# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

57 Min 7 M 5 M 7 M 5 M 5 M 5 M 5 M 5 M 5 M 5 M						
The C/OH Instruction Guide explains how to complete this form			1 Filer ID(Et	1 Filer ID(Ethics Commission filers) 2 Total pages filed		
3 CANDIDATE /	MS/MRS/MR	FIRST	MI		OFF	ICE USE ONLY
OFFICEHOLDER	Mr.	William	R		Date Received	d
NAME	NICKNAME	LAST	SUFFIX		10/25/2015	
	Bill	Frazer				
4 CANDIDATE /	ADDRESS / PO BOX;	APT/SUITE #; CIT	Y; STATE; ZIP C	CODE		
OFFICEHOLDER	4130 Turnberry Cir.					
MAILING					Date Hand-deliver	red or Date Postmarked
ADDRESS	Houston TX 77025					
Change of address	AREA CODE	PHONE NUMBER	EXTENSION			
5 CANDIDATE /		FITONE NOMBER	EXTENSION			
OFFICEHOLDER	(713) 429-1773					
PHONE 6 CAMPAIGN	MS/MRS/MR	FIRST	MI		Receipt #	Amount
TREASURER	Mr	Dovid	C		Date Processe	
	Mr.	David	G			<del>;</del> u 
NAME	NICKNAME	LAST	SUFFIX		Date 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 30th day be	fore election Fir	nal repport (Attach C/OF	H - FR)	Exceeded \$500 limit	
9 REPORT TYPE	July 15 X 8th day before	ore election Ru	unoff		15th day after campaign	n treasurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month	Day Year
COVERED	9/25/2015	5	THROUGH		10/2	4/2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE	•		
	Month Day Year					П
	11/3/2015	Primary	Ru	unoff	X General	Special
12 OFFICE	OFFICE HELD (if any)	1	13 °	FFICE SOUG	HT (if known)	
			c	ontroller		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 FILER NAME William	m R Frazer	15 Filer ID (Ethics		mission Filers)			
	expenditures may have	political contributions accepted or political expenditures m been made without the candidate's or officeholder's knowl receive notice of such expenditures.					
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME					
FROM	_	Conservative Republicans of Harri	s County				
POLITICAL	X GENERAL	COMMITTEE ADDRESS					
COMMITTEE(S)		P.O. Box 75190					
	SPECIFIC						
		Houston TX 77234					
		COMMITTEE CAMPAIGN TREASURER NAME					
П. 1.86 l		Standley Bart  COMMITTEE CAMPAIGN TREASURER ADDRESS					
additional pages							
		P.O. Box 75190					
		Houston TX 77234					
17 CONTRIBUTION	1 TOTAL POLITICA	AL CONTRIBUTIONS OF \$50 OR LESS (O	THER THAN				
TOTALS		NS, OR GUARANTEES OF LOANS), UNLE		\$			
	- TOTAL BOLITIO	AL CONTRIBUTIONS					
	2 TOTAL POLITIC	AL CONTRIBUTIONS		\$58,953.45			
	(OTHER THAN F	PLEDGES, LOANS, OR GUARANTEES OF	LOANS)				
EXPENDITURE	3 TOTAL POLITICA	AL EXPENDITURES OF \$100 OR LESS, U	NLESS ITEMIZED	Ф40.00			
TOTALS				\$40.00			
	4 TOTAL POLITIC	AL EXPENDITURES		_			
				\$146,767.88			
CONTRIBUTION		AL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY				
BALANCE	OF REPORTING	PERIOD		\$38,072.66			
OUTSTANDING LOAN	6 TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOA	NS AS OF THE				
TOTALS		HE REPORTING PERIOD		\$32,500.00			
18 AFFIDAVIT							
		report is true a	m, under penalty of perjury, thand correct and includes all info e under Title 15, Election Code	rmation required to be			
			William R. Fraze	ır			
			Signature of Candidate or 0	Officeholder			
AFFIX NOT STAMP / SE	AL ABOVE						
Sworn to and subscribed	before me, by the said	I	, this the	day			
of	, 20	, to certify which, witness my ha	nd and seal of office.				
Signature of officer administering oath  Print name of officer administering oath  Title of officer 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 41,190.00 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. 17,763.45 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$0.00 SCHEDULE E: LOANS 0.00 4. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5. 72,660.94 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. 2,135.51 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS 0.00 SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD 8. 2,716.40 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. 69,215.03 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. 0.00 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 11. 0.00 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 12. 0.00

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  Anne Kinder	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	9/25/2015	6 Contributor address;	City; Houston	State; Zip Code	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor  Lawrence J Melody	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	10/1/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct Retired	I tions)
4	Date	5 Full name of contributor Ward R Jones	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	10/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Preston Moore	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	10/2/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID# )	

M	ONETARY	POLITICAL CONTI	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	duide explains how to complet	1 Total Pages Schedule A1:		
2 F	TILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
		HAA Better Government Fund	<del> </del>		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/2/2015		Houston	TX 77041	1,500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		K Alan Hassenflu			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/2/2015		Houston	TX 77005	5,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Real Estate			Fidelis Realty Partners	
4	Date	5 Full name of contributor  Allen R Hartman	out of state	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/2/2015		Houston	TX 77057	5,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Investments			Hartman Income REIT	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Ashley Grigsby			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/5/2015		Houston	TX 77056	50.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Paul A Vanek			7 Amount of contributions (\$)

M	ONETAR	Y POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction (	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	TILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
	10/5/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077	500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc The Vanek Consultancy	
4	Date	5 Full name of contributor  Barton Bentley	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/6/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	300.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I trions)
4	Date	5 Full name of contributor Virginia Watt	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/6/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor  Michael Gordon	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/7/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Itions)

M	ONETAR	Y POLITICAL CONT	RIBUTIONS	5	SCHEDULE A1
Th	e Instruction G	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  Marc Kilbride	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	10/8/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
4	Date	5 Full name of contributor Laurence Gipson	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	10/8/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057	100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Paul House	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	10/9/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77024	500.00
8	Principal occi	Principal occupation / Job title (See Instructions)  Real Estate			L tions)
4	Date	5 Full name of contributor  Betty Kyle Moore	out of state I	PAC(ID# )	7 Amount of contributions (\$)
	10/12/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77057	250.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state I	PAC(ID# )	

M	ONETARY	POLITICAL CONTR	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	FILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
		Michael Collier	_		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/12/2015		Kingwood	TX 77345	500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	Lions)
	Energy M&A (	Consultant		Self	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		John Misitigh			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/12/2015		Kingwood	TX 77345	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	L tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Windi Grimes			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/12/2015		Houston	TX 77098	5,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	Litions)
	Investments			Self	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		David Grimes			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/12/2015		Houston	TX 77098	5,000.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
	Investments			Self	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

M	ONETAR	Y POLITICAL CONTI	RIBUTION	S	SCHEDULE A1
Th	e Instruction (	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 F	FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
		Associated Builders & Contractors Of Greater Houston/PAC	S		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/14/2015		Houston	TX 77098	2,000.00
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# )	
		Joe Bob Perkins	Ц		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/14/2015		Houston	TX 77056	500.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Oil & Gas			Targa Resources	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Lisa Marie Hartman			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/14/2015		Houston	TX 77063	5,000.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Homemaker			Self	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Andrew Harvin			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/14/2015		Houston	TX 77056	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
		T			
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction G	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	FILER NAME \	William R Frazer			3 Filer ID (Ethics Commission filers)
		Christian Wolfe			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/16/2015		Houston	TX 77005	100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	1
		John Sardar	Ш		7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/18/2015		Houston	TX 77025	100.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Fred Robertson			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/18/2015		Houston	TX 77019	4,000.00
8	Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Investments			FR Resources	
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Willie Turner			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/19/2015		Spring	TX 77388	500.00
8		upation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
	СРА				
4	Date	5 Full name of contributor  Kirby Shanks	out of state	PAC(ID# )	7 Amount of contributions (\$)

MC	ONETARY	POLITICAL CONTR	RIBUTIONS	3	SCHEDULE A1
The	Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 F	ILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
	10/19/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor Patricia Ann Harris	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	10/19/2015	6 Contributor address;	City; Missouri City	State; Zip Code TX 77459	250.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
4	Date	5 Full name of contributor  Anne Patterson	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	10/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I etions)
4	Date	5 Full name of contributor Chris Van Arsdel	out of state F	PAC(ID# )	7 Amount of contributions (\$)
	10/20/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I otions)

M	ONETAR'	Y 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)
4	Date	5 Full name of contributor PAC of Winstead PC	out of state	PAC(ID# )	7 Amount of contributions (\$)
	40/20/2045	6 Contributor address;	City;	State; Zip Code	4 000 00
	10/20/2015		Dallas	TX 75201	1,000.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor  David Bowles	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/20/2015	6 Contributor address;	City; Kingwood	State; Zip Code TX 77339	100.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor Lois O'Connor	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/21/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77096	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor  Jarvis Cheung	out of state	PAC(ID# )	7 Amount of contributions (\$)
	10/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	250.00
8	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	I tions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	

M	ONETAR	Y POLITICAL CONT	RIBUTION	S	SCHEDULE A1
Th	e Instruction (	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
2 F	FILER NAME	William R Frazer			3 Filer ID (Ethics Commission filers)
		Edward Goldsberry			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/22/2015		Houston	TX 77055	100.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Helen Fourmy			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/22/2015		Houston	TX 77057	200.00
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# )	
		Larry Wyont			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	•
	10/22/2015		Houston	TX 77042	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
	Date	5 Full name of contributor	out of state	DAC(ID# )	T
4	Date	James D'Agostino	out of state	PAC(ID# )	7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
	10/22/2015		Houston	TX 77027	250.00
8	Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4	Date	5 Full name of contributor	out of state	PAC(ID# )	
		Ana Benavides			7 Amount of contributions (\$)

M	ONETARY	Y POLITICAL CONTI	RIBUTIONS	3	SCHEDULE A1
Th	e Instruction G	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 I	FILER NAME V	Villiam R Frazer			3 Filer ID (Ethics Commission filers)
	10/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77002	40.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	I ctions)
4	Date	5 Full name of contributor  Bruce Harper	out of state i		7 Amount of contributions (\$)
	10/23/2015	6 Contributor address;	City; Sugar Land	State; Zip Code TX 77478	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4	Date	5 Full name of contributor Ted Dom	out of state R	PAC(ID# )	7 Amount of contributions (\$)
	10/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77019	100.00
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	etions)
				OF THIS SCHEDUL	
ı		If contributor is out-of-state PA	C. please see inst	ruction guide for addition	onal reporting requirements

	ON-MONE	TARY (IN-KIND) POL	ITICAL				SCHEDULE A2
		suide explains how to complete t	his form.		1	Total Pages Scl	hedule A2:
2 F	ILER NAME V	Villiam R Frazer			3 Fi	ler ID (Ethics Commi	ssion filers)
4 T	OTAL OF UN	ITEMIZED IN-KIND POLITICAL	CONTRIBUT	TONS	\$17	,763.45	
_	Date	6 Full name of contributor	out of state F	DAC(ID# )			
5	Date		Out of state i	AO(ID# )	0	Amount of	9 In-Kind contribution
		Houston Realty Business Coalition			8	Amount of contributions (\$)	description
		7 Contributor address;	City;	State; Zip Code			
	9/28/2015		Houston	TX 77046		2709.76	Pro Rata Share of Mailer
						Check if travel outsi Schedule T	ide of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	ction	s)	
5	Date	6 Full name of contributor	out of state F	PAC(ID# )			
		C Club	_		8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	10/5/2015		Houston	TX 77056		2400.00	Pro Rata Share of Mailer
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	ction	s)	
5	Date	6 Full name of contributor	out of state F	PAC(ID# )			
		Houston Realty Business Coalition	_		8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	10/13/2015		Houston	TX 77046		3280.05	Pro Rata Share of Mailer
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	ction	s)	

	ON-MONE ONTRIBUT	TARY (IN-KIND) POLI TIONS	ITICAL				SCHEDULE A2
The	Instruction G	uide explains how to complete t	his form.		1	Total Pages Sci	hedule A2:
2 F	ILER NAME W	Villiam R Frazer			3 Fi	ler ID (Ethics Commi	ssion filers)
4 T	OTAL OF UNI	TEMIZED IN-KIND POLITICAL	CONTRIBUT	TIONS	\$17	,763.45	
5	Date	6 Full name of contributor	out of state P	PAC(ID# )			_
		C Club			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	10/19/2015		Houston	TX 77056		4800.00	Pro Rata Share of Mailer
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	ction	s)	
5	Date	6 Full name of contributor	out of state P	PAC(ID# )			
		Sara Robertson			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	10/19/2015		Houston	TX 77019		1293.59	Refreshments at Fundraiser
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	ction	s)	
	Homemaker			Self			
5	Date	6 Full name of contributor	out of state P	PAC(ID# )			
		Houston Realty Business Coalition			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	10/23/2015		Houston	TX 77046		3280.05	Pro Rata Share of Mailer
						Check if travel outsi Schedule T	ide of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	ction	s)	
		ATTACH ADDITION					
		If contributor is out-of-state PAC	nlassa saa inetr	ruction quide for addition	nal r	anortina requireme	nte

	The Instruction Guide ex	plains how to complete this form	1.
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		
9/25/2015	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 Te  Check if Austin, TX, officeh  Credit Card Proces	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	l office sought c	office held
4 Date	5 Payee name		
9/25/2015	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  Consulting Expense	(b) Description  Check if travel outside of Technology Check if Austin, TX, officehor	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	iffice held
4 Date	5 Payee name		
9/28/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1.45	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 9/29/2015 Authorize.net 7 Payee address; 6 Amount (\$) Zip Code City; State; PO Box 947 4.35 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:	2 FILER NAME William R Fraze	·	3 Filer ID (Ethics Commission filers)					
4 Date	5 Payee name	,	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )					
9/29/2015	Authorize.net							
		State: Zin Code						
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
26.25	PO Box 947							
	American Fork UT 84003	T						
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 expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held					
4 Date	5 Payee name							
9/30/2015	Baptist Minister's Association							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
2,000.00	7817 Calhoun Rd.							
	Houston TX 77033							
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					
	Contributions/Donations	GOTV Expenses						
	Made By Candidate/Officeholder/Politi							
	cal Committee							
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought off	ice held					
4 Date	5 Payee name							
9/30/2015	David G Acosta							
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
500.00	1703 W. 12th St.							
	Houston TX 77008-6401							
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 9/30/2015 Mammoth Marketing Group 7 Payee address; 6 Amount (\$) City; State; Zip Code 4708 Eigel Street 1,145.00 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 Fundraising Solicitation/Fundraising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

	The Instruction Guide ov	plains 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		,
10/1/2015	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 Tex	
		Check if Austin, TX, officeho	lder living expense
	Consulting Expense	Consulting	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
A Data			
4 Date	5 Payee name		
10/1/2015	Hi Hat, Inc.		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,000.00	6990 Portwest		
	Suite 100		
	Houston TX 77055	las s	
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 Rent	
	2.400.00		
9 Complete ONLY if direct	Candidate / Officehoder name	office cought of	fice held
expendituree to benefit C/OH	Candidate / Officerioder frame	ffice sought of	nce neid
4 Date	5 Payee name		
10/1/2015			
6 Amount (\$)	Mammoth Marketing Group 7 Payee address; City;	State; Zip Code	
		5.a.o, 2ip 0006	
3,500.00	4708 Eigel Street		
	Houston TV 77007		
DIIDDOSE OF EVDENDITUDE	Houston TX 77007	(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 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 10/1/2015 Philip G Owens 7 Payee address; 6 Amount (\$) City; Zip Code State; 4,000.00 10231 Glenfield Park Lane Houston TX 77070 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 ex	plains how to complete this forn	n.
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		
10/2/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
35.80	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, officeh	older living expense
	Accounting/Banking	Credit Card Proces	
	7.000dritting/Bariking		<b>3</b>
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH			
4 Date	5 Payee name		
10/2/2015	Beavers Media & Communio	cations	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,073.45	8925 Briar Forest Dr.		
·			
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE		(b) Description	
		Check if travel outside of Te	exas, complete Schedule T
		Check if Austin, TX, officeh	•
	Advertising Expense	Advertisement	3 - 1
	Advertising Expense	7.676.1.66.11	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought c	office held
expendituree to benefit C/OH		•	
4 Date	5 Payee name		
10/5/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
29.00	PO Box 947	•	
20.00	. 5 50% 6 17		
	American Fork UT 84003		
8 PURPOSE OF EXPENDITURE		(b) Description	
J JJL JI LAI LIADII JILL	(~, = a g)	(~, Doodinpalori	

### **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 10/5/2015 Mammoth Marketing Group 7 Payee address; 6 Amount (\$) City; State; Zip Code 4708 Eigel Street 9,916.27 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 Office Overhead/Rental Postage Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH

TROM TOLITIOAL	<del>CONTINIDOTIONO</del>		
	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	ər	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/8/2015	Texas Workforce Commission	on	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
6.76	101 E. 15th St		
	Austin TX 78778		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	3rd Qtr unemployme	ent tax
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
experiordiffee to benefit 6/011			
4 Date	5 Payee name		
10/8/2015	US Treasury		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,073.27	Internal Revenue Service		
	Ogden UT 84201		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if travel outside of Tex	xas, complete Schedule T
		Check if Austin, TX, officeho	lder living expense
	Salaries/Wages/Contract	941 Q3 deposit	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	fice held
,			
4 Date	5 Payee name		
10/9/2015	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	

### **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 10/12/2015 Mammoth Marketing Group 7 Payee address; 6 Amount (\$) City; State; Zip Code 4708 Eigel Street 9,258.37 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 GOTV postcard **Printing Expense** Candidate / Officehoder name 9 Complete ONLY if direct office sought office held

expendituree to benefit C/OH

	The Instruction Guide ex	cplains how to complete this form	1.
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		,
10/13/2015	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 Technology Check if Austin, TX, officehord Credit Card Proces	older living expense
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	ffice held
4 Date	5 Payee name		
10/14/2015	Authorize.net		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
14.50	PO Box 947		
o DUDDOSE OF EVDENDITUDE	American Fork UT 84003	(h) Description	
8 PURPOSE OF EXPENDITURE	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	office sought c	ffice held
4 Date	5 Payee name		
10/14/2015	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	

### **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 10/15/2015 Beavers Media & Communications 7 Payee address; 6 Amount (\$) City; Zip Code State; 16,320.00 8925 Briar Forest Dr. 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 Advertisement Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

	The Instruction Guide ex	cplains how to complete this forn	1.
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		
10/16/2015	Beavers Media & Communi	cations	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
3,476.00	8925 Briar Forest Dr.		
	Houston TX 77024		
8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	(b) Description  Check if travel outside of Technology Check if Austin, TX, officeh  Advertisement	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
10/16/2015	Shock Designs		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,436.97	6110 Shadow Crest St		
	Houston TX 77074		
8 PURPOSE OF EXPENDITURE	(a) Category  Printing Expense	(b) Description  Check if travel outside of Technology Check if Austin, TX, officeh  Signs	•
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held
4 Date	5 Payee name		
10/21/2015	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	(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 10/21/2015 Raconteur Media Company 6 Amount (\$) 7 Payee address; State; Zip Code City; 101 W 6th Street 6,500.00 Suite 613 Austin TX 78701 (b) Description 8 PURPOSE OF EXPENDITURE (a) Category Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense **Digital Advertising** Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH

TROM TOLITIOAL	<del>CONTINIDOTIONO</del>		
	The Instruction Guide ex	plains how to complete this form	
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME William R Fraze	ər	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
10/22/2015	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
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
experience to benefit 0/011			
4 Date	5 Payee name		
10/23/2015	Holly R Boyter		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,737.50	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 Salary	
	Labor		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought of	ffice held
4 Date	E Payes name		
	5 Payee name		
10/23/2015	Authorize.net	Otata Zin Oada	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
7.25	PO Box 947		
	American Fork UT 84003	Inva	
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 10/24/2015 Katheryn Gentry 7 Payee address; 6 Amount (\$) City; Zip Code State; 7518 Kite Hill Dr 862.50 Houston TX 77041 8 PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Contract Labor Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought

expendituree to benefit C/OH

#### **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 4 Date 5 Payee name 10/24/2015 Tom Reiser 6 Amount (\$) 7 Payee address; City; State; Zip Code 200.00 3405 Piping Rock 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 Solicitation/Fundraising Refreshments at Fundraiser Expense 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 \$2,135.51 5 Date Payee name 10/23/2015 **US Treasury 7** Amount (\$) 8 Payee address; City: State: Zip Code 554.26 Internal Revenue Service Ogden UT 84201 TYPE OF EXPENDITURE Non-Political 9 Political PURPOSE OF EXPENDITURE (a) Category (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Salaries/Wages/Contract 941 Q4 deposit Labor Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 6 5 Date Payee name 10/24/2015 Mammoth Marketing Group 8 Zip Code **7** Amount (\$) Payee address; City; State; 1,081.25 4708 Eigel Street Houston TX 77007 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 Fundraising Solicitation/Fundraising Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 10/24/2015 David G Acosta Amount (\$) 8 Payee address; City; State; Zip Code 500.00 1703 W. 12th St.

<u> </u>	NPAID INCURRED	<u> </u>			SCHEDULE	. Г2
_	Total name Och odda FO		The Instruction Guide expl			
1	Total pages Schedule F2:	2	FILER NAME William R F	razer	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED UNPA	ID IN	ICURRED OBLIGATIONS		\$2,135.51	
			Houston TX 77008-6401			
9	TYPE OF EXPENDITURE	X	Political		Non-Political	
10	PURPOSE OF EXPENDITURE	(a) (	Category	(b)	Description	
					Check if travel outside of Texas, complete Schedule T	
					Check if Austin, TX, officeholder living expense	
			Consulting Expense		 Consulting	
11	Complete ONLY if direct expendituree to benefit C/OH	Can	didate / Officehoder name		office sought office held	
E			ACH ADDITIONAL COPIES		HIS SCHEDULE AS NEEDED SCHEDULE	. F4
			The Instruction Guide expl	lains how	v to complete this form.	
1	Total pages Schedule F4:	2	FILER NAME William R F	razer	3 Filer ID (Ethics Commission filers)	
4	TOTAL OF UNITEMIZED EXPE	NDIT	URES CHARGED TO A CREDIT (	CARD	\$2,716.40	
5	Date	6	Payee name			
	9/28/2015		Kingwood Area Republic	an Wor	men	
7	Amount (\$)	8	Payee address; City;	St	tate; Zip Code	
	25.00		1207 Golden Bear Ln.			
			Kingwood TX 77339			
	TYPE OF EXPENDITURE	Ιx			Non-Political	
9	THE OF EXPENDITORE	'		1 1		

schedule)

Complete ONLY if direct expendituree to benefit C/OH

Food/Beverage Expense

Candidate / Officehoder name

office held

Check if travel outside of Texas, complete Schedule T

Check if Austin, TX, officeholder living expense

Candidate Forum

office sought

E	(PENDITURES MA	١D	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	er	3 Filer ID (Ethics Commission filers)		
4	TOTAL OF UNITEMIZED EXPE	ND	ITURES CHARGED TO A CREDIT CARE	)	\$2,716.40		
5	Date	6	Payee name				
	10/2/2015		USPS				
7	Amount (\$)	8	Payee address; City;	St	ate; Zip Code		
	1,086.85		Stamp Fulfillment Services				
			8300 NE Underground Drive F	Pilla	r 210		
			Kansas City MO 64144				
9	TYPE OF EXPENDITURE		X Political		Non-Political		
10	PURPOSE OF EXPENDITURE	1 ( )	Category (See Categories listed at the top of this pedule)	(b)	Description		
			,	Γ	Check if travel outside of Texas, complete Schedu	le T	
					Check if Austin, TX, officeholder living expense		
			Office Overhead/Rental		□ Postage		
			Expense				
11	Complete ONLY if direct expendituree to benefit C/OH	Са	andidate / Officehoder name		office sought office	e held	
	, , , , , , , , , , , , , , , , , , , ,						
		<u> </u>					
5		6	Payee name				
	10/3/2015	L	Comcast				
7	Amount (\$)	8	Payee address; City;	St	ate; Zip Code		
	131.88		9602 S 300 W. Suite B				
			0   1   1   7   0   1   7   0   1   1   1   1   1   1   1   1   1				
	TYPE OF EXPENDITURE	<u> </u>	Sandy UT 84070  X   Political		Non-Political		
9			Category (See Categories listed at the top of this	(b)			
10	FORFOSE OF EXPENDITURE		nedule)	(0)	Description		
					Check if travel outside of Texas, complete Schedu	le T	
					Check if Austin, TX, officeholder living expense		
			Office Overhead/Rental Expense		WiFi		
			Lapense				
44	Occasilate ONII V 'f d'accet	0-	and the Late of Office has deep a second		- War a sand the sand	. 1 1.1	
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder name		office sought office	e held	
5	Date	6	Payee name				_
	10/7/2015		Sicola Florist				
7	Amount (\$)	8	Payee address; City;	St	ate; Zip Code		
l		1					

E	(PENDITURES MA	ľ	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	NE	DITURES CHARGED TO A CREDIT CAR	D	\$2,716.40			
	68.09		9516 Jones Rd Houston TX 77065					
9	TYPE OF EXPENDITURE		X Political		Non-Political			
10	PURPOSE OF EXPENDITURE		Solicitation/Fundraising Expense	(b)	Description  Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense  Flowers for Event host	ЭΤ		
11	Complete ONLY if direct expendituree to benefit C/OH	С	candidate / Officehoder name	•	office sought office	held		
5	Date	6	Payee name					
	10/7/2015		Sicola Florist					
7	Amount (\$)	8	Payee address; City;	St	ate; Zip Code			
	68.18		9516 Jones Rd  Houston TX 77065					
9	TYPE OF EXPENDITURE		X Political	TT	Non-Political			
10	PURPOSE OF EXPENDITURE		Solicitation/Fundraising Expense	(b)	Description  Check if travel outside of Texas, complete Schedule Check if Austin, TX, officeholder living expense  Flowers for Event host	•T		
11	Complete ONLY if direct expendituree to benefit C/OH	С	Candidate / Officehoder name	<u> </u>	office sought office	held		
5	Date	6	Payee name					
	10/9/2015		Harris County GOP					
7	Amount (\$)	8	·	St	ate; Zip Code			
	500.00		7232 Wynnwood Lane					
			Houston TX 77008					

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 \$2,716.40	
9	TYPE OF EXPENDITURE	X Political Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (b) Description	
		schedule)  Check if travel outside of Texas, complete Sched	ule T
		Check if Austin, TX, officeholder living expense	
		Event Expense Sponsorship	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	ce held
	experialituree to beliefit C/On		
5	Date	6 Payee name	
	10/9/2015	Houston Area COGIC PAC	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	250.00	Old Katy Rd	
		Houston TX 77024	
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
		Check if Austin, TX, officeholder living expense	
		Event Expense Sponsorship	
11	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name office sought office	ce held
5	Date	6 Payee name	
	10/11/2015	Moeller's Bakery	
7	Amount (\$)	8 Payee address; City; State; Zip Code	
	341.60	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 (b) Description	
		schedule)  Check if travel outside of Texas, complete Sched	ule T

E	(PENDITURES MA	D	E BY CREDIT CARI	D			SCHEDULE	F4
	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2	FILER NAME William R F	razer	3 Filer ID (Ethics Com	mission filers)		
4	TOTAL OF UNITEMIZED EXPE	NDI	ITURES CHARGED TO A CREDIT	CARD	\$2,716.40			
			Food/Beverage Expense		Check if Austin, TX, officel Refreshments			
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder name		office sought	office h	eld	
5	Date	6	Payee name					
	10/15/2015		Sicola Florist					
7	Amount (\$)	8	Payee address; City;	S	tate; Zip Code			
	68.18		9516 Jones Rd					
			Houston TX 77065					
9	TYPE OF EXPENDITURE		X Political		Non-Political			
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of edule)  Solicitation/Fundraising Expense	of this (b)	Check if travel outside of T Check if Austin, TX, officel Flowers for Ev		т	
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	andidate / Officehoder name		office sought	office h	eld	

#### **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 \$2,716.40 5 Date 6 Payee name 10/15/2015 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 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 Payroll Processing Office Overhead/Rental Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH Payee name Date 6 10/17/2015 **Nation Builders 7** Amount (\$) Payee address; City; State; Zip Code 69.00 520 S. Grand Ave 2nd Floor Los Angeles CA 90071 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 Overhead/Rental Website Expense Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 5 Date 6 Payee name 10/23/2015 Sicola Florist Amount (\$) 8 Payee address; City; State; Zip Code

E	EXPENDITURES MADE BY CREDIT CARD SCHED								
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2	FILER NAME William R Fraz	er	3 Filer ID (Ethics Commission fi	lers)			
4	TOTAL OF UNITEMIZED EXPE	NDI	TURES CHARGED TO A CREDIT CAR	RD	\$2,716.40				
	68.18		9516 Jones Rd						
			Houston TX 77065						
9	TYPE OF EXPENDITURE		X Political		Non-Political				
10	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this edule)	(b)	Description				
		SCII	edule)		Check if travel outside of Texas, com	plete Schedule T			
					Check if Austin, TX, officeholder livin	g expense			
			Solicitation/Fundraising Expense		Flowers for Event host				
11	Complete ONLY if direct expendituree to benefit C/OH	Ca	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 10/15/2015 **Beavers Media & Communications** 6 Amount (\$) 7 Payee Address: State: City; Zip Code 50,250.00 8925 Briar Forest Dr. Houston TX 77024 X Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Advertising Expense Radio Advertisements **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 10/16/2015 Mammoth Marketing Group 6 Amount (\$) 7 Payee Address; City; State: Zip Code 9.747.69 4708 Eigel Street Houston TX 77007 Reimbursement from political contributions intended 8 (a) Category (b) Description **PURPOSE OF** Office Overhead/Rental Expense Postage **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 10/16/2015 Mammoth Marketing Group 6 Amount (\$) 7 Payee Address; City; State; Zip Code 7,490.84 4708 Eigel Street Houston TX 77007 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 **PURPOSE OF** Printing Expense **GOTV Mailout printing 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 10/9/2015 American Express 6 Amount (\$) 7 Payee Address; City; Zip Code State; PO Box 650448 3.95 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 advertising **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 10/9/2015 American Express 6 Amount (\$) 7 Payee Address; City; State; Zip Code 131.88 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 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 sought Office held expenditure to benefit C/OH Date 5 Payee name 10/9/2015 American Express

POLITICAL EX				SCHEDULE	G					
MADE FROM P	PERSONAL FUNDS  The Instruction Guide explains to	now to complete this form								
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	s Commissi	on filers)						
6 Amount (\$)	7 Payee Address;	City;	State;	Zip Code						
100.00	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 cred	dit card bill f	or Statesman of the Year Awards						
		Check if trave	el outside of	Texas, complete Schedule T						
		Check if Aust	in, TX, office	eholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held						
4 Date	5 Payee name									
10/9/2015										
	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 EXPENDITURE	Credit Card Payment	Payment of cred	dit card bill f	or flowers for event host						
		Check if trave	el outside of	Texas, complete Schedule T						
		Check if Aust	in, TX, office	eholder living expense						
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 4 Date 5 Payee name 10/9/2015 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 **PURPOSE OF** Credit Card Payment 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 4 Date 5 Payee name 10/9/2015 American Express City; 6 Amount (\$) 7 Payee Address; Zip Code State: 15.70 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 printing **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 10/9/2015 American Express 6 Amount (\$) 7 Payee Address; City; State; Zip Code 221.50 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 Payment of credit card bill for food for event **PURPOSE OF** Credit Card Payment **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 10/9/2015 American Express 6 Amount (\$) 7 Payee Address; City; Zip Code State; PO Box 650448 25.00 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 Candidate forum **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 10/9/2015 **Chase Card Services** 6 Amount (\$) 7 Payee Address; City; State; Zip Code 1,051.85 Cardmember Service 60094-4014 **Palatine** IL Reimbursement from PO Box 94014 political contributions intended 8 (b) Description (a) Category **PURPOSE OF** Credit Card Payment Payment of credit card bill for postage **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 Chase Card Services 10/9/2015

POLITICAL EX	(PENDITURES			SCHEDULE G					
MADE FROM I	PERSONAL 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 (Ethic	s Commissi	ion filers)					
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 EXPENDITURE	Credit Card Payment	Payment of cree	dit card bill f	for payroll processing					
EXPENDITORE		Check if trave	el outside of	f Texas, complete Schedule T					
		Check if Aust	tin, TX, offic	eholder living expense					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t	Office held					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEED	DED					