



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Todd Klein

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 26,952

EXPENDITURE  
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 11,022.21

CONTRIBUTION  
BALANCE

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

\$ 5,105

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Todd Klein  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Todd Klein, this the 7th day of April, 2016, to certify which, witness my hand and seal of office.

Jennifer Clements  
Signature of officer administering oath

Jennifer Clements  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Todd Klein</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,582
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 12,400
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9424.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1590.50
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 17

2 FILER NAME *Todd R Klein*

3 Filer ID (Ethics Commission Filers)

4 Date  
*1-19-16*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Edward Condon*

6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$)  
*\$25*

8 Principal occupation / Job title (See Instructions)  
*Sr Director PD Services*

9 Employer (See Instructions)  
*NHSA*

Date  
*1-21-16*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Sandy Bagwell*

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
*\$37*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
*1-26-16*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Andrew Arab*

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
*\$75*

Principal occupation / Job title (See Instructions)  
*Chiropractor*

Employer (See Instructions)  
*All Family Chiropractic*

Date  
*1-26-16*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Miniam Calderon*

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
*\$100*

Principal occupation / Job title (See Instructions)  
*Consultant*

Employer (See Instructions)  
*MC Consulting*

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 17

2 FILER NAME

Todd R Klein

3 Filer ID (Ethics Commission Filers)

4 Date

1-26-16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Charlie Hubbard

7 Amount of contribution (\$)

\$500<sup>00</sup>/<sub>14</sub>

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

engineer

9 Employer (See Instructions)

Hubbard Engineering Consulting

Date

1-25-16

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

Myrna Grimson

Amount of contribution (\$)

50<sup>00</sup>/<sub>14</sub>

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

LISD

Date

1-26-16

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

Robert Bodovsky

Amount of contribution (\$)

\$150<sup>00</sup>/<sub>14</sub>

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-16

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

J Vincent Nanez

Amount of contribution (\$)

\$200<sup>00</sup>/<sub>14</sub>

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

self employed

Employer (See Instructions)

JV Nanez & Assoc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 17

2 FILER NAME

Todd R Klein

3 Filer ID (Ethics Commission Filers)

4 Date

1-29-16

5 Full name of contributor

Kenny Briggs

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

7 Amount of contribution (\$)

\$700

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

owner

9 Employer (See Instructions)

Briggs Carpet

Date

1-29-16

Full name of contributor

Barbara Welch

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

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

1-30-16

Full name of contributor

John Wolf

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

Amount of contribution (\$)

\$75

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

2-6-16

Full name of contributor

James Oswalt

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

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1  
4 of 17

2 FILER NAME  
Todd R Klein

3 Filer ID (Ethics Commission Filers)

4 Date  
2-3-14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gretchen Scott

6 Contributor address; City; State; Zip Code  
[Redacted]

7 Amount of contribution (\$)  
\$50

8 Principal occupation / Job title (See Instructions)  
n/a

9 Employer (See Instructions)

Date  
1-30-14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Faissal Zeitouni

Contributor address; City; State; Zip Code  
[Redacted]

Amount of contribution (\$)  
\$500

Principal occupation / Job title (See Instructions)  
owner

Employer (See Instructions)  
World Wide Rare Coins

Date  
2-3-14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Brandy Davis

Contributor address; City; State; Zip Code  
[Redacted]

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)  
n/a

Employer (See Instructions)

Date  
2-3-14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Mike Klein

Contributor address; City; State; Zip Code  
[Redacted]

Amount of contribution (\$)  
\$500

Principal occupation / Job title (See Instructions)  
retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

5 of 17

2 FILER NAME

~~Alberto Gonzalez~~ Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date

3-12-16

5 Full name of contributor

Noe Brito

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

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-2-16

Full name of contributor

Hal Kaplan

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

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

President / CEO

Employer (See Instructions)

Kaplan Co

Date

2-2-16

Full name of contributor

Jeff Capozzano

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

Amount of contribution (\$)

