

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

2/10

14 C/OH NAME BRYAN C WEBB

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>\$2,940</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>152²⁴</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,043⁶⁸</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,061³²</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

18 AFFIDAVIT

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

Bryan Webb
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRYAN C WEBB, this the 7TH day of April, 2016, to certify which, witness my hand and seal of office.

Theresa Scott Theresa Scott Town Secretary / NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

4/8/10

19 FILER NAME BRYAN C WEBB	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,525 ⁰⁰
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,415 ⁰⁰
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1,500 ⁰⁰
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,276 ⁴⁴
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 335 ⁷⁸
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

4/10/15

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
1 of 2

2 FILER NAME **BRYAN C WEBB** 3 Filer ID (Ethics Commission Filers)

4 Date 2/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL PICARDI	7 Amount of contribution (\$) 75⁰⁰
6 Contributor address; City; State; Zip Code 1525 LINDBY FM TX 75028		

8 Principal occupation / Job title (See Instructions) **UNKNOWN** 9 Employer (See Instructions)
FIDELITY

Date 2/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN HUSTENSON	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 3713 LEPRIZNER FM TX 75022		

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

Date 3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILL LANGE	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 2609 PASADENA FM TX 75022		

Principal occupation / Job title (See Instructions) **AUTHOR** Employer (See Instructions)
SELF

Date 3/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL STONE	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 709 LAKE BLUFF FM TX 75028		

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

slie D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 2
2 FILER NAME BRYAN C WEBB		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THE FORUMS AT THE RIVERWALK FAITH HECKMAN	7 Amount of contribution (\$) \$250⁰⁰
6 Contributor address: City: State: Zip Code 3700 FORUMS DR FM TX 75002		
8 Principal occupation / Job title (See Instructions) UNKNOWN		9 Employer (See Instructions) UNKNOWN
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

6/10/15

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>BRYAN C WEISS</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$1,415⁰⁰</u>	
5 Date <u>3/3</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JODY SMITH</u>	8 Amount of Contribution \$ <u>\$1,415⁰⁰</u>	9 In-kind contribution description <u>SIGN PRINTING</u>
7 Contributor address; City; State; Zip Code <u>3705 SABAH STREETS FM TX 75</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>EXECUTIVE</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>CORWELSTONE STAFFING</u>	
12 Contributor's principal occupation (FOR JUDICIAL) <u>N/A</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>N/A</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>N/A</u>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>N/A</u>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>N/A</u>			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

7/10 B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>BRYAN C WEBB</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>1,500⁰⁰</u>	
5 Date <u>3/31/10</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <u>GLAR GREATER LEWISVILLE ASSOC. OF REALTORS</u>	8 Amount of Pledge \$ <u>\$1,500⁰⁰</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <u>9975 EDWARDS LN LEWISVILLE TX 75067</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (See Instructions) <u>N/A</u>	11 Employer (See Instructions) <u>N/A</u>
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1 *8/10*

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>BRYAN CWEBB</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/26</i>	5 Payee name <i>OWNY DISTRIBUTION</i>
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6 Amount (\$) <i>\$5744</i>	7 Payee address; City; State; Zip Code <i>INTERNET PURCHASES</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>WINDOW SLIDERS</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/29</i>	Payee name <i>FLOWER MOUNT AREA REPUBLICAN CLUB</i>
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Amount (\$) <i>\$120⁰⁰</i>	Payee address; City; State; Zip Code <i>FM TX 75028</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD BEVERAGE EXP</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>CANDIDATES FORUM - TABLE</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/3/16</i>	Payee name <i>SIGMA SIGNS</i>
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Amount (\$) <i>\$1,000⁰⁰</i>	Payee address; City; State; Zip Code <i>SZ 407 HIGHLAND VILLAGE TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>SIGNS & VDU MATERIALS</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1 *9/10 B*

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 2</i>	2 FILER NAME <i>BRYAN CWEBB</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/9</i>	5 Payee name <i>BAYCH CEO</i>
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6 Amount (\$) <i>\$99.00</i>	7 Payee address; City; State; Zip Code <i>INTERNET PURCHASE</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FEES</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>MAPPING SOFTWARE</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

10/10 B

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME BRYAN C WEITZ	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 2/9/16	6 Payee name CROSS TIMBETTS GAZETTE
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7 Amount (\$) \$335.79	8 Payee address; City; State; Zip Code LAWANA TX
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NEWS PAPER AD
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED