CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST	Ă	OFFICE	USE ONLY
NAME	NICKNAME LAST FORD	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX 53 CHO	CITY; STATE; ZIP CODE	UAN 1	4 2019
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 656 - 4300	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS /MRD FIRST	Mi	Receipt #	Amount \$
NAME	NICKNAME LAST		Date Processed	- 10 hot - 1
	PK KEUSY	/	Date imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU ZOOG W B5AUNES		LO THE TO	901
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) ZZ 4-8000	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day afte treasurer ap (Officeholder	pointment
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 18	THROUGH 12	31 / 18	
11 ELECTION	ELECTION DATE Month Day Year Primary ### General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	Tom GREEN Covaty Commissioners Pacey	13 OFFICE SOUGHT (IF KNOWN) TZC CON PRCT Y	nMISSIM	uter.
***************************************	go то	PAGE 2		
Forms provided by Texas Et	thics Commission www.ethics	s.state.tx.us		Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(8)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidata/Officeholder/Politics Credit Card Payment	Fee: Foor ly Gitt/ al Committee Lega	nt Expense : : : : : : Bervices : : Services : Instruction Guide exp	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		e mstruction Guide exp	nams now to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME W///An	n A Bill	TORO		3 Filer ID (Ethics Commission Filers)
4 Date 10 - 11 - 18	5 Payee name	ICAN CLA	SSIGLE	Δ5	
6 Amount (\$)	7 Payee addres				
535.00	20275	HERWOOD W	My 5%	tu Angeco To	7401
8	(a) Category (See	Categories listed at the top of I	this schedule)	(b) Description	
PURPOSE					diside of Texas. Complete Schedule T.
OF EXPENDITURE		1		Check if Austin	, TX, officeholder living expense
	CAMPAI	gn ADS.			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate /	Officeholder name A 'Bル'Fo	en To	Office sought	vin Ar. 4 Stur
Date	Payee name				, .
10.29.18	Con	EX 10W		•	
Amount (\$)	Payee address	; City; State;	Zip Code		
250.75 315 W. AVED SAN ANGELO IX 16903					
PURPOSE OF EXPENDITURE		Categories listed at the top of t $ ho$			side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct	Candidate / C	Officeholder name		Office sought	Office held
expenditure to benefit C/OH William A Bill Frand TUCCommissioner Pacty States					
Date	Payee name				
10.29.18	SA	n Angel	18 L	15	
Amount (\$)	Payee address	s; City; State;	Zip Code		
758.00	2001	W. BEAU	RECIAR	SAN AND	gelo VN 76981
PURPOSE OF EXPENDITURE		Categories listed at the top of t	4 /		side of Texas. Complete Schedule T. TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

William A BIN FORD TACLIAM KSONER PACT

Office sought

SAME

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Revised 9/8/2015

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME A B.L.	- FORD	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Combany TRid	Tina	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
238.25	3419 Knickerbo	ckerRD SAN A	mg=10 TD 76904
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE		Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	FlyER PRINTING	Check if Austi	n, TX, officeholder living expense
			* * * * * * * * * * * * * * * * * * * *
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oi	William A Bill TORD	, The commiss	WAGEN HELT 4 SAME
Date	Payee name		
10.3.8	MEDIA JAW		
Amount (\$)	Payee address; City; State;	