\$510

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

President / CEO

Employer (See Instructions)

Policy Equity Group

Date

2-4-16

Full name of contributor

Danny Klein

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

Amount of contribution (\$)

\$750

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Klein Construction

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6 of 17

2 FILER NAME

Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/16

5 Full name of contributor

Konny Hays

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

7 Amount of contribution (\$)

\$50<sup>00</sup>

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2.5.16

Full name of contributor

Charles Zeck

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

Amount of contribution (\$)

\$50<sup>00</sup>

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2-10-16

Full name of contributor

Richard Jolley

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

Amount of contribution (\$)

100<sup>00</sup>

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-11-16

Full name of contributor

Xvette Sanchez Fuentes

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

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
7 of 17

2 FILER NAME  
Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date  
2-11-16

5 Full name of contributor  
Michael Murphy

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
[Redacted]

\$ 300

8 Principal occupation / Job title (See Instructions)  
owner

9 Employer (See Instructions)  
Western Implement

Date  
2-11-16

Full name of contributor  
Calvin Davis

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[Redacted]

\$ 200

Principal occupation / Job title (See Instructions)  
Dist. Director

Employer (See Instructions)  
US Small Business Admin

Date  
2/10/16

Full name of contributor  
Sid Chance

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[Redacted]

\$ 100

Principal occupation / Job title (See Instructions)  
Sales

Employer (See Instructions)  
Family Mobility Equip

Date  
2/16/16

Full name of contributor  
Pek Ragus

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[Redacted]

\$ 50

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 17

2 FILER NAME

Dodd Klein

3 Filer ID (Ethics Commission Filers)

4 Date

2-16-16

5 Full name of contributor  out-of-state PAC (ID#

Lee Earl Bryant

7 Amount of contribution (\$)

\$20

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2-17-16

Full name of contributor  out-of-state PAC (ID#

Scott Stephenson

Amount of contribution (\$)

\$200

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

sales sports bar

Date

2-20-16

Full name of contributor  out-of-state PAC (ID#

the Holly Humphries

Amount of contribution (\$)

\$300

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

self employed

Employer (See Instructions)

self

Date

2-20-16

Full name of contributor  out-of-state PAC (ID#

Michael Martin

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

professor

Employer (See Instructions)

at Texas Tech University

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 of 17

2 FILER NAME

Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date

2-11-16

5 Full name of contributor

Janda Cashio

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

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Principal

9 Employer (See Instructions)

Union ISD

Date

2-12-16

Full name of contributor

Kevin Glasheen

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

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self

Date

2-16-16

Full name of contributor

John Ernst

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

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

~~retired~~ retired

Employer (See Instructions)

~~retired~~

Date

2-14-16

Full name of contributor

John Klein

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

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

student

Employer (See Instructions)

n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 11

2 FILER NAME

Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date

2-20-14

5 Full name of contributor

Eugene Bals

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

7 Amount of contribution (\$)

\$25

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

2-21-14

Full name of contributor

Linda Hutson

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

Amount of contribution (\$)

\$75<sup>00</sup>

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

2-10-14

Full name of contributor

Melissa Rurledge

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

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

accountant

Employer (See Instructions)

self

Date

2-29-14

Full name of contributor

Karen Klein

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

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Tommy Klein Construction

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1  
11 of 17

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3-2-16

Chad Cantilla

6 Contributor address; City; State; Zip Code

[Redacted]

\$1000

8 Principal occupation / Job title (See Instructions)

government relations

9 Employer (See Instructions)

TV Star Alliance

Date

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

Amount of contribution (\$)

3-10-16

Maurice Stanley

Contributor address; City; State; Zip Code

6520 University Lubbock TX 79413

\$100

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Jenny's Barber Shop

Date

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

Amount of contribution (\$)

3-11-16

Juan Munoz

Contributor address; City; State; Zip Code

[Redacted]

\$100

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

Texas Tech University

Date

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

Amount of contribution (\$)

3-11-16

Noe Valles

Contributor address; City; State; Zip Code

[Redacted]

\$250

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Elasheen, Valles, Indeman

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
12 of 17

2 FILER NAME  
Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date  
3.15.16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Franklin Cox

6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$)  
\$100

8 Principal occupation / Job title (See Instructions)  
owner

9 Employer (See Instructions)  
The House Doctor

Date  
3.14.16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Preston Langford

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$100

Principal occupation / Job title (See Instructions)  
Project manager

Employer (See Instructions)  
Xcel Energy

Date  
3.14.16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Rebecca Barnett

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$40

Principal occupation / Job title (See Instructions)  
Independent Retail Professional

Employer (See Instructions)  
self

Date  
3.15.16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
James Johnson

Contributor address; City; State; Zip Code  
[REDACTED]

Amount of contribution (\$)  
\$25

Principal occupation / Job title (See Instructions)  
artist

Employer (See Instructions)  
self

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13 of 17

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3-10-16

Donna Walz

\$100

6 Contributor address; City; State; Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

3-10-16

John McCullough

\$25

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

IT Technician

TexoStech HSC

Date

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

Amount of contribution (\$)

3-22-16

Penny Bolighny

50<sup>00</sup>

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

3-19-16

Bethye Briggs

600<sup>00</sup>

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages (Schedule A1) 14 of 17

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1-28-16

Mike Klein

6 Contributor address; City; State; Zip Code

[Redacted]

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

retired

Date

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

Amount of contribution (\$)

3-26-16

Lloyd Gunn

Contributor address; City; State; Zip Code

[Redacted]

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

Date

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

Amount of contribution (\$)

3-26-16

Zuhair Shinab

Contributor address; City; State; Zip Code

[Redacted]

\$300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Doctor

Cataract Treatment Wbsock

Date

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

Amount of contribution (\$)

3-26-16

Karen Rogers

Contributor address; City; State; Zip Code

[Redacted]

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Doctor

Pediatric Assoc. of Wbsock

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15 of 17

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3-26-16

Stewart Townsend

6 Contributor address; City; State; Zip Code

\$150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Builder/owner

Heartland House

Date

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

Amount of contribution (\$)

3-26-16

Fadi Zeitouni

Contributor address; City; State; Zip Code

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

field service engineer

Phillips Healthcare

Date

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

Amount of contribution (\$)

3-26-16

Stephen List

Contributor address; City; State; Zip Code

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Sr. VP

Peoples Bank

Date

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

Amount of contribution (\$)

3-26-16

Daan Liang

Contributor address; City; State; Zip Code

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Professor

Texas Tech

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 16 of 17

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

3-26-16

Kamal Zeitouni

\$200

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

3-31-16

Harold Stephens

\$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

Date

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

Amount of contribution (\$)

3-31-16

Hollie Humphries

\$300

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self

Date

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

Amount of contribution (\$)

3-31-16

Lynnda Colby

\$1000

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME: Todd Klein

3 Filer ID (Ethics Commission Filers)

4 Date: 3-31-16

5 Full name of contributor: Clinton McDonald

7 Amount of contribution (\$): \$100

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions): Professor

9 Employer (See Instructions): TTU HSC

Date: 4-1-16

Full name of contributor: Jennifer Mosley

Amount of contribution (\$): \$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions): VP Research

Employer (See Instructions): Teaching Strategies LLC

Date: 4-6-16

Full name of contributor: Dulmin Jones

Amount of contribution (\$): \$100

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions): retired

Employer (See Instructions)

Date: 3-31-16

Full name of contributor: Blake Pearson

Amount of contribution (\$): \$50

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>10 + 3</b>	
2 FILER NAME: <b>Todd Klein</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>6,900</b>	
5 Date: <b>4-5-14</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <b>Shane Floyd</b>	8 Amount of Contribution \$: <b>6250</b>	9 In-kind contribution description: <b>video production</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): <b>RM maker</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions): <b>Self employed</b>	
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: <b>4-5-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <b>Glyn Len Evans</b>	Amount of Contribution \$: <b>650</b>	In-kind contribution description: <b>social media</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): <b>Dist Coordinator</b>		Employer (FOR NON-JUDICIAL) (See Instructions): <b>Nat Network Youth Ministry</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3</b>	
2 FILER NAME <b>Todd R. Klein</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1000</b>	
5 Date <b>3-2-16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jolie Spalholz</b>	8 Amount of Contribution \$ <b>\$500</b>	9 In-kind contribution description <b>data analysis</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Unit Coordinator</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Texas Tech University</b>	
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 <b>4-10-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margo Young</b>	Amount of Contribution \$ <b>\$500</b>	In-kind contribution description <b>web photo design</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Home School Teacher</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>self</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><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>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>3 of 3</b>	
2 FILER NAME <b>Todd R. Klein</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>4500</b>	
5 Date <b>3-7-16</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Junior Vasquez</b>	8 Amount of Contribution \$ <b>\$3000</b>	9 In-kind contribution description <b>Song writing</b>
7 Contributor address; _____ City: _____ State: _____ Zip Code _____ 		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Musician</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self employed</b>	
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 <b>3-1-16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Umstot</b>	Amount of Contribution \$ <b>\$1500</b>	In-kind contribution description <b>web design</b>
Contributor address; _____ City: _____ State: _____ Zip Code _____ 		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Photographer</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>Self employed</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: <i>1 of 1</i>	<b>2</b> FILER NAME <i>Todd R Klein</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2-8-16</i>	<b>5</b> Payee name <i>Shane Floyd Films</i>	
<b>6</b> Amount (\$) <i>450<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

Date <i>2-26-16</i>	Payee name <i>Delta signs</i>	
Amount (\$) <i>649<sup>50</sup>/<sub>100</sub></i>	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

Date <i>2-26-16</i>	Payee name <i>Premier Media</i>	
Amount (\$) <i>1566.<sup>94</sup>/<sub>100</sub></i>	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

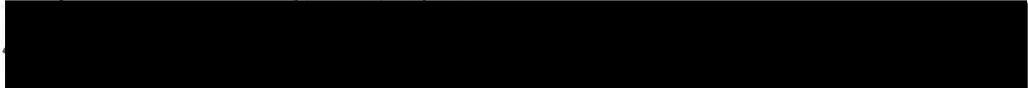
### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 of 7</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3-4-16</b>	5 Payee name <b>Alpha Media</b>
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6 Amount (\$) <b>650<sup>00</sup> / 150</b>	7 Payee address; City; State; Zip Code 
--	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

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

Date <b>3-4-16</b>	Payee name <b>KFVO</b>
-----------------------	---------------------------

Amount (\$) <b>1156<sup>00</sup> / 150</b>	Payee address; City; State; Zip Code 
---	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
-------------------------------	--	---

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

Date <b>3-7-16</b>	Payee name <b>Junior Vasquez</b>
-----------------------	-------------------------------------

Amount (\$) <b>500<sup>00</sup> / 150</b>	Payee address; City; State; Zip Code 
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
-------------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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: 3 of 7	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
--------------------------------------	--------------	---------------------------------------

4 Date 3-12-16	5 Payee name Shane Floyd Films
-------------------	-----------------------------------

6 Amount (\$) 300 <sup>00</sup>	7 Payee address; City; State; Zip Code 
------------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(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
------------------------------------	---	---

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

Date 3-8-16	Payee name KJATK
----------------	---------------------

Amount (\$) 140	Payee address; City; State; Zip Code 
--------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

Date 3-17-16	Payee name Delta Signs
-----------------	---------------------------

Amount (\$) 554 <sup>33</sup>	Payee address; City; State; Zip Code 
----------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total Pages, Schedule F1: <b>4 of 7</b>	2 FILER NAME <b>Todd Klein</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-30-16</b>	5 Payee name <b>Bystander</b>	
6 Amount (\$) <b>50<sup>00</sup> <del>16</del></b>	7 Payee address; City; State; Zip Code 	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>4-4-16</b>	Payee name <b>KJAC</b>	
Amount (\$) <b>200<sup>00</sup> <del>16</del></b>	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>4-4-16</b>	Payee name <b>IRP International</b>	
Amount (\$) <b>125<sup>00</sup></b>	Payee address; City; State; Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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: 5 of 7		2 FILER NAME Todd Klein		3 Filer ID (Ethics Commission Filers)	
4 Date 3-28-16		5 Payee name Wal Mart			
6 Amount (\$) 2235/xx		7 Payee address; City; State; Zip Code 			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other - ZIP ties		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 3-29-16		Payee name Mark Umstot			
Amount (\$) 6350		Payee address; City; State; Zip Code 			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 3-29-16		Payee name Todd McCullan			
Amount (\$) 100 <sup>00</sup> /xx		Payee address; City; State; Zip Code 			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other - t. postz		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6 of 7	<b>2</b> FILER NAME: Todd Klein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: 3-21-16	<b>5</b> Payee name: Alpha Media	
<b>6</b> Amount (\$): 200 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 3-18-16	<b>Payee name</b> KFYO	
<b>Amount (\$)</b> 199 <sup>00</sup> / kx	<b>Payee address; City; State; Zip Code</b> 	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

<b>Date</b> 3-24-16	<b>Payee name</b> Premier Media	
<b>Amount (\$)</b> 961 <sup>26</sup> / kx	<b>Payee address; City; State; Zip Code</b> 	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: 107	2 FILER NAME: Todd Klein	3 Filer ID (Ethics Commission Filers)
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4 Date: 4-5-16	5 Payee name: Alpha Medical
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6 Amount (\$): 200 <sup>00</sup> /xx	7 Payee address; City; State; Zip Code: [REDACTED]
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 4-6-16	Payee name: Premier Medical
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Amount (\$): 200 <sup>36</sup> /xx	Payee address; City; State; Zip Code: [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 3-19-16	Payee name: Lubbock GOP
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Amount (\$): 250 <sup>00</sup> /xx	Payee address; City; State; Zip Code: [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

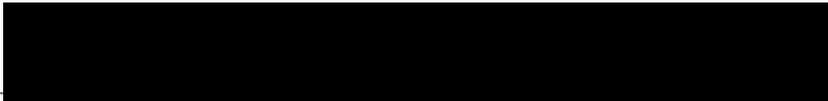
Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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 G: 1 of 3		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2-29-16		5 Payee name Facebook			
6 Amount (\$) 208.33/xy <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 3-31-16		Payee name Facebook			
Amount (\$) 578.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 2-1-16		Payee name <del>XXXXXXXXXXXX</del> Facebook			
Amount (\$) 46.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 			
PURPOSE OF EXPENDITURE		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

### 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

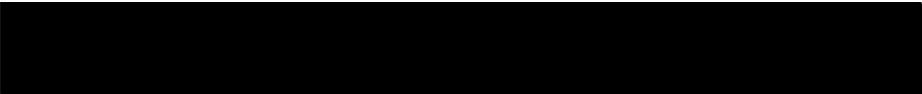
Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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.

<b>1</b> Total pages, Schedule G: 2 of 3	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2-14-16	<b>5</b> Payee name Polypee face book
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<b>6</b> Amount (\$) 750.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-25-16	Payee name Home Depot
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Amount (\$) \$12.82 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - zip ties	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-25-16	Payee name Lowes
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Amount (\$) \$14.03 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - zip ties	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: 3 of 3	<b>2</b> FILER NAME Todd Klein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-11-16	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) 454.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>	
<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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 2-21-16	Payee name Office of Electronics	
Amount (\$) 2 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other (handwritten list)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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