## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

57.11.11 7.11 5.11 1.11 1.11 1.11 1.11 1						
The C/OH Instruction	Guide explains how to com	plete this form	1 Filer ID(Etl	hics Commissio	n filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFFICE	E USE ONLY
OFFICEHOLDER	Mr	William	R	Date	e Received	
NAME	NICKNAME	LAST	SUFFIX		10/5/2015	
	Bill	Frazer				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CIT	Y; STATE; ZIP C	CODE		
OFFICEHOLDER	4130 Turnberry Cir.					
MAILING				Date	Hand-delivered	or Date Postmarked
ADDRESS	Houston TX 77025					
Change of address	AREA CODE	PHONE NUMBER	EXTENSION			
5 CANDIDATE /		FITONE NOWBER	EXTENSION			
OFFICEHOLDER	(713) 429-1773					
PHONE 6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Rec	eipt #	Amount
TREASURER	Mr	Dovid	C		e Processed	/ in our it
	Mr.	David	G			
NAME	NICKNAME	LAST	SUFFIX	Date	e Imaged	
		Acosta				
7 CAMPAIGN	STREET ADDRESS (No PO Box Plea	ise);	APT/SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER	1703 W. 12th St.					
ADDRESS						
(Business)	Houston TX 77008					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 504-9681					
	January 15 X 30th day be	efore election Fir	nal repport (Attach C/OH	- FR) Excee	ded \$500 limit	
9 REPORT TYPE				_		
	July 15 8th day before	ore election Ru	inoff	15th d	ay after campaign trea	asurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month Day	Year
COVERED	7/1/2015		THROUGH		9/24/2	015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE			
	Month Day Year	☐ □ Deimon.	П ъ		X General	□ Consid
	11/3/2015	Primary	L Ku	noff	X General	Special
12 OFFICE	OFFICE HELD (if any)		13 OF	FFICE SOUGHT (if k	nown)	
			C	ontroller		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

14 FILER NAME Williar	n R Frazer		15 Filer ID (Ethics Cor	mmission Filers)			
	expenditures may have	political contributions accepted or political expenditur been made without the candidate's or officeholder's la receive notice of such expenditures.					
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME					
FROM		GHBA HOME-PAC					
POLITICAL	X GENERAL	COMMITTEE ADDRESS					
COMMITTEE(S)		9511 W. Sam Houston Pkwy N					
	SPECIFIC						
		Houston TX 77064					
COMMITTEE CAMPAIGN TREASURER NAME							
П		Wood Kathryn  COMMITTEE CAMPAIGN TREASURER ADDRESS					
additional pages							
		9511 W. Sam Houston Pkwy N	•				
		Houston TV 77004					
	. TOTAL BOLITIO	Houston TX 77064	VOTUED TUAN	1			
17 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS NS, OR GUARANTEES OF LOANS), UN		\$0.00			
2 TOTAL POLITICAL CONTRIBUTIONS \$58,375,00				\$58,375.00			
	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES	OF LOANS)				
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS	S, UNLESS ITEMIZED				
TOTALS				\$0.00			
	4 TOTAL POLITIC	AL EXPENDITURES					
	•			\$80,377.49			
CONTRIBUTION	5 TOTAL POLITIC	AL CONTRIBUTIONS MAINTAINED AS	OF THE LAST DAY				
BALANCE	OF REPORTING		OF THE EAST DAT	\$58,293.31			
		AL AMOUNT OF ALL CUITOTANDINO	04410 40 05 7115				
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIP LAST DAY OF T	AL AMOUNT OF ALL OUTSTANDING I HE REPORTING PERIOD	LOANS AS OF THE	\$32,500.00			
				. ,			
18 AFFIDAVIT							
		I swear, or	affirm, under penalty of perjury, t	that the accompanying			
			ie and correct and includes all into me under Title 15, Election Cod				
			,				
			William R. Fraz	zer			
			Signature of Candidate o	r Officeholder			
AFFIX NOT STAMP / SE	AL ABOVE						
Sworn to and subscribed	hefore me, by the said	I	this the	day			
		to certify which, witness m		aay			
OI	, 20	, to certify willon, with ess in	y manu anu scai di dilice.				
Signature of officer admir	nistering oath	Print name of officer administerin	g oath Title of office	er administering oath			

#### **SUBTOTALS - COH** FORM C/OH **COVER SHEET PG 3** 19 FILER NAME William R Frazer 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS **SUBTOTAL** NAME OF SCHEDULE **AMOUNT** SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 58375 1 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2 SCHEDULE B: PLEDGED CONTRIBUTIONS 3 SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5 71114.68 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 4833.43 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS 0 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 1744.15 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 9 0 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 10 0 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 0

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	3	SCHEDULE A1
The	Instruction (	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor  Gerrad Heep	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	7/1/2015	6 Contributor address;	City; Missouri City	State; Zip Code TX 7459	250.00
8	Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Thomas Rushing			7 Amount of contributions (\$)
	7/1/2015	6 Contributor address;	City;	State; Zip Code TX 77005	1,000.00
8	Principal occ	cupation / Job title (See Instructions)  Management		9 Employer (See Instruct Merrill Lynch	tions)
4	Date	5 Full name of contributor  H. Dean Lane	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	7/1/2015	6 Contributor address;	City;	State; Zip Code	1,000.00
					·
8	Principal occ	Principal occupation / Job title (See Instructions)  Real Estate			tions)
4	Date	5 Full name of contributor  Connie Brown	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	7/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7030-1130	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction (	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 F	FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
		Daisy Quayle			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/6/2015		Houston	TX 77063	300.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Stanley Voelkel			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/6/2015		Katy	TX 77450	1,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	СРА			Retired	
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Billy Atkinson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/7/2015		Sugar Land	TX 7479	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	CPA			Retired	
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	
		Thomas Dirmyer			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/7/2015		Houston	TX 7008	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	Date	5 Full name of contributor	X out of state F	PAC(ID# C00406066 )	
•	<del>-</del>	IberiaBank Fed PAC		(	7 Amount of contributions (\$)
		1			I .

M	ONETAF	RY POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	7/7/2015		LaFayette	LA 70501	1,000.00
8	Principal od	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		John Messenger			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/8/2015		Houston	TX 7019	100.00
8	Principal od	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Etions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Lee Hogan	Ц		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/8/2015		Houston	TX 77056	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Etions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		O H Crosswell			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/11/2015		Houston	TX 7027	500.00
8	Principal od	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Investment	S		Griggs Corp	

M	ONETAR	Y POLITICAL CONTI	RIBUTIONS	3	SCHEDULE A1
The	e Instruction G	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME V	William R Frazer			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Tom Tellepsen	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	7/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7027	250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor J R (Bob) Jones	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	7/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7079	2,500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Jones Engineering Solut	
4	Date	5 Full name of contributor Peter Donovan	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	7/18/2015	6 Contributor address;	City; Westweood	State; Zip Code MA 2090	1,000.00
8	Principal occu	Principal occupation / Job title (See Instructions)  Real Estate			I tions)
4	Date	5 Full name of contributor  Dan Moody	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	7/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7098-2001	2,500.00
8	Principal occu	upation / Job title (See Instructions) nvestments		9 Employer (See Instruct Parkside Capital	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	

M	ONETAR	Y POLITICAL CON	IRIBUTION	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to comp	lete this form.		1 Total Pages Schedule A1:
2 F	FILER NAME \	William R Frazer			3 Filer ID (Ethics Commission filers)
		Ed James			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/23/2015		Houston	TX 7098-2001	500.00
8	Principal occi	 upation / Job title (See Instructions	)	9 Employer (See Instruc	tions)
	Real Estate			Streetwise Realty Advis	ors
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Matthew Rotan	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/24/2015		Houston	TX 7024	500.00
8	Principal occi	I upation / Job title (See Instructions	)	9 Employer (See Instruc	etions)
	Real Estate			ARA Newmark	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Michael Strober			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	7/24/2015		Tampa	FL 3602	100.00
8	Principal occi	Lupation / Job title (See Instructions	)	9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Thomas Roberts			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	7/27/2015		Spring	TX 77379	100.00
8	Principal occi	upation / Job title (See Instructions	)	9 Employer (See Instruc	I etions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		William Brownfield	Ц	· ·	7 Amount of contributions (\$)

М	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
	7/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77005	500.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Real Estate	Investments		MKP Self Storage	
4	Date	5 Full name of contributor Kellan Lewis	out of state	PAC(ID# )	7 Amount of contributions (\$)
	7/29/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7009	50.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4	Date	5 Full name of contributor  JR Denson	out of state	PAC(ID# )	7 Amount of contributions (\$)
	7/31/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7007	100.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4	Date	5 Full name of contributor  Patrick Durio	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/3/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 7401	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1	
The	e Instruction (	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:	
2 F	ILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)	
4	Date	5 Full name of contributor Charles Meyer	out of state F	PAC(ID# )	7 Amount of contributions (\$)	
	8/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	250.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
4	Date	5 Full name of contributor Stephen Sweet	out of state F	PAC(ID# )	7 Amount of contributions (\$)	
	8/4/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7079	1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Alliance Residential Com		
4	Date	5 Full name of contributor  Ann Trammell	out of state F	PAC(ID# )	7 Amount of contributions (\$)	
	8/6/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7027	500.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instructions) Retired		
4	Date	5 Full name of contributor  Joel Scott	out of state F	PAC(ID# )	7 Amount of contributions (\$)	
	8/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	l tions)	
4	Date	5 Full name of contributor	out of state F	PAC(ID# )		

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
		Carolyn Hodges			7 Amount of contributions (\$)
	9/40/2045	6 Contributor address;	City;	State; Zip Code	250.00
	8/10/2015		Houston	TX 7024	250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Malcolm Gibson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	8/11/2015		Houston	TX 7027	250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Steven Finkelman	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	8/11/2015		Houston	TX 7096	250.00
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Data	E E. II acres of contributor	I sut at atata	DAC/ID# \	1
4	Date	5 Full name of contributor  Daniel Kirk	out of state	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	-
	8/13/2015		Spring	TX 77389	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Evan Howell			7 Amount of contributions (\$)

MONETAR	RY POLITICAL CONTR	RIBUTIONS	3	SCHEDULE A1
The Instruction	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
8/13/2015		Houston	TX 77255	250.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4 Date	5 Full name of contributor	out of state F	PAC(ID# )	T
	R R Pennington			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/13/2015		Houston	TX 77207	250.00
8 Principal od	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state F	PAC(ID# )	
	Nathaniel Rido			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/13/2015		Friendswood	TX 77546	250.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	otions)
4 Date	5 Full name of contributor	out of state F	PAC(ID# )	T
	Mark Brown			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/13/2015		Houston	TX 7006	250.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	

M	ONETARY	POLITICAL CONTI	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction G	duide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 F	FILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor  Mary Jane Smith	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77025	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Self Employed	tions)
4	Date	5 Full name of contributor  James Dannenbaum	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098	2,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Dannenbaum Engineerin	
4	Date	5 Full name of contributor Sprit Motion	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	Lions)
4	Date	5 Full name of contributor Scott Gray	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

M	ONETARY	POLITICAL CONT	RIBUTION	S	SCHEDULE	Α1
The	Instruction G	duide explains how to complete	1 Total Pages Schedule A1:			
2 F	ILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)	
		Helen Knox			7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/13/2015		Houston	TX 77065	100.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)	
4	Date	5 Full name of contributor	out of state	PAC(ID# )		
		Leslie May	Ш		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/13/2015		Houston	TX 7007	100.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)	
4	Date	5 Full name of contributor	out of state	PAC(ID# )		
		Joan Bain	_		7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/13/2015		Houston	TX 77024	100.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	1	
ľ		David Durham		- (	7 Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code		
	8/13/2015		Houston	TX 77080	100.00	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Letions)	
4	Date	5 Full name of contributor	out of state	PAC(ID# )		
		The Brass Maiden			7 Amount of contributions (\$)	

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction (	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
	8/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77098	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Leonard Bedell	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7255	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor  Tom Hail	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7057	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Stephen M McEachern	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/14/2015	6 Contributor address;	City; Cypress	State; Zip Code TX 77433	500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruction Fitts Roberts & Compar	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	e Instruction (	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Ross M Davis	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	200.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor  John Madsen	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/17/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7067	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor  Jim Holcomb	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/17/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct Holcomb Properties	I tions)
4	Date	5 Full name of contributor Harry Holmes	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77227	500.00
8	Principal occ	upation / Job title (See Instructions)  Broker		9 Employer (See Instruct Avison & Young	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	

MONETAR	RY POLITICAL CONT	RIBUTION	S	SCHEDULE A1
The Instruction	Guide explains how to comple	1 Total Pages Schedule A1:		
2 FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
	Raymond R Betz			7 Amount of contributions (\$)
8/19/2015	6 Contributor address;	City; Houston	State; Zip Code	200.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
o i illiopal ee			c Employor (eee media)	
4 Date	5 Full name of contributor  James Erwin	out of state	PAC(ID# )	7 Amount of contributions (\$)
8/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	250.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor  Doug Kelting	out of state	PAC(ID# )	7 Amount of contributions (\$)
8/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7019	250.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor  Adam Mincberg	out of state	PAC(ID# )	7 Amount of contributions (\$)
8/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77020	150.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor Austin James Sacco	out of state	PAC(ID# )	7 Amount of contributions (\$)

M	ONETARY	POLITICAL CONTR	SCHEDULE A1		
Th	e Instruction G	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
		6 Contributor address;	City;	State; Zip Code	
	8/20/2015		Houston	TX 77079	150.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Emily Deatherage	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	8/20/2015		Houston	TX 77018	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		C M Garver			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	8/20/2015		Houston	TX 77098	1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Real Estate			C M Garver Investments	3
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		C G Stedman			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/20/2015		Houston	TX 77057	500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
	Real Estate			Edge Realty Partners	

M	ONETARY	POLITICAL CONTI	RIBUTIONS	3	SCHEDULE A1
The	e Instruction G	duide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Ralph Thomas	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7010	1,000.00
8	Principal occu	upation / Job title (See Instructions) anagement		9 Employer (See Instruction See Sarofim & Co.	tions)
4	Date	5 Full name of contributor  John Misitigh	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/22/2015	6 Contributor address;	City; Kingwood	State; Zip Code TX 7345	250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct John Misitigh, CPA	I tions)
4	Date	5 Full name of contributor Tadd Tellepsen	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77063	1,000.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Tellepsen	I tions)
4	Date	5 Full name of contributor  Ronald Woliver	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	8/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Retired	I tions)
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	

M	ONETAR	Y POLITICAL CONT	<b>TRIBUTION</b>	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to compl	1 Total Pages Schedule A1:		
2 F	ILER NAME \	William R Frazer			3 Filer ID (Ethics Commission filers)
		Martin Beirne			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/24/2015		Houston	TX 7056	500.00
8	Principal occi	upation / Job title (See Instructions)	1	9 Employer (See Instruc	I tions)
	Attorney			Beirne, Maynard, & Pars	sons, LLP
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Holloway Frost			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/24/2015		Houston	TX 77001	5,000.00
8	Principal occi			9 Employer (See Instruc	I tions)
	Retired			Retired	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Don Woo			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/25/2015		Houston	TX 7098	500.00
8	Principal occi	 upation / Job title (See Instructions)	1	9 Employer (See Instruc	tions)
	Construction			Mission Constructors, In	с.
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		James Gustafson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	8/25/2015		Houston	TX 7024	250.00
8	Principal occi	Lupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		George W Strake			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	SCHEDULE A1		
Th	e Instruction (	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor  J Cary Gray	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/27/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	1,000.00
8	Principal occ Attorney	upation / Job title (See Instructions)		9 Employer (See Instruc Gray Reed & McGraw	etions)
4	Date	5 Full name of contributor  Daniel Clinton	out of state	PAC(ID# )	7 Amount of contributions (\$)
	8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc Retired	Letions)
4	Date	5 Full name of contributor O H Crosswell	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7027	1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc Griggs Corp	etions)

M	ONETARY	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
The	Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	ILER NAME V	William R Frazer			3 Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor Kenneth M Williams	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code	250.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Louis Macey	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Macey Investments	I tions)
4	Date	5 Full name of contributor  Lawrence Levy	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor  Kendall Miller	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct Tanglewood Corporation	
4	Date	5 Full name of contributor	out of state F	PAC(ID# )	

M	ONETAR	RY POLITICAL CONT	RIBUTION	S	SCHEDULE A1
The	e Instruction	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
		Milton Howe			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/2/2015		Houston	TX 77251	100.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		John Ross Wallace			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/2/2015		Houston	TX 7057	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		George W Strake	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/2/2015		Houston	TX 77024	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	1
4	Date	Kelly Rushing	out of state	TAG(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	9/2/2015		Houston	TX 77046	250.00
8	Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Joe R Davis			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	IBUTION	S	SCHEDULE A1
The	e Instruction (	Guide explains how to complete	1 Total Pages Schedule A1:		
2 F	ILER NAME	William R Frazer		3 Filer ID (Ethics Commission filers)	
	9/2/2015	6 Contributor address;	City; Houston	State; Zip Code	500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Communicat	ions		Consolidated Graphics	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		M C Burkard	П		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/2/2015		Houston	TX 77024	500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Itions)
	Energy			Riverbend Midstream M	anagement
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Thomas Rushing			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/2/2015		Houston	TX 77005	1,500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Investment M	Management (		Merrill Lynch	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Jay Williams	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	9/2/2015		Houston	TX 7024	2,500.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
	Real Estate			Property Commerce	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1	
The	Instruction (	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:	
2 F	ILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)	
4	Date	5 Full name of contributor  Newt Barineau	out of state I	PAC(ID# )	7 Amount of contributions (\$)	
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code	250.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
4	Date	5 Full name of contributor  James Simons	out of state I	PAC(ID# )	7 Amount of contributions (\$)	
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7027	100.00	
8	Principal occ	rupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)	
4	Date	5 Full name of contributor  R. Davis Maxey	out of state I	PAC(ID# )	7 Amount of contributions (\$)	
	9/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7277-2205	100.00	
8	Principal occ	rupation / Job title (See Instructions)		9 Employer (See Instruct	I tions)	
4	Date	5 Full name of contributor  Howard Holsenbeck	out of state I	PAC(ID# )	7 Amount of contributions (\$)	
	9/4/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77074	500.00	
8	Principal occ Real Estate	upation / Job title (See Instructions)		9 Employer (See Instruct Holsenbeck Realty	I tions)	
4	Date	5 Full name of contributor	out of state I	PAC(ID# )		

M	ONETAR	RY POLITICAL CONT	RIBUTION	S		SCHEDULE	<b>A</b> 1
The	Instruction	Guide explains how to comple	ete this form.		1 Tota	al Pages Schedule A1:	
2 F	ILER NAME	William R Frazer			3 Filer ID (	(Ethics Commission filers)	
		Don McAdams			7	Amount of contributions (\$)	
	9/5/2015	6 Contributor address;	City; Bellaire	State; Zip Code	-	500.00	
	5, 5, 2, 5						
8	Principal oc Retired	cupation / Job title (See Instructions)		9 Employer (See Instru Retired	ctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		Sheila Mayfield			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code	-		
	9/6/2015		Houston	TX 7257		250.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		Maria Boyce	_		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code	-		
	9/7/2015		Houston	TX 7027		250.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		John Adkins			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code	-		
	9/8/2015		Houston	TX 7019		100.00	
8	Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		Arlen Ferguson	_		7	Amount of contributions (\$)	

M	ONETARY	Y POLITICAL CONTR	S	SCHEDULE A1		
Th	e Instruction G	Guide explains how to complete	1 Total Pages Schedule A1:			
2 F	FILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)	
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7057	100.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)	
4	Date	5 Full name of contributor Gary Moss	out of state	PAC(ID# )	7 Amount of contributions (\$)	
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7027	250.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)	
4	Date	5 Full name of contributor  David Peacock	out of state	PAC(ID# )	7 Amount of contributions (\$)	
	9/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7006	2,500.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc Tom Peacock Nissan/Ca		
4	Date	5 Full name of contributor Sarah Powell	out of state	PAC(ID# )	7 Amount of contributions (\$)	
	9/10/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7019	100.00	
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)	

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1	
The	e Instruction (	Guide explains how to comple	1 Total Pages Schedule A1:			
2 F	ILER NAME	William R Frazer	3 Filer ID (Ethics Commission filers)			
4	Date	5 Full name of contributor Sally Hoyt	out of state I	PAC(ID# )	7 Amount of contributions (\$)	
	9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7080-7416	250.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
4	Date	5 Full name of contributor  Preston Mood	out of state I	PAC(ID# )	7 Amount of contributions (\$)	
	9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7079-3219	500.00	
8	Principal occ	eupation / Job title (See Instructions)		9 Employer (See Instruction Retired	I tions)	
4	Date	5 Full name of contributor  James Gibson	out of state I	PAC(ID# )	7 Amount of contributions (\$)	
	9/11/2015	6 Contributor address;	City; Leedburg	State; Zip Code TX 5451	1,000.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instructions) Retired		
4	Date	5 Full name of contributor  George Dehan	out of state	PAC(ID# )	7 Amount of contributions (\$)	
	9/13/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7057	200.00	
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	I tions)	
4	Date	5 Full name of contributor	out of state I	PAC(ID# )		

M	ONETAR	Y POLITICAL CONT	RIBUTION	S		SCHEDULE	<b>A</b> 1
The	e Instruction (	Guide explains how to compl	ete this form.		1 Tota	l Pages Schedule A1:	
2 F	ILER NAME	William R Frazer			3 Filer ID (	Ethics Commission filers)	
		Kenneth Calhoun	12.21		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/16/2015		Houston	TX 7079		300.00	
8	Principal occ	Leupation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )	Ī		
		Nano Cox	Ц		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/17/2015		ouston	TX 7098		100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		L Dana Weaver	_		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/17/2015		Houston	TX 7005-2147		1,000.00	
8	Principal occ	Loupation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
	Consulting			L. Dana Weaver			
4	Date	5 Full name of contributor	out of state	PAC(ID# )	_		
		F. Richard Leach			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/18/2015		Houston	TX 7009		100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		Harold Watson			7	Amount of contributions (\$)	

M	ONETARY	POLITICAL CONTR	IBUTIONS	3	SCHEDULE A1
Th	e Instruction G	uide explains how to complete	1 Total Pages Schedule A1:		
2 F	TILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
	9/18/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7002	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Linda Debrovner	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7057-1425	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor William D Murphy	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7055-7418	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I trions)
4	Date	5 Full name of contributor  Cynthia England	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7027-3163	500.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruction Jess H Young & Co	etions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
The	e Instruction (	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	William R Frazer	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor Toni Wallingford	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Robert F Jungman	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor  Anthony Padon	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7018	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor  John Farrell	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/22/2015	6 Contributor address;	City; Atlanta	State; Zip Code GA 0327	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S		SCHEDULE A	41
The	Instruction (	Guide explains how to comple	te this form.		1 Tota	al Pages Schedule A1:	
2 F	ILER NAME	William R Frazer			3 Filer ID (	(Ethics Commission filers)	
		Lyn Jones	,		7	Amount of contributions (\$)	
	9/22/2015	6 Contributor address;	City;	State; Zip Code		100.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		Tony Nguyen	Ш		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/22/2015		Houston	TX 7206		25.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		Bob Parkey			7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/22/2015		Houston	TX 7024		250.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# 16921 )			
		Houston Westside PAC	Ш		7	Amount of contributions (\$)	
		6 Contributor address;	City;	State; Zip Code			
	9/23/2015		Houston	TX 7242-1487		500.00	
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID# )			
		Sally Rutherford			7	Amount of contributions (\$)	

MONE	TAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
The Instr	uction (	Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER	NAME '	William R Frazer	3 Filer ID (Ethics Commission filers)		
9/23/2	2015	6 Contributor address;	City; Houston	State; Zip Code TX 7024	100.00
8 Prin	cipal occ	rupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	e	5 Full name of contributor  Daisy Quayle	out of state	PAC(ID# )	7 Amount of contributions (\$)
9/24/2	2015	6 Contributor address;	City; Houston	State; Zip Code TX 7063	200.00
8 Prin	cipal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4 Date	e	5 Full name of contributor  Albert Magill	out of state	PAC(ID# )	7 Amount of contributions (\$)
9/24/2	2015	6 Contributor address;	City; Houston	State; Zip Code TX 7057	500.00
	icipal occ	upation / Job title (See Instructions)		9 Employer (See Instruction Magill Development	Letions)
4 Date	e	5 Full name of contributor Fred Schall	out of state	PAC(ID# )	7 Amount of contributions (\$)
9/24/2	2015	6 Contributor address;	City; Houston	State; Zip Code TX 7057	100.00
8 Prin	icipal occ	rupation / Job title (See Instructions)		9 Employer (See Instruc	etions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	S	SCHEDULE A1
The	e Instruction (	Guide explains how to comple	1 Total Pages Schedule A1:		
2 F	ILER NAME	William R Frazer	3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor L Henry Gissel	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7010-3095	200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor William Joplin	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7063	200.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor Fred Dunlop	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	300.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor Eloise P Searls	out of state	PAC(ID# )	7 Amount of contributions (\$)
	9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 7056	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

MONET	ARY POLITICAL CON	SCHEDULE A1		
The Instruc	tion Guide explains how to compl	1 Total Pages Schedule A1:		
2 FILER NA	AME William R Frazer			3 Filer ID (Ethics Commission filers)
	Mark Padon	<del></del>		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/201	5	Houston	TX 7056	50.00
8 Princip	pal occupation / Job title (See Instructions)	)	9 Employer (See Instr	uctions)
4 Date	5 Full name of contributor  Lamar Hall	out of state	PAC(ID# )	7 Amount of contributions (\$)
9/24/201	6 Contributor address;	City; Houston	State; Zip Code	200.00
8 Princip	val occupation / Job title (See Instructions)	)	9 Employer (See Instr	uctions)
4 Date	5 Full name of contributor  Mark Brown	out of state	PAC(ID# )	7 Amount of contributions (\$)
9/24/201	6 Contributor address;	City; Houston	State; Zip Code	150.00
8 Princip	pal occupation / Job title (See Instructions)	)	9 Employer (See Instr	uctions)
			OF THIS SCHEDU	
	If contributor is out-of-state	PAC, please see ins	struction guide for addit	ional reporting requirements

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)					
4 Date	5 Payee name							
7/1/2015	Authorize.net							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
17.40	PO Box 947							
	American Fork UT 84003							
8 PURPOSE OF EXPENDITURE	(a) Category  Accounting/Banking	(b) Description  Check if travel outside of Te  Check if Austin, TX, officehored  Credit Card Proces	older living expense					
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	I office sought c	office held					
4 Date	5 Payee name							
7/1/2015	Beavers Media & Communio	cations						
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
1,500.00	8925 Briar Forest Dr.							
	Houston TX 77024							
8 PURPOSE OF EXPENDITURE	(a) Category  Consulting Expense	(b) Description  Check if travel outside of Technology Check if Austin, TX, officehorsulting						
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held					
4 Date	5 Payee name							
7/1/2015	Hi Hat, Inc.							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
1,000.00	6990 Portwest							
	Suite 100							
	Houston TX 77055							
8 PURPOSE OF EXPENDITURE		(b) Description						

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Rent Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/1/2015 Mammoth Marketing Group **6** Amount (\$) 7 Payee address; City; State; Zip Code 4708 Eigel Street 6,500.00 Houston TX 77007 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Consulting Expense Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME William R Fraze		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	-	,
7/1/2015			
	Philip G Owens	Ctata: 7:a Cada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
4,000.00	10231 Glenfield Park Lane		
	Houston TX 77070	1	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Consulting Expense	Consulting	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
·			
4 Date	5 Payee name		
7/2/2015	Anderson Design		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
405.93	12402 Piping Rock		
	Houston TX 77077		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Printing Expense	Fundraising	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/2/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
23.93	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE		(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/2/2015 Authorize.net **6** Amount (\$) 7 Payee address; Zip Code City; State; PO Box 947 36.80 American Fork UT 84003 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

TROM TOLITIOAL	<u> </u>	
	The Instruction Guide ex	plains how to complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	
7/3/2015	Authorize.net	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
7.25	PO Box 947	
	American Fork UT 84003	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Accounting/Banking	Credit Card Processing Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
experiordiree to benefit 6/011		
4 Date	5 Payee name	
7/5/2015	Office Depot -	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
65.99	10217 Katy Freeway	
	Houston TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
	Office Overhead/Rental	Office Supplies
	Expense	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held
experience to benefit 6/611		
4 Date	5 Payee name	
7/6/2015	Holly R Boyter	
6 Amount (\$)	7 Payee address; City;	State; Zip Code
2,025.00	7814 Cadenza Court	
	Houston TX 77040	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/7/2015 **Texas Workforce Commission** 6 Amount (\$) 7 Payee address; City; State; Zip Code 101 E. 15th St 28.49 Austin TX 78778 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 2nd Qtr unemployment tax Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

I KOM I OLITIOAL	001111111111111111111111111111111111111		
	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er en	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/7/2015	US Treasury		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
380.33	Internal Revenue Service		
	Ogden UT 84201		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Salaries/Wages/Contract	941 Q2 deposit	
	Labor	·	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/10/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2.90	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	
	Accounting/Banking	Credit Card Proces	
	Accounting/banking	Orean Gara Freedom	ising 1 cc
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH		•	
4 Date	5 Payee name		
7/15/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
10.15	PO Box 947	э,	
10.13	1 0 000 347		
	American Fork UT 04000		
O DUDDOSE OF EVERNOTUSE	American Fork UT 84003	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/16/2015 Speedy Printing 6 Amount (\$) 7 Payee address; City; Zip Code State; 3433 W Alabama Sutie C 177.76 Houston TX 77027 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Business Cards Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		,
7/16/2015	Walgreen's		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
29.42	8942 W Sam Houston Pkwy N	ı	
	Houston TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category  Office Overhead/Rental Expense	(b) Description  Check if travel outside of Te  Check if Austin, TX, officeho  Office Supplies	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
7/16/2015	Mammoth Marketing Group		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
405.94	4708 Eigel Street		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE	(a) Category  Printing Expense	(b) Description  Check if travel outside of Te  Check if Austin, TX, officehor	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought o	ffice held
4 Date	5 Payee name		
7/20/2015	Mammoth Marketing Group		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
3,196.25	4708 Eigel Street		
	Houston TX 77007	[a, p	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Fundraising Solicitation/Fundraising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/21/2015 **Shock Designs** 7 Payee address; 6 Amount (\$) City; Zip Code State; 6110 Shadow Crest St 5,264.58 Houston TX 77074 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Signage **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME William R Fraze	<u> </u>	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/21/2015	Shock Designs		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
4,765.23	6110 Shadow Crest St	2.p 2000	
4,700.20	0110 Shadow Crest St		
	Houston TX 77074		
8 PURPOSE OF EXPENDITURE		(b) Description	
O TOKE ODE OF EXPENDITORE	(a) Category	Check if travel outside of Tex	as complete Schedule T
		Check if Austin, TX, officehol	
	Drinting Evnence	Signage	del living expense
	Printing Expense	Signage	
9 Complete ONLY if direct	Candidate / Officehoder name	   ffice sought off	ice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/21/2015	Shock Designs		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
460.25	6110 Shadow Crest St		
	Houston TX 77074		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	as, complete Schedule T
		Check if Austin, TX, officehol	der living expense
	Printing Expense	T-Shirts	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought off	ice held
4 Date	5 Payee name		
7/27/2015	Beavers Media & Communic	ations	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,500.00	8925 Briar Forest Dr.		
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/27/2015 David G Acosta **6** Amount (\$) 7 Payee address; City; Zip Code State; 1703 W. 12th St. 500.00 Houston TX 77008-6401 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	·	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/27/2015	Hi Hat, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	6990 Portwest		
,	Suite 100		
	Houston TX 77055		
8 PURPOSE OF EXPENDITURE		(b) Description  Check if travel outside of Te.  Check if Austin, TX, officeho  Office Rent	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	fice held
4 Date	5 Payee name		
7/27/2015	Texas State Board of Public	Accountancy	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.89	333 Guadalupe Street, Tower	3	
	Suite 900		
	Austin TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category  Solicitation/Fundraising Expense	(b) Description  Check if travel outside of Text  Check if Austin, TX, officeho  Mailing list	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
4 Date	5 Payee name		
7/27/2015	Holly R Boyter		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,360.00	7814 Cadenza Court		
	Houston TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Staff Salaries Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/27/2015 Mammoth Marketing Group 7 Payee address; 6 Amount (\$) City; State; Zip Code 4708 Eigel Street 3,500.00 Houston TX 77007 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraz	er	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
7/27/2015	Philip G Owens		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
4,000.00	10231 Glenfield Park Lane		
	Houston TX 77070		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Consulting Expense	Consulting	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/27/2015	TPPAC		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
125.00	8607 MLK		
	Houston TX 77033		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of T	exas, complete Schedule T
		Check if Austin, TX, officeh	older living expense
	Event Expense	Refreshment unde	erwriting
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
7/28/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.50	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 7/28/2015 **Enrique Torres** 7 Payee address; 6 Amount (\$) City; Zip Code State; 130.00 3131 W Little York Rd Houston TX 77091 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Equipment Installation Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME William R Fraze	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name	O1	,
7/29/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
		State, Zip Code	
217.00	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	
		Check if Austin, TX, officeho	older living expense
	Accounting/Banking	Credit Card Proces	sing Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
A Date	<b>5</b> D		
4 Date	5 Payee name		
7/31/2015	Authorize.net	7: 0	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1.45	PO Box 947		
	American Fork UT 84003	[a) 5 · · ·	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	
		Check if Austin, TX, officeho	
	Accounting/Banking	Credit Card Proces	sing Fee
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH	Oandidate / Omcender name	onice sought of	ince held
4 Date	5 Payee name		
8/4/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2.90	PO Box 947	, , ,	
2.50	I O DOX OTI		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE		(b) Description	
	(-7 3)	17.7	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/4/2015 Authorize.net **6** Amount (\$) 7 Payee address; Zip Code City; State; PO Box 947 30.60 American Fork UT 84003 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	<b>.</b>
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er e e e e e e e e e e e e e e e e e e	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/5/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
10.15	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Accounting/Banking	Credit Card Proces	ssing Fee
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/6/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
29.00	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Accounting/Banking	Credit Card Proces	ssing Fee
	/ 1000 a		•
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/10/2015	US Treasury		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
832.74	Internal Revenue Service		
	Ogden UT 84201		
8 PURPOSE OF EXPENDITURE	_	(b) Description	
	T. Control of the Con	i e	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 941 Q3 deposit Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/12/2015 Authorize.net 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 947 10.15 American Fork UT 84003 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide exp	plains how to complete this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	r	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/13/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
7.25	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Accounting/Banking	Credit Card Proces	sing Fee
9 Complete ONLY if direct	Candidate / Officehoder name o	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/13/2015	Elegant Valet Service		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
300.00	2323 S Voss Rd		
	Houston TX 77057		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Event Expense	Valet parking service	ces
	'		
9 Complete ONLY if direct	Candidate / Officehoder name o	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
8/13/2015	Office Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
73.60	13802 North West Freeway		
	Houston TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/13/2015 Sicola Florist 7 Payee address; 6 Amount (\$) Zip Code City; State; 9516 Jones Rd 64.94 Houston TX 77065 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Flowers for event host **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME William R Fraze	-	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		,
8/13/2015			
	Mammoth Marketing Group	State: Zin Code	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
3,014.95	4708 Eigel Street		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	
		Check if Austin, TX, officeho	lder living expense
	Printing Expense	GOTV	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	ffice sought of	fice held
A Date			
4 Date	5 Payee name		
8/18/2015	Office Depot		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
38.56	9429 Katy Freeway		
	Houston TX 77024	[a. 5]	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	
		Check if Austin, TX, officeho	lder living expense
	Office Overhead/Rental Expense	Office Supplies	
9 Complete ONLY if direct	Candidate / Officehoder name	ffice sought of	fice held
expendituree to benefit C/OH	Candidate / Officeriodel frame	inice sought on	nce neu
4 Date	5 Payee name		
8/18/2015	Discount Rubber Stamps.com	n	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
31.03	PO Box 445	2.a.c, 2.p 0000	
31.03	F O DUX 440		
	Dutter WI 52007		
DIIDDOSE OF EVDENDITURE	Butler WI 53007	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/18/2015 Kingwood TEA Party, Inc. 7 Payee address; 6 Amount (\$) Zip Code City; State; 500.00 2261 Northpark Drive, #109 Kingwood TX 77339 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Constitution Day Celebration and Freedom Rally **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME William R Fraze	-	Filer ID (Ethics Commission filers)
4 Date	5 Payee name	51	(Ettilos Commission filoto)
8/24/2015	Aubrey R. Taylor Communic		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
750.00	957 NASA Parkway #251		
	Houston TX 77058		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas	s, complete Schedule T
		Check if Austin, TX, officeholde	er living expense
	Advertising Expense	Advertisement	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	e held
4 Date	5 Payee name		
8/24/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
7.25	PO Box 947		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Texas	s, complete Schedule T
		Check if Austin, TX, officeholde	er living expense
	Accounting/Banking	Credit Card Processing	g Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office	e held
experience to benefit 6/611			
4 Date	5 Payee name		
8/24/2015	Downtown Houston Pachyde	erm Club	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
250.00	c/o Sofhia Mafrige		
	411 Fannin, Suite 300		
	Houston TX 77002		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Sponsorship for Luncheon **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/24/2015 YK Creative 7 Payee address; 6 Amount (\$) City; Zip Code State; 225.00 20507 Spring Mission Spring TX 77388 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Website maintenance Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraz	er	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
8/25/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
7.25	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE	(a) Category  Accounting/Banking	(b) Description  Check if travel outside of Technology Check if Austin, TX, officeh  Credit Card Proces	older living expense	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held	
4 Date	5 Payee name			
8/31/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
117.25	PO Box 947  American Fork UT 84003			
8 PURPOSE OF EXPENDITURE		(b) Description		
	Accounting/Banking	Check if travel outside of Technology Check if Austin, TX, officeh	older living expense	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held	
4 Date	5 Payee name			
8/31/2015	David G Acosta			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
500.00	1703 W. 12th St.			
	Houston TX 77008-6401	Taxa		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 8/31/2015 Mammoth Marketing Group 7 Payee address; 6 Amount (\$) City; State; Zip Code 4708 Eigel Street 2,570.26 Houston TX 77007 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **GOTV Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er –	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/31/2015	Mammoth Marketing Group		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
697.50	4708 Eigel Street		
	Houston TX 77007		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Solicitation/Fundraising	Fundraising	
	Expense		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
experientative to benefit 0/011			
4 Date	5 Payee name		
9/1/2015	Beavers Media & Communic	ations	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,500.00	8925 Briar Forest Dr.		
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Consulting Expense	Consulting	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name o	office sought of	fice held
4 Date	5 Payee name		
9/1/2015	Hi Hat, Inc. 7 Payee address; City;	State; Zip Code	
6 Amount (\$)		State; Zip Code	
1,000.00	6990 Portwest		
	Suite 100		
O DUDDOSE OF EVERNOTUSE	Houston TX 77055	(h) Description	
8 PURPOSE OF EXPENDITURE	(a) Calegory	(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Rent Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/1/2015 Mammoth Marketing Group 7 Payee address; 6 Amount (\$) City; State; Zip Code 4708 Eigel Street 3,500.00 Houston TX 77007 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Consulting Consulting Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME William R Frazi	<u> </u>	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name	=   	o Ther ib (Eulies Commission mers)	
9/1/2015	Philip G Owens			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
4,000.00	10231 Glenfield Park Lane			
	Houston TX 77070			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Tex	as, complete Schedule T	
		Check if Austin, TX, officehol	der living expense	
	Consulting Expense	Consulting		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held	
oxponuncios to sonom e, e				
4 Date	5 Payee name			
9/2/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
28.10	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Tex	as, complete Schedule T	
		Check if Austin, TX, officehol	der living expense	
	Accounting/Banking	Credit Card Process	sing Fee	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought off	ice held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
9/4/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
7.25	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE		(b) Description		

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/5/2015 Intuit **6** Amount (\$) 7 Payee address; Zip Code City; State; PO Box 351270 224.05 New Braunfels TX 78135 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Office supplies Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
9/7/2015	Holly R Boyter			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
2,350.00	7814 Cadenza Court			
	Houston TX 77040			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Te	exas, complete Schedule T	
		Check if Austin, TX, officeho	older living expense	
	Salaries/Wages/Contract	Staff Salaries		
	Labor			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
9/9/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
7.25	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Te	exas, complete Schedule T	
		Check if Austin, TX, officeho	older living expense	
	Accounting/Banking	Credit Card Proces	ssing Fee	
	/ 1000 a		•	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought of	ffice held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
9/9/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
7.25	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE		(b) Description		
	T. Control of the con	i		

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/10/2015 Authorize.net 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 947 2.90 American Fork UT 84003 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name			
9/11/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
2.90	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Te	exas, complete Schedule T	
		Check if Austin, TX, officeho	older living expense	
	Accounting/Banking	Credit Card Proces	sing Fee	
	January G. Marian			
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held	
expendituree to benefit C/OH				
4 Date	5 Payee name			
9/14/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
7.25	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if travel outside of Te	exas, complete Schedule T	
		Check if Austin, TX, officeho	older living expense	
	Accounting/Banking	Credit Card Proces	ssing Fee	
	/ 1000 a		•	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought o	ffice held	
expendituree to benefit C/OH				
		_		
4 Date	5 Payee name			
9/16/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
92.80	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE		(b) Description		
	T. Control of the Con	i .		

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/18/2015 Authorize.net 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 947 8.70 American Fork UT 84003 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraz	er	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name		,	
9/18/2015	Shock Designs			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
585.26	6110 Shadow Crest St			
	Houston TX 77074			
8 PURPOSE OF EXPENDITURE	(a) Category  Printing Expense	(b) Description  Check if travel outside of Te  Check if Austin, TX, officehors  Bumper Stickers		
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
9/21/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
2.90	PO Box 947			
	American Fork UT 84003	_		
8 PURPOSE OF EXPENDITURE	(a) Category  Accounting/Banking	(b) Description  Check if travel outside of Telegraphic Check if Austin, TX, officeholder Credit Card Proces	older living expense	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held	
4 Date	5 Payee name			
9/22/2015	Authorize.net			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
5.80	PO Box 947			
	American Fork UT 84003			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/22/2015 Authorize.net 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 947 2.90 American Fork UT 84003 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Total pages Schedule F1:    2 FILER NAME William R Frazer   3 Filer ID (Ethios Commission filers)				
4 Date 9/23/2015  6 Amount (5) 100.00  7 Payee address: City: State: Zip Code P.O. Box 35551 Houston TX 77235  8 PURPOSE OF EXPENDITURE (a) Candidate / Officehoder name 9 Complete ONLY if direct expenditures to benefit C/OH  4 Date 9/24/2015  8 PURPOSE OF EXPENDITURE (a) Candidate / Officehoder name Office sought Office held  5 Payee address: City: State: Zip Code Creck if Austin, TX, officeholder living expense Bronze level  6 Amount (5) 7 Payee address: City: State: Zip Code PO Box 947 American Fork UT 84003  8 PURPOSE OF EXPENDITURE (a) Category Check if Austin, TX, officeholder living expense Credit Card Processing Fee Credit Card Processing Fee  9 Complete ONLY if direct expenditures to benefit C/OH  4 Date 9 Complete ONLY if direct Accounting/Banking Office Depot  6 Amount (5) 7 Payee address: City: State: Zip Code Credit Card Processing Fee Credit Card Processing Fee Credit Card Processing Fee  9 Complete ONLY if direct office Depot  6 Amount (5) 7 Payee address: City: State: Zip Code 1 3802 North West Freeway Houston TX 77040		The Instruction Guide ex	plains how to complete this form	n.
9 / 23/2015 Willow Meadows Civic Club  6 Amount (\$) 7 Payee address; City; State; Zip Code  100.00 P.O. Box 35551  Houston TX 77235  8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T  Event Expense Bronze level  9 Complete ONLY if direct expense Bronze level  4 Date 9/24/2015 Amount (\$) 7 Payee address; City: State: Zip Code  9 Long Expenditures to benefit CrOH  4 Date 9/24/2015 Amount (\$) 6.53 Poyee name Authorize.net  6 Amount (\$) 7 Payee address; City: State: Zip Code  PO Box 947 American Fork UT 84003  8 PURPOSE OF EXPENDITURE (a) Category Check if tavel outside of Texas, complete Schedule T  Check if tavel outside of Texas, complete Schedule T  Check if tavel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense  Credit Card Processing Fee  9 Complete ONLY if direct expenditures to benefit COH  4 Date 5 Payee name 9/24/2015 Office Depot  Office Depot  Office Sought Office bode  Credit Card Processing Fee  6 Amount (\$) 7 Payee address; City: State: Zip Code  13802 North West Freeway  Houston TX 77040	1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)
6 Amount (\$) 100.00 7 Payee address: City: State: Zip Code P.O. Box 35551 Houston TX 77235 8 PURPOSE OF EXPENDITURE (a) Category  9 Complete CNLY if direct expense  5 Payee name Authorize.net 6 Amount (\$) 6 PO Box 947 American Fork UT 84003  8 PURPOSE OF EXPENDITURE (a) Category  (b) Description Check if ravel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Bronze level  6 Amount (\$) 7 Payee address: City: State: Zip Code PO Box 947 American Fork UT 84003  8 PURPOSE OF EXPENDITURE (a) Category  (b) Description Check if ravel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee  9 Complete CNLY if direct Expenditures to benefit COH  1 Date 9 Candidate / Officehoder name Office sought Office sought Office held  1 Date 9/24/2015  5 Payee name 9/24/2015 Office Depot  6 Amount (\$) 7 Payee address: City: State: Zip Code 13802 North West Freeway Houston TX 77040	4 Date	5 Payee name		
P.O. Box 35551   Houston TX 77235     Houston TX 77040   Houston TX 7	9/23/2015	Willow Meadows Civic Club		
Houston TX 77235  8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, difficeholder living expense Bronze level  9 Complete ONLY if direct expenditure to benefit CiOH Candidate / Officehoder name office sought office held  4 Date S Payee name Authorize, net  6 Amount (\$) 7 Payee address; City: State: Zip Code  PO Box 947 American Fork UT 84003  8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, difficeholder living expense Credit Card Processing Fee  9 Complete ONLY if direct expenditure to benefit CiOH Candidate / Officehoder name office sought office held  4 Date S Payee name Office Popot S Payee name Office Sought Officeholder State (Candidate / Officehoder name Office Sought Officeholder State (Candidate / Officehoder name Office Sought Officeholder State (Candidate / Officeholder State (Candidate / Officeholder State (Candidate / Officeholder State (Candidate / Officeholder Sought Officeholder State (Candidate / Officeholder Sought Officeholder Sought Officeholder State (Candidate / Officeholder Sought Officeho	6 Amount (\$)	7 Payee address; City;	State; Zip Code	
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6 Amount (\$) 7 Payee address; City; State; Zip Code  PO Box 947  American Fork UT 84003  8 PURPOSE OF EXPENDITURE (a) Category  Accounting/Banking  Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee  Credit Card Processing Fee  4 Date 9/24/2015  Office Depot  6 Amount (\$) 7 Payee address; City; State; Zip Code  13802 North West Freeway  Houston TX 77040	9/24/2015	Authorize.net		
American Fork UT 84003  8 PURPOSE OF EXPENDITURE Accounting/Banking Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee  9 Complete ONLY if direct expendituree to benefit C/OH Appenditure to benefit C/OH  5 Payee name Office Depot  6 Amount (\$) 67.58 7 Payee address: City; State: Zip Code 13802 North West Freeway Houston TX 77040	6 Amount (\$)	7 Payee address; City;	State; Zip Code	
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8 PURPOSE OF EXPENDITURE  (a) Category  Accounting/Banking  (b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense  Credit Card Processing Fee  9 Complete ONLY if direct expendituree to benefit C/OH  4 Date  9/24/2015  5 Payee name  Office Depot  6 Amount (\$)  67.58  7 Payee address; City; State; Zip Code  13802 North West Freeway  Houston TX 77040				
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9 Complete ONLY if direct expendituree to benefit C/OH  4 Date 9/24/2015  5 Payee name 9/24/2015  Office Depot  7 Payee address; City; State; Zip Code 13802 North West Freeway  Houston TX 77040		Accounting/Banking		
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67.58 13802 North West Freeway  Houston TX 77040	9/24/2015	Office Depot		
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Houston TX 77040	67.58	13802 North West Freeway		
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<u> </u>		Houston TX 77040		
to FUNE OF ENFERDITURE I(a) Category I(b) Description	8 PURPOSE OF EXPENDITURE		(b) Description	

#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/24/2015 Dollar Tree Stores, Inc 7 Payee address; 6 Amount (\$) City; Zip Code State; 22.73 5770 Hollister St, Suite I Houston TX 77040 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Office Supplies Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
9/24/2015	Walgreen's		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
17.09	8942 W Sam Houston Pkwy N	I	
	Houston TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead/Rental	Office Supplies	
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name o	office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/24/2015	Dollar Tree Stores, Inc		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.07	9215 West Rd.		
	Houston TX 77064		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Te	xas, complete Schedule T
		Check if Austin, TX, officeho	older living expense
	Office Overhead/Rental	Office Supplies	
	Expense		
9 Complete ONLY if direct	Candidate / Officehoder name	 office sought of	fice held
expendituree to benefit C/OH			
4 Date	5 Payee name		
9/24/2015	Walgreen's		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
9.80	8942 W Sam Houston Pkwy N	1	
0.00	Join Todolom Rwy IV	-	
	Houston TX 77040		
8 PURPOSE OF EXPENDITURE		(b) Description	
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#### **POLITICAL EXPENDITURES** SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission filers) <sup>2</sup> FILER NAME William R Frazer Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 9/24/2015 Dollar Tree Stores, Inc 7 Payee address; 6 Amount (\$) City; Zip Code State; 3.25 9215 West Rd. Houston TX 77064 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies Office Overhead/Rental Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

POLITICAL EXPEN			SCHEDULE F1					
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fra	azer	3 Filer ID (Ethics Commission filers)					
4 Date	5 Payee name							
9/24/2015	Holly R Boyter							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
2,975.00	7814 Cadenza Court							
	Houston TX 77040							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description						
		Check if travel outs	ide of Texas, complete Schedule T					
		Check if Austin, TX	, officeholder living expense					
	Salaries/Wages/Contract Labor	Staff Salar	ies					
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held					
4 Date	5 Payee name							
9/24/2015	Katheryn Gentry							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
802.50	7518 Kite Hill Dr							
	Houston TX 77041							
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description						
		Check if travel outs	ide of Texas, complete Schedule T					
		Check if Austin, TX	, officeholder living expense					
	Salaries/Wages/Contract Labor	Contract L	abor					
	Laboi							
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held					
expendituree to benefit C/OH								

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME William R Frazer TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$\$4,833.43 5 Date Payee name 9/7/2015 **US Treasury 7** Amount (\$) 8 Payee address; City: State: Zip Code 456.21 Internal Revenue Service Ogden UT 84201 TYPE OF EXPENDITURE Political Non-Political 9 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 941 Q3 payroll taxes Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 9/24/2015 **US Treasury** Zip Code **7** Amount (\$) Payee address; City; State; 617.06 Internal Revenue Service Ogden UT 84201 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 941 Q3 payroll taxes Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 7/27/2015 **Texas Workforce Commission** Amount (\$) 8 Payee address; City; State; Zip Code 6.76 101 E. 15th St

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME William R Frazer TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$\$4,833.43 Austin TX 78778 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Q3 unemployment tax Salaries/Wages/Contract Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 9/24/2015 Mammoth Marketing Group **7** Amount (\$) 8 Payee address; City; State; Zip Code 1,145.00 4708 Eigel Street Houston TX 77007 **TYPE OF EXPENDITURE** Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Fundraising Solicitation/Fundraising Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 Payee name Date 9/24/2015 David G Acosta **7** Amount (\$) Payee address; City; Zip Code State; 500.00 1703 W. 12th St. Houston TX 77008-6401 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description

UI	NPAID INCURRED	OI	BLIGATIONS			SCHEDULE F2
			The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F2:	2	FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED UNPA	ID IN	ICURRED OBLIGATIONS		\$\$4,833.43	
			Consulting Expense		Check if travel outside of Texas, complete Sche Check if Austin, TX, officeholder living expense Consulting	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name	1	office sought off	fice held
5	Date	6	Payee name			
	9/15/2015		Beavers Media & Communio	ation	ns	
7	Amount (\$)	8	Payee address; City;	Sta	te; Zip Code	
	2,073.45		8925 Briar Forest Dr.			
			Houston TX 77024			
9	TYPE OF EXPENDITURE	X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) (	Category  Advertising Expense	(b) D	Check if travel outside of Texas, complete Sche Check if Austin, TX, officeholder living expense Advertisement	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought off	fice held

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission filers) FILER NAME William R Frazer TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$\$4,833.43 5 Date Payee name 9/24/2015 Authorize.net **7** Amount (\$) 8 Payee address; City: State: Zip Code 4.35 PO Box 947 American Fork UT 84003 Political TYPE OF EXPENDITURE Non-Political 9 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 9/24/2015 Authorize.net Zip Code **7** Amount (\$) Payee address; City; State; PO Box 947 26.25 American Fork UT 84003 9 TYPE OF EXPENDITURE Х Political Non-Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Credit Card Processing Fee Accounting/Banking Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 9/24/2015 Authorize.net Amount (\$) 8 Payee address; City; State; Zip Code 1.45 PO Box 947

UI	NPAID INCURRED	OBLIGATIONS	SCHEDULE	F2
		The Instruction Guide explains	how to complete this form.	
1	Total pages Schedule F2:	2 FILER NAME William R Fraze	r 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED UNPA	L NID INCURRED OBLIGATIONS	\$\$4,833.43	
		American Fork UT 84003		
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category  Accounting/Banking	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense  Credit Card Processing Fee	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
5	Date	6 Payee name		
	9/23/2015	Authorize.net		
7	Amount (\$)	8 Payee address; City;	State; Zip Code	
	2.90	PO Box 947		
_	TYPE OF EVPENDITURE	American Fork UT 84003	Mar Palitical	
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category  Accounting/Banking	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense  Credit Card Processing Fee	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
	-	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	
E	(PENDITURES MA	DE BY CREDIT CARD	SCHEDULE	F4
		The Instruction Guide explains	·	
1	Total pages Schedule F4:	2 FILER NAME William R Fraze	r 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD	\$\$2,685.23	
5	Date	6 Payee name		]

#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME William R Frazer TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$2,685.23 7/2/2015 Arne's Amount (\$) 8 Payee address; City; State: Zip Code 100.04 2830 Hicks St. Houston TX 77007 Political 9 **TYPE OF EXPENDITURE** Non-Political **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Gift/Awards/Memorials American Flags Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 7/3/2015 Comcast **7** Amount (\$) Payee address; City; State; Zip Code 131.88 9602 S 300 W. Suite B Sandy UT 84070 9 TYPE OF EXPENDITURE Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental WiFi Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 7/3/2015 Office Max Amount (\$) 8 Payee address; State; Zip Code City; 37.86 5540 Weslayan St.

#### SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME William R Frazer TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$2,685.23 Houston TX 77005 TYPE OF EXPENDITURE Х Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies Office Overhead/Rental Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 7/7/2015 Amazon.com Amount (\$) 8 Zip Code Payee address; City; State; 75.43 410 Terry Ave. North Seattle WA 98109-5210. Political 9 TYPE OF EXPENDITURE Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Supplies Office Overhead/Rental Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 7/7/2015 Amazon.com City; Amount (\$) Payee address; State; Zip Code 75.43 410 Terry Ave. North Seattle WA 98109-5210. 9 TYPE OF EXPENDITURE Political Non-Political

E	KPENDITURES MA	DE BY CREDIT CARD			SCHEDULE	F4
		The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME William R Fraze	er	3 Filer ID (Ethics Commission filers)		-
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD	)	\$\$2,685.23		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) [	Description		
		office Overhead/Rental Expense		Check if travel outside of Texas, complete Sched Check if Austin, TX, officeholder living expense Office Supplies	dule T	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		office sought office	ce held	
5	Date	6 Payee name				
	7/9/2015	Thomas Printworks				
7	Amount (\$)	8 Payee address; City;	Sta	ate; Zip Code		
	71.45	4235 Richmond Ave				
		Houston TX 77027				
9	TYPE OF EXPENDITURE	X Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description		
		Printing Expense		Check if travel outside of Texas, complete Sched Check if Austin, TX, officeholder living expense Printing	dule T	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name		office sought office	ce held	
5	Date	6 Payee name				
	7/11/2015	Thomas Printworks				
7	Amount (\$)	8 Payee address; City;	Sta	ate; Zip Code		
	35.72	4235 Richmond Ave				
		Houston TX 77027				
9	TYPE OF EXPENDITURE	X Political		Non-Political		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) [	Description  Check if travel outside of Texas, complete Sched	dule T	
				Check if Austin, TX, officeholder living expense		

E	(PENDITURES MA	DE BY CREDIT CARD		SCHEDULE F4
		The Instruction Guide explains	how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME William R Fraze	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD	\$\$2,685.23	
		Printing Expense	Local Map	
				<b>7</b>
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
5	Date	6 Payee name		
	7/15/2015	Intuit		
7	Amount (\$)	8 Payee address; City;	State; Zip Code	
	39.44	Customer Communications		
		2800 E. Commerce Center Pla	ace	
		Tucson AZ 85706		
9	TYPE OF EXPENDITURE	X Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
		Scriedaley	Check if travel outside of Texas, complete s	Schedule T
			Check if Austin, TX, officeholder living expe	ense
		Office Overhead/Rental Expense	Payroll Processing	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held

#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME William R Frazer TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$2,685.23 5 Date 6 Payee name 7/17/2015 **Nation Builders 7** Amount (\$) 8 Payee address; City; State: Zip Code 69.00 520 S. Grand Ave 2nd Floor Los Angeles CA 90071 9 **TYPE OF EXPENDITURE** Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Website Office Overhead/Rental Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name 7/21/2015 Vistaprint USA, Inc **7** Amount (\$) 8 Payee address; City; State; Zip Code 13.98 95 Hayden Avenue Lexington MA 02421 Χ **TYPE OF EXPENDITURE** Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Printing Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 8/2/2015 Comcast City; Amount (\$) 8 Payee address; State; Zip Code

E	KPENDITURES MA	D	E BY CREDIT CARD			SCHEDULE	F4
			The Instruction Guide explains	how	to complete this form.		
1	Total pages Schedule F4:	2	FILER NAME William R Fraze	r	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDI.	TURES CHARGED TO A CREDIT CARD	)	\$\$2,685.23		
	131.88		9602 S 300 W. Suite B Sandy UT 84070				
9	TYPE OF EXPENDITURE	<b> </b>	<u> </u>		Non-Political		
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this	(b) [	Description		
		sche	Office Overhead/Rental Expense		Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense WiFi	е Т	
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	8/16/2015		Intuit				
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code		
	39.44		Customer Communications				
			2800 E. Commerce Center Pla	ace			
			Tucson AZ 85706				
9	TYPE OF EXPENDITURE	>	K Political		Non-Political		
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sedule)  Office Overhead/Rental Expense	(b) [	Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense Payroll Processing	еТ	
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought office	held	
5	Date	6	Payee name				
	8/17/2015		Nation Builders				
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code		
	69.00		520 S. Grand Ave				
			2nd Floor				
			Los Angeles CA 90071				

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	FILER NAME William R Frazer 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$2,685.23	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Schedule  Check if Austin, TX, officeholder living expense  Website  Expense	ule T
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	ee held
5	Date	6 Payee name	
	8/20/2015	Sicola Florist	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	68.18	9516 Jones Rd  Houston TX 77065	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Schedule  Check if Austin, TX, officeholder living expense  Flowers for Event host  Expense	ule T
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
5	Date	6 Payee name	
	8/31/2015	Facebook	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	3.95	1601 Willow Road  Menlo Park CA 94025	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Schedule	ule T

E	(PENDITURES MA	DE	BY CREDIT CARD			SCHEDULE F4
			The Instruction Guide explains	how	to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME William R Fraze	r	3 Filer ID (Ethics Commission fi	lers)
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT CARE	)	\$\$2,685.23	
			Advertising Expense		Check if Austin, TX, officeholder livin  Advertising	g expense
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held
5	Date	6	Payee name			
	9/2/2015		Comcast			
7	Amount (\$)	8	Payee address; City;	Sta	ate; Zip Code	
	131.88		9602 S 300 W. Suite B			
			Sandy UT 84070			
9	TYPE OF EXPENDITURE	X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) C sched	Category (See Categories listed at the top of this ule)  Office Overhead/Rental Expense	(b) [	Check if travel outside of Texas, com Check if Austin, TX, officeholder livin WiFi	•
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought	office held

#### SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission filers) Total pages Schedule F4: FILER NAME William R Frazer TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$\$2,685.23 5 Date 6 Payee name 9/2/2015 **USPS 7** Amount (\$) 8 Payee address; City; State: Zip Code 1,051.85 Stamp Fulfillment Services 8300 NE Underground Drive Pillar 210 Kansas City MO 64144 9 **TYPE OF EXPENDITURE** Political Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Office Overhead/Rental Postage Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Date 6 Payee name **TARC** 9/9/2015 **7** Amount (\$) Payee address; City; State; Zip Code 100.00 8312 Auguatine Dr., Apt. A Houston TX 77036 Х Political **TYPE OF EXPENDITURE** Non-Political PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this (b) Description schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Statesman of the Year Awards **Event Expense** Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 9/12/2015 Sicola Florist Amount (\$) 8 Payee address; City; State; Zip Code

E	EXPENDITURES MADE BY CREDIT CARD					
		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME William R Frazer 3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$2,685.23				
	68.18	9516 Jones Rd  Houston TX 77065				
9	TYPE OF EXPENDITURE	X Political Non-Political				
10		(a) Category (See Categories listed at the top of this (b) Description				
	TON GOL OF LAF ENGINE	Solicitation/Fundraising Expense  Check if travel outside of Texas, complete Schedule  Check if Austin, TX, officeholder living expense  Flowers for Event host	ıle T			
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held			
5	Date	6 Payee name				
	9/15/2015	Intuit				
7	Amount (\$)	8 Payee address; City; State; Zip Code				
	39.44	Customer Communications				
		2800 E. Commerce Center Place				
		Tucson AZ 85706				
9	TYPE OF EXPENDITURE	X Political Non-Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description				
		Office Overhead/Rental Expense  Check if travel outside of Texas, complete Scheduch Check if Austin, TX, officeholder living expense  Payroll Processing	ıle T			
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held			
5	Date	6 Payee name				
	9/17/2015	Nation Builders				
7	Amount (\$)	8 Payee address; City; State; Zip Code				
	69.00	520 S. Grand Ave				
		2nd Floor				
		Los Angeles CA 90071				

E	KPENDITURES MA	DE BY CREDIT CARD	SCHEDULE F4
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME William R Frazer 3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDITURES CHARGED TO A CREDIT CARD \$\$2,685.23	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Sched  Check if Austin, TX, officeholder living expense  Website  Expense	ule T
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	e held
5	Date	6 Payee name	
	9/18/2015	Vistaprint USA, Inc	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	15.70	95 Hayden Avenue  Lexington MA 02421	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Sched  Check if Austin, TX, officeholder living expense  Printing  Expense	ule T
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	ce held
5	Date	6 Payee name	
	9/19/2015	Moeller's Bakery	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	221.50	4201 Bellaire Blvd  Houston TX 77025	
9	TYPE OF EXPENDITURE	X   Political   Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Sched	ule T

E	(PENDITURES MA	ΔI	E BY CREDIT CA	RD		SCHEDULE F4			
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2	FILER NAME William F	R Frazer	3 Filer ID (Ethics Commission filers)				
4	TOTAL OF UNITEMIZED EXPE	NDI <sup>-</sup>	TURES CHARGED TO A CRED	DIT CARD	\$\$2,685.23				
			Food/Beverage Expens	se	Check if Austin, TX, officeholder living exp				
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name	I	office sought	office held			
5		6	Payee name						
	9/21/2015		Kingwood Area Repu						
7	Amount (\$)	8	Payee address; City;	5	State; Zip Code				
	25.00		1207 Golden Bear Ln.						
			Kingwood TX 77339						
9	TYPE OF EXPENDITURE	\	Political		Non-Political				
10		sche	Category (See Categories listed at the dule)  Food/Beverage Expens		Check if travel outside of Texas, complete Check if Austin, TX, officeholder living exp	pense			
11	Complete ONLY if direct expendituree to benefit C/OH	Car	ndidate / Officehoder name		office sought	office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME William R Frazer 4 Date 5 Payee name 7/28/2015 City of Houston 6 Amount (\$) 7 Payee Address; City; State: Zip Code 750.00 901 Bagby Houston TX 77002 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Filing Fee Fees **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 8/11/2015 **Chase Card Services** 7 Payee Address: 6 Amount (\$) Zip Code City; State: 100.04 Cardmember Service **Palatine** IL 60094-4014 X Reimbursement from PO Box 94014 political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Credit Card Payment Payment of credit card bill for supplies **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Pavee name 8/11/2015 **Chase Card Services** 6 Amount (\$) 7 Payee Address; City; State; Zip Code 39.44 Cardmember Service **Palatine** IL 60094-4014 X Reimbursement from PO Box 94014 political contributions intended 8 (a) Category (b) Description

#### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME William R Frazer **PURPOSE OF** Credit Card Payment Payment of credit card bill for payroll processing **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 4 Date 5 Payee name 8/12/2015 American Express 6 Amount (\$) 7 Payee Address; City; Zip Code State; PO Box 650448 131.88 Dallas TX 75265-0448 X Reimbursement from political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Credit Card Payment Payment of credit card bill for office WiFi **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH 4 Date 5 Payee name 8/12/2015 American Express 6 Amount (\$) 7 Payee Address; City; State; Zip Code 37.86 PO Box 650448 TX 75265-0448 Dallas Reimbursement from political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Credit Card Payment Payment of credit card bill for office supplies **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 5 Payee name 8/12/2015 American Express

POLITICAL EXPI	SCHEDU	SCHEDULE G	
MADE FROM PE	RSONAL FUNDS		
	The Instruction Guide explains	s how to complete this form.	
1 Total Pages Schedule G:	<sup>2</sup> FILER NAME William R Frazer	3 FilerID (Ethics Commission filers)	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code	
75.43	PO Box 650448	Dallas TX 75265-0448	
X Reimbursement from			
political contributions			
intended			
8	(a) Category	(b) Description	
PURPOSE OF EXPENDITURE	Credit Card Payment	Payment of credit card bill for office supplies	
EXPENDITORE		Check if travel outside of Texas, complete Schedule T	Γ
		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
4 Date	5 Payee name		
	,		
8/12/2015	American Express	O'the Older To Older	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code	
75.43	PO Box 650448	Dallas TX 75265-0448	
X Reimbursement from			
political contributions			
intended			
8	(a) Category	(b) Description	
PURPOSE OF EXPENDITURE	Credit Card Payment	Payment of credit card bill for office supplies	
		Check if travel outside of Texas, complete Schedule T	Ī
		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

#### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME William R Frazer 5 Payee name 4 Date 8/12/2015 American Express 6 Amount (\$) City; 7 Payee Address; State: Zip Code 71.45 PO Box 650448 Dallas TX 75265-0448 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Credit Card Payment Payment of credit card bill for office supplies **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 8/12/2015 American Express 6 Amount (\$) 7 Payee Address; Zip Code City; State: 35.72 PO Box 650448 Dallas TX 75265-0448 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Credit Card Payment Payment of credit card bill for office supplies **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 8/12/2015 American Express 6 Amount (\$) 7 Payee Address; City; State; Zip Code 69.00 PO Box 650448 Dallas TX 75265-0448 X Reimbursement from political contributions intended 8 (a) Category (b) Description

#### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total Pages Schedule G: 3 FilerID (Ethics Commission filers) 2 FILER NAME William R Frazer Credit Card Payment **PURPOSE OF** Payment of credit card bill for website maintenance **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH 4 Date 5 Payee name 8/12/2015 American Express 6 Amount (\$) 7 Payee Address; City; Zip Code State; PO Box 650448 13.98 Dallas TX 75265-0448 X Reimbursement from political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Credit Card Payment Payment of credit card bill for office supplies **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 8/31/2015 Sam's Club 6 Amount (\$) 7 Payee Address; City; State; Zip Code 35.42 5310 S Rice Ave 77081 Houston TX Reimbursement from political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Food/Beverage Expense Food for events **EXPENDITURE** Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 5 Payee name 9/11/2015 American Express

POLITICAL EXP	SCHEDULE G						
MADE FROM PI	ERSONAL FUNDS						
The Instruction Guide explains how to complete this form.							
1 Total Pages Schedule G:	<sup>2</sup> FILER NAME William R Frazer	3 FilerID (Ethics Commission file	ers)				
6 Amount (\$)	7 Payee Address;	City; State; Zip	Code				
131.88	PO Box 650448	Dallas TX 75	5265-0448				
X Reimbursement from							
political contributions							
intended							
8	(a) Category	(b) Description					
PURPOSE OF EXPENDITURE	Credit Card Payment	Payment of credit card bill for offi	ce WiFi				
EXI ENDITORE		Check if travel outside of Texa	s, complete Schedule T				
		Check if Austin, TX, officeholde	er living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Of	fice held				
4 Date	5 Payee name						
9/11/2015	American Express						
6 Amount (\$)	7 Payee Address;	City; State; Zip	) Code				
69.00	PO Box 650448	Dallas TX 75	5265-0448				
X Reimbursement from							
political contributions							
intended							
8	(a) Category	(b) Description					
PURPOSE OF EXPENDITURE	Credit Card Payment	Payment of credit card bill for wel	bsite maintenance				
EXPENDITORE		Check if travel outside of Texa	s, complete Schedule T				
		Check if Austin, TX, officeholder	er living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Of	fice held				

POLITICAL EXI	SCHEDULE G	
MADE FROM P	ERSONAL FUNDS	
	The Instruction Guide explains h	now to complete this form.
1 Total Pages Schedule G:	<sup>2</sup> FILER NAME William R Frazer	3 FilerID (Ethics Commission filers)
4 Date	5 Payee name	-
9/11/2015	American Express	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code
68.18	PO Box 650448	Dallas TX 75265-0448
X Reimbursement from		
political contributions		
intended		
8	(a) Category	(b) Description
PURPOSE OF	Credit Card Payment	Payment of credit card bill for flowers for event host
EXPENDITURE		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		g The state of the
,		
4 Date	5 Payee name	
9/11/2015	Chase Card Services	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code
39.44	Cardmember Service	Palatine IL 60094-4014
X Reimbursement from	PO Box 94014	
political contributions		
intended		
8	(a) Category	(b) Description
PURPOSE OF	Credit Card Payment	Payment of credit card bill for payroll processing
EXPENDITURE		Check if travel outside of Texas, complete Schedule T
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED