

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

WILLIAM A. VERKEST

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> 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)	\$ 2275.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 6640.31
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6547.15
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 120,000.00

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

18 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Verkest, this the 15th day of June, 20 12, to certify which, witness my hand and seal of office.

Tina Stewart Tina Stewart notary
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:

4

2 FILER NAME

WILLIAM A. VERKEST

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/7/12

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

HUGH G. JACKSON

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2005 MILL RUN DR.
ARLINGTON, TX 76004

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/7/12

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

BEW DOSKOCIL

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5306 MANFIELD RD.
ARLINGTON, TX 76017

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/12

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

ROGER BREBU

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2215 TEMPLETON
ARLINGTON, TX 76006

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/12

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

CHRIS WADE

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

202 MAJOR WAY
ARLINGTON, TX 76018

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/12

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

CHRIS JARBOE

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2618 HIDDEN RIDGE DR
ARLINGTON, TX 76006

(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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

WILLIAM D. VERREST

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/21/12	JACK W. THORNTON 6 Contributor address; City; State; Zip Code 2205 WILSON DR. ARLINGTON, TX 76011	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 <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/22/12	ROBERT E. HAZLETT Contributor address; City; State; Zip Code 2703 CRYSTAL CIRCLE ARLINGTON, TX 76006	100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/22/12	FRED C. WEEKLEY Contributor address; City; State; Zip Code 1821 MOSSY OAK ST ARLINGTON, TX 76012	100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/22/12	LYDIA A. FREEMAN Contributor address; City; State; Zip Code 1821 MOSSY OAK ST, ARLINGTON, TX 76012	100.00	

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/22/12	WALID JOULALI Contributor address; City; State; Zip Code 2900 RUSH CT. ARLINGTON, TX 76011	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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME WILLIAM A. VERKEST		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/25/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HUSSEIN MAHROUG	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1101 RIVER PARK DR ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUZANNE SEIFERT CONTRAUX	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 415 RIVER VALLEY ST. ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL C. KIRKSEY	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 201972 ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN CASEY	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2024 RUMSON DR. ARLINGTON, TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIE RODRIGUEZ	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1813 ELMHURST DR. ARLINGTON, TX 76012		(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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

WILLIAM A. VERKEST

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/12

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

KENNETH YARBROUGH

6 Contributor address; City; State; Zip Code

1800 MOSSY OAK ST.
ARLINGTON, TX 76012

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(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)

(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)

(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)

(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)

(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 for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

WILLIAM A. VERKEST

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
3/6/12

7 Name of lender out-of-state PAC (ID#: _____)

WILLIAM A. VERKEST

9 Loan Amount (\$)

\$ 10,000.00

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

2402 N. HUNTER PLACE LANE
ARLINGTON, TX 76006

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

RETIRED PROFESSIONAL ENGINEER

13 Employer (See Instructions)

N/A

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME WILLIAM A. VERKEST	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/7/12	5 Payee name USPS/EZ MAIL SERVICE, INC	
6 Amount (\$) 18.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 1861 BROWN BLVD, STE 217 ARLINGTON, TX 76006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POSTAGE	(b) Description (If travel outside of Texas, complete Schedule T)

Date 5/8/12	Payee name VILLA SCREEN PRINTING	
Amount (\$) 112.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 2800 W. DIVISION ST., STE E3 ARLINGTON, TX 76012	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)

Date 5/12/12	Payee name ON THE BORDER	
Amount (\$) 511.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 2011 COPELAND RD ARLINGTON, TX 76006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T)

Date 5/11/12	Payee name PAINTER COMMUNICATIONS	
Amount (\$) 319.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 75 MAPLE ST. #203 COLSHOHOCKEN, PA 19428	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: _____ 2 FILER NAME: **WILLIAM A. VERKEST** 3 ACCOUNT # (Ethics Commission Filers): _____

4 Date: **5/15/12** 5 Payee name: **BOOKER INDUSTRIES**

6 Amount (\$): **37.89** 7 Payee address; City: State: Zip Code: **5415 MAPLE AVE, SUITE 230 DALLAS, TX 75235**
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **CONSULTING EXPENSE** (b) Description (If travel outside of Texas, complete Schedule T): _____

Date: **5/16/12** Payee name: **OFFICE DEPOT**

Amount (\$): **37.79** Payee address; City: State: Zip Code: **2501 E. RANDOL MILL ROAD ARLINGTON, TX 76011**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **OFFICE SUPPLIES** Description (If travel outside of Texas, complete Schedule T): _____

Date: **5/16/12** Payee name: **BOOKER INDUSTRIES**

Amount (\$): **2163.11** Payee address; City: State: Zip Code: **5415 MAPLE AVE, SUITE 230 DALLAS, TX 75235**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **CONSULTING EXPENSE** Description (If travel outside of Texas, complete Schedule T): _____

Date: **5/21/12** Payee name: **SIGNS HOW**

Amount (\$): **756.14** Payee address; City: State: Zip Code: **900 E COVELAND RD, SUITE 130 ARLINGTON, TX 76011**
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **PRINTING EXPENSE** Description (If travel outside of Texas, complete Schedule T): _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME **WILLIAM A. VERKEST** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **5/24/12** 5 Payee name **SFUZZI**

6 Amount (\$) **53.00** 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**525 MEADOWCREEK DR
 IRVING, TX 75039**

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)
FOOD/BEVERAGE EXPENSE

Date **5/25/12** Payee name **INTUIT WEB SITE SERVICES**

Amount (\$) **19.99** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**2632 MARINE WAY
 MOUNTAIN VIEW, CA 94043**

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

Date **5/30/12** Payee name **BOOKER INDUSTRIES**

Amount (\$) **125.37** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**5415 MARLE AVE, SUITE 230
 DALLAS, TX 75235**

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

Date **5/30/12** Payee name **OFFICE DEPOT**

Amount (\$) **117.33** Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
**2501 E. RANDOL MILL ROAD
 ARLINGTON, TX 76011**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME WILLIAM A VERKEST	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/31/12	5 Payee name BOOKER INDUSTRIES
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6 Amount (\$) 416.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5415 MAPLE AVE, SUITE 230 DALLAS, TX 75235
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 5/31/12	Payee name OFFICE DEPOT
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Amount (\$) 20.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2501 E. RAUDOL MILL ROAD ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Date 6/6/12	Payee name BOOKER INDUSTRIES
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Amount (\$) 162.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5415 MAPLE AVE, SUITE 230 DALLAS, TX 75235
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Date 6/12/12	Payee name SIGNS HOW
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Amount (\$) 450.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 900 COPELAND RD, SUIT 130 ARLINGTON, TX 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED