AFFIDAVIT



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

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP, SEAL ABOVE

Sworn to and subscribed before me, by the said Dan Pope, this the 7th day of April, 20 14, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Jennifer Clements  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Daniel M. Pope	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1/4/2016	<b>5</b> Payee name Primitive Social
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<b>6</b> Amount (\$) \$1,750.00	<b>7</b> Payee address; City; State; Zip Code 
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought      Office held

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/20/16	Payee name City of Lubbock
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Filing Fee	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/25/2016	Payee name Abuelo's Taqueria
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Amount (\$) \$182.05	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought      Office held

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/25/2016	Payee name Mike Stevens
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Amount (\$) \$8,750.00	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting/Polling Expense	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought      Office held

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 24	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/6/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark W. Kirkpatrick	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/6/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. David Nelson	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/6/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suzanne Blake	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calvin & Renee Davis	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirk Franklin	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <b>Daniel M. Pope</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bill Hartsfield</b> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  <b>\$500.00</b> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jana &amp; Brent Hoffman</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$250.00</b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Greg C. Jones</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$100.00</b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jack Henry M.D.</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$500.00</b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward &amp; Kathleen Nichols</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$250.00</b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Collins 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. & Mrs. Kevin G. McMahon Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carla & Brad Moran Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John F. Scovell III Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kyle Short Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/20/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Arnold	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rob Allison	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Flenniken	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynne Peel	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Verett	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/22/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve & Debbie Hurt 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jacob Gray Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Zwiacher Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$750.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton Isom Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis Isom Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Daniel M. Pope</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/25/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rex Isom</b> 6 Contributor address: City: State: Zip Code 	7 Amount of contribution (\$) <b>\$1,500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/25/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gordon Wilkerson</b> Contributor address: City: State: Zip Code 	Amount of contribution (\$) <b>\$1,000.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/26/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gregory Taylor</b> Contributor address: City: State: Zip Code 	Amount of contribution (\$) <b>\$500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>1/26/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Samuel Hawthorne</b> Contributor address: City: State: Zip Code 	Amount of contribution (\$) <b>\$500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/2/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>George McMahan</b> Contributor address: City: State: Zip Code 	Amount of contribution (\$) <b>\$1,000.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

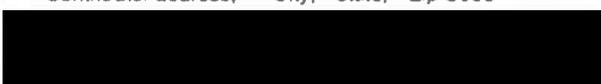
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/2/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanessa Reasoner 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Robert Salem Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Wright Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry McInturff Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin Glasheen Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/2/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denise Thomas	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd Hasie	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/3/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bob Craig	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/5/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judith & Richard Parks	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/5/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kendra & Scott Burris	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME <b>Daniel M. Pope</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/5/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eric McDonald</b> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/5/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gary Loden</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/5/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Lisa &amp; Robert Cobb</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard Burns</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Andy &amp; Shelagh Aycock</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Daniel M. Pope</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/8/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mont McClendon</b> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Pope</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chad Henthorn</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Craig Caudle</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/8/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ted Rushing</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  \$1,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/8/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Drayton McLane Jr. 6 Contributor address; City, State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan Henry Contributor address; City, State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dale Ancell Contributor address; City, State; Zip Code [REDACTED]	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Vinson Contributor address; City, State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Murchison Contributor address; City, State; Zip Code [REDACTED]	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David George	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Schwantz	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansel Cowan	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D. Kirkpatrick	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Gayler	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Daniel M. Pope</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Randal Kinnison</b> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  <b>\$250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward &amp; Traci Thorne</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John &amp; Nancy Norton</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$350.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda &amp; Paul Walter</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Randy Christian</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$100.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/18/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sam & Patricia Middleton 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Lawrence Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) G. Randall Andrews Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tony Cardinal Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joy King Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade McGinnis 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Walker Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Booe Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Grisham Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erick Willcoxon Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/2/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chuck & Kay Key 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Helen Alford Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allison McClain Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Derrell Dodson Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/2/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trey Strong Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/2/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim Kirkpatrick 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/7/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Westmoreland Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Sweeten Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronald Madison Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Louise H. Underwood Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

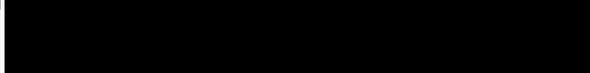
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt Leavell 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Cannon Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West Texas Home Pac Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$1,500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Les Eubank Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.E. Senter Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nevan Baldwin	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dorothy & Jay Pickering	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Troy Pickering	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jody Jenkins	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Hurley	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

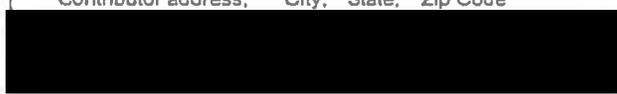
## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Odom	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris Underwood III	Amount of contribution (\$) \$300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bert or Marcia Pope	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harendra Patel	Amount of contribution (\$) \$2,501.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Bass	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/18/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truett Craft 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Howard Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Baucum Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Breedlove Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelby Brake Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <b>Daniel M. Pope</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/22/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Pickering</b> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$)  <b>\$500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janna &amp; Mickey Nixon</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cameron Kolbeth</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$1,000.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Young</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$250.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Richard Thompson</b> Contributor address; City; State; Zip Code 	Amount of contribution (\$)  <b>\$500.00</b> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricky Green 6 Contributor address, City, State, Zip Code 	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barry Brown Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Abraham Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeremy Hamilton Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Arrington Contributor address, City, State, Zip Code 	Amount of contribution (\$) \$750.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Daniel M. Pope</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/25/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bart Reagor</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/25/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Rick Dykes</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/28/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Chuck Heinz</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

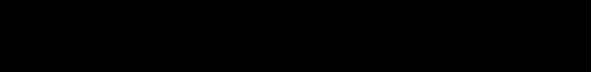
Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6		2 FILER NAME Daniel M. Pope		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/13/2016		5 Payee name Primitive Social			
6 Amount (\$) \$1,750.00		7 Payee address; City; State; Zip Code 			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense/Social Media		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/25/2016		Payee name City of Lubbock			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/25/2016		Payee name Abuelo's Taqueria			
Amount (\$) \$182.05		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/25/2016		Payee name Mike Stevens			
Amount (\$) \$8,750.00		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting/Polling Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F	<b>2</b> FILER NAME Daniel M. Pope	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1/26/2016	<b>5</b> Payee name C & D Moving
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address, City, State, Zip Code 
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (if travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/1/2016	Payee name Primitive Social
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Amount (\$) \$1,750.00	Payee address; City, State, Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/12/2016	Payee name First Bank & Trust
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Amount (\$) \$281.42	Payee address; City, State, Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/2016	Payee name First Bank & Trust Visa
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Amount (\$) \$520.19	Payee address; City, State, Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office/Campaign Expenses	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Daniel M. Pope	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/22/2016	<b>5</b> Payee name City of Lubbock
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<b>6</b> Amount (\$) \$29.07	<b>7</b> Payee address: City: State: Zip Code 
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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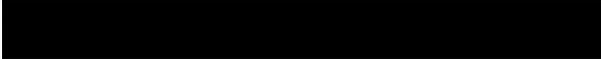
Date 2/26/2016	Payee name Atmos Energy
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Amount (\$) \$75.08	Payee address: City: State: Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/2016	Payee name Dan Pope
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Amount (\$) \$59.26	Payee address: City: State: Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F	<b>2</b> FILER NAME Daniel M. Pope	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/19/2016	<b>5</b> Payee name Abuelo's Taqueria
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<b>6</b> Amount (\$) \$165.98	<b>7</b> Payee address, City, State; Zip Code 
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/25/2016	Payee name Kay Fletcher
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Amount (\$) \$102.96	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense Reimbursement	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/2/2016	Payee name Primitive Social
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Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Social Media	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/2/2016	Payee name Kay Fletcher
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Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries - Campaign Mgr	Description (If travel outside of Texas, complete Schedule T)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Daniel M. Pope	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/15/2016	5 Payee name Advanced Graphix
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6 Amount (\$) \$6,484.18	7 Payee address; City; State; Zip Code 
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/2016	Payee name Lubbock Power & Light
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Amount (\$) \$97.22	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/2016	Payee name First Bank & Trust Visa
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Amount (\$) \$511.70	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office/Campaign Expenses	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/2016	Payee name Lubbock County Republican Party
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Daniel M. Pope	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/25/2016	<b>5</b> Payee name Action Printing
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<b>6</b> Amount (\$) \$187.85	<b>7</b> Payee address; City; State; Zip Code [REDACTED]
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/25/2016	Payee name Dan Pope
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Amount (\$) \$15.00	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/2016	Payee name Anedot
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Amount (\$) \$743.02	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/22/2016	Payee name Atmos Energy
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Amount (\$) \$38.42	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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