CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | |
|---|---|---|--|--|--|
| 3 CANDIDATE/ OFFICEHOLDER | MS/MRS (MR) FIRST William | MI A | OFFICE USE ONLY | | |
| NAME | By/1 FORD | SUFFIX | Date Received | | |
| 4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS | | SITY; STATE; ZIP CODE STOVAL TX 76975 | SEP 28 2018 | | |
| Change of Address | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER 555 656 430 | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER | MS/MRS MR FIRST | MI | Receipt # Amount \$ | | |
| NAME | NICKNAME LAST | SUFFIX | Date Processed | | |
| | PK Kelley | | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SI 2009 W: B=40 540 Ang 3 L | ulte #; city state; Regar L 6 76908 | ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (325) 224-8000 | EXTENSION | | | |
| 9 REPORT TYPE | January 15 30th day before e | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary Runoff Other Description General Special | | | | |
| 12 OFFICE | OFFICE HELD (If any) TISC Commission-C PRET 4 | 13 OFFICE SOUGHT (If known TYC CON PRET | n m issionor | | |
| GO TO PAGE 2 | | | | | |
| Forms provided by Tayas Ethics Commission | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 15 | Filer ID (Ethics Commission Filers) | |
|--|---|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ | |
| EXPENDITURE 3. TOTAL POLITICAL EXPEN UNLESS ITEMIZED | | POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | AY \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ | |
| 18 AFFIDAVIT | | l swear, or affirm, under penalty of perj true and correct and includes all inform | | |
| | RUDY OLIVAS Notary Public STATE OF TEXA y Comm. Exp. 07-18-1 | under Title 15, Election Code. | Lond | |
| AFFIX NOTARY STAM | P/SEALABOVÉ | | 12. | |
| Sworn to and subsc | , | to certify which, witness my hand and seal of office. | , this the | |
| Signature of officer a | #1 | Printed name of officer administering oath | 2\ec_ Coor. Title of officer administering oath | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage E
Contributions/Donations Made By Gift/Awards/Men
Candidate/Officeholder/Political Committee Legal Services

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

| The Instruction Guide explains how to complete this form. | | | | |
|--|---|---|--|--|
| 1 Total pages Schedule G: | 2 FILER NAME BILL FORD | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 1 GC REPUBLIC | can Panry | | |
| Amount (\$) 750 CF Reimbursement from political contributions intended | 7 Payee address; City: State; Zip Code Tom GREEN REAU 225 S. Ahe | SAN ANTE 6 TX 76923 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Parmany Electrical Actor For | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/G | Candidate / Officeholder name But Ford T6M | Office sought Commission Pring | | |
| Date | Payee name Tom Geral | Co. Republican Panty | | |
| Amount (\$) 750 | Payee address: City: State; Zip Code 225 S. Abe | マレイバフ | | |
| political contributions intended | SAN ANGELO Th | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Parmany For | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/6 | OH Bell Fond TGC C | Office sought Office held M. Part 4 SAME | | |
| Date | TGC Republican Pr | nry | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| Reimbursement from political contributions intended | SAN Ange | 6 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name DH | Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |