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: 20

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Daniel | MI: M. | NICKNAME | LAST: Pope | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: [redacted] | PHONE NUMBER | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Barry | MI: | NICKNAME | LAST: Orr | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: [redacted] | PHONE NUMBER | EXTENSION

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 4 / Day 28 / Year 2016 THROUGH Month 6 / Day 30 / Year 2016

11 ELECTION

ELECTION DATE: Month 5 / Day 7 / Year 2016

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): LISD Board of Trustees, Member District 5

13 OFFICE SOUGHT (if known): Mayor

OFFICE USE ONLY

Date Received

RECEIVED
JUL 15 2016
OFFICE OF THE CITY SECRETARY
LUBBOCK, TEXAS

MM 4:10pm

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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.

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 52,873.60
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	$ 91,210.13
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 41,766.57
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

NOTARY PUBLIC STATE OF TEXAS
MAGEN D. MURCHISON
Notary Public, State of Texas
My Commission Expires 04-03-2017

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel M. Pope, this the 15th day of July, 20 16, to certify which, witness my hand and seal of office.

Magen D. Murchison — Magen D. Murchison — Notary Public

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 10

2 FILER NAME: Daniel M. Pope

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
4/28/2016	Gary Cobb [redacted]	$1,000.00			
4/28/2016	Frank Sitton [redacted]	$250.00			
4/28/2016	Dr. Randall S. Hickle [redacted]	$1,000.00			
4/28/2016	Gray Hibbard [redacted]	$300.00			
4/29/2016	J. Keith Rodgers [redacted]	$100.00			

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
4/29/2016	Chris Wilson [redacted]	$250.00 (If travel outside of Texas, complete Schedule T)			
4/29/2016	Ann Manning [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)			
4/29/2016	H. A. Sessions [redacted]	$100.00 (If travel outside of Texas, complete Schedule T)			
4/29/2016	Lee Lewis [redacted]	$1,000.00 (If travel outside of Texas, complete Schedule T)			
5/3/2016	Stephen Roper [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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	5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/3/2016	Dax Voss [redacted]	$200.00	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
5/3/2016	Todd Quisenberry [redacted]	$500.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5/6/2016	Morris Baker [redacted]	$2,000.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5/6/2016	Lola Windisch [redacted]	$200.00	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5/6/2016	William F. Baker [redacted]	$100.00	(If travel outside of Texas, complete Schedule T)
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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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	5 Full name of contributor / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/6/2016	Catherine Porter [redacted]	$200.00 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
5/9/2016	J. David Williams [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5/10/2016	Gregory Taylor [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5/12/2016	John Elliott [redacted]	$100.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
5/12/2016	James Wedel [redacted]	$150.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Each row: Date | Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/12/2016	Bruce Jaggers [redacted]	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/26/2016	Lubbock Fire Fighters PAC Fund [redacted]	$4,000.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/2016	Joseph Rapier [redacted]	$100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/2016	R.H. Holder [redacted]	$250.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/2016	Troy Swinney [redacted]	$50.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/31/2016	Kolby T. Sue [redacted]	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/2016	John Hamilton [redacted]	$200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/2016	Mark Haberer [redacted]	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/2016	Gary Ferguson [redacted]	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/31/2016	John & Dawn Moore [redacted]	$25.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/7/2016	Subodh Patel [redacted]	$250.00 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
6/15/2016	David Sharbutt [redacted]	$1,000.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
6/15/2016	Robert Taylor [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
6/15/2016	TRE PAC (Texas Real Estate PAC) [redacted]	$3,000.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
6/15/2016	LWA, LLC (Brent Preston) [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)	
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 foradditional 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	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/16/2016	Phebe Ellis-Roach [redacted]	$100.00 (If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/17/2016	John Owens [redacted]	$100.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/20/2016	Wilkerson Group (Gordon Wilkerson) [redacted]	$5,000.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/23/2016	Joe D. May [redacted]	$50.00 (If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/23/2016	Mark Flenniken [redacted]	$200.00 (If travel outside of Texas, complete Schedule T)	

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 foradditional 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	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6/23/2016	Scott Collier [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		
6/30/2016	Dick Pollard [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
6/30/2016	Michael Edwards [redacted]	$500.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
5/13/2016	Action Printing, LLP (Mike Stevens - Owner) [redacted]	$15,895.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
5/18/2016	Commercial Property Services [redacted]	$7,500.00 (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Each row: ☐ out-of-state PAC (ID#: _____)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
6/30/2016	McMahon Vinson Bennett, LLP [redacted]	$2,328.60 (If travel outside of Texas, complete Schedule T)			
5/3/2016	Brent Aycock [redacted]	$100.00 (If travel outside of Texas, complete Schedule T)			
5/3/2016	Kally Arrington [redacted]	$200.00 (If travel outside of Texas, complete Schedule T)			
5/4/2016	Matt Bumstead [redacted]	$250.00 (If travel outside of Texas, complete Schedule T)			
5/31/2016	Isaac Aguilar [redacted]	$25.00 (If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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	5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
6/30/2016	McMahon Vinson Bennett, LLP [redacted]	(If travel outside of Texas, complete Schedule T)	$2,328.60		
5/3/2016	Brent Aycock [redacted]	$100.00 (If travel outside of Texas, complete Schedule T)			
5/3/2016	Kally Arrington [redacted]	$200.00 (If travel outside of Texas, complete Schedule T)			
5/4/2016	Matt Bumstead [redacted]	$250.00 (If travel outside of Texas, complete Schedule T)			
5/31/2016	Isaac Aguilar [redacted]	$25.00 (If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
8	Daniel M. Pope	

4 Date	5 Payee name
4/28/2016	KEJS
6 Amount ($)	7 Payee address; City; State; Zip Code
$250.00	[redacted]

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	

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

Date	Payee name
4/28/2016	Suddenlink
Amount ($)	Payee address; City; State; Zip Code
$1,145.80	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	

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

Date	Payee name
4/28/2016	KLBK
Amount ($)	Payee address; City; State; Zip Code
$3,630.00	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	

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

Date	Payee name
4/28/2016	KMAC
Amount ($)	Payee address; City; State; Zip Code
$3,697.00	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
	Daniel M. Pope	

4 Date	5 Payee name
4/28/2016	Fox 34
6 Amount ($)	7 Payee address; City; State; Zip Code
$1,725.50	[redacted]

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	

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

Date	Payee name
4/28/2016	KCBD
Amount ($)	Payee address; City; State; Zip Code
$15,865.00	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas complete Schedule T)
	Advertising Expense	

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

Date	Payee name
4/28/2016	Action Printing
Amount ($)	Payee address; City; State; Zip Code
$1,549.14	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	

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

Date	Payee name
5/3/2016	Primitive Social
Amount ($)	Payee address; City; State; Zip Code
$7,591.44	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising/Social Media	

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
	Daniel M. Pope	

4 Date	5 Payee name
5/4/2016	Kay Fletcher
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$2,500.00	[redacted]
8 PURPOSE OF EXPENDITURE	**(a) Category** (See categories listed at the top of this schedule) Salaries - Campaign Mgr / **(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	Payee name
5/12/2016	Jagen Productions
Amount ($)	**Payee address; City; State; Zip Code**
$1,000.00	[redacted]
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule) Advertising/Marketing / **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	Payee name
5/12/2016	Action Printing
Amount ($)	**Payee address; City; State; Zip Code**
$8,248.12	[redacted]
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule) Advertising 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	Payee name
5/13/2016	Purple Tie Limo
Amount ($)	**Payee address; City; State; Zip Code**
$400.00	[redacted]
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule) Event 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
	Daniel M. Pope	

4 Date	5 Payee name
5/16/2016	City of Lubbock

6 Amount ($)	7 Payee address; City; State; Zip Code
$112.53	[redacted]

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Office Overhead	

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

Date	Payee name
5/17/2016	Advanced Graphix

Amount ($)	Payee address; City; State; Zip Code
$4,160.89	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	

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

Date	Payee name
5/20/2016	KCBD

Amount ($)	Payee address; City; State; Zip Code
$1,700.00	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	

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

Date	Payee name
5/24/2016	Atmos Energy

Amount ($)	Payee address; City; State; Zip Code
$20.46	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Office Overhead/Rental Expense	

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
	Daniel M. Pope	

Expenditure 1

4 Date	5 Payee name
5/26/2016	Downtown Storage
6 Amount ($)	7 Payee address; City; State; Zip Code
$360.00	[redacted]
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Office Overhead/Rental Expense; (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

Expenditure 2

Date	Payee name
5/10/2016	Anedot
Amount ($)	Payee address; City; State; Zip Code
$67.50	[redacted]
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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name; Office sought; Office held

Expenditure 3

Date	Payee name
6/1/2016	Action Printing
Amount ($)	Payee address; City; State; Zip Code
$323.05	[redacted]
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Printing 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

Expenditure 4

Date	Payee name
6/7/2016	Kay Fletcher
Amount ($)	Payee address; City; State; Zip Code
$2,500.00	[redacted]
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)
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
	Daniel M. Pope	

4 Date	5 Payee name
6/7/2016	Dan Pope
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$2,979.20	[redacted]
8 PURPOSE OF EXPENDITURE	**(a) Category** (See categories listed at the top of this schedule) / **(b) Description** (If travel outside of Texas, complete Schedule T)
	Reimbursement - AJ Ad
9 Complete ONLY if direct expenditure to benefit C/OH	**Candidate / Officeholder name** / **Office sought** / **Office held**

Date	Payee name
6/9/2016	The West Table
Amount ($)	Payee address; City, State; Zip Code
$2,427.79	[redacted]
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) / Description (If travel outside of Texas, complete Schedule T)
	Event Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name / Office sought / Office held

Date	Payee name
6/10/2016	City of Lubbock
Amount ($)	Payee address; City, State; Zip Code
$108.02	[redacted]
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) / Description (If travel outside of Texas, complete Schedule T)
	Office Overhead
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name / Office sought / Office held

Date	Payee name
6/20/2016	City of Lubbock
Amount ($)	Payee address; City; State; Zip Code
$18.38	[redacted]
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) / Description (If travel outside of Texas, complete Schedule T)
	Office Overhead
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
8	Daniel M. Pope	

Entry 1

4 Date	5 Payee name
6/21/2016	Atmos Energy
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$20.46	[redacted]

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Office Overhead	

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

Entry 2

Date	Payee name
6/24/2016	First Bank & Trust Visa
Amount ($)	**Payee address; City; State; Zip Code**
$3,086.25	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Office Overhead	

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

Entry 3

Date	Payee name
5/13/2016	Action Printing, LLP (Mike Stevens, Owner)
Amount ($)	**Payee address; City; State; Zip Code**
$15,895.00	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Consulting/Polling Expense	

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

Entry 4

Date	Payee name
5/18/2016	Commercial Property Services
Amount ($)	**Payee address; City; State; Zip Code**
$7,500.00	[redacted]

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Office Overhead/Rental Expense	

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/30/2016	5 Payee name McMahon Vinson Bennett, LLP	
6 Amount ($) $2,328.60	7 Payee address; City; State; Zip Code [redacted]	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting Expense	(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	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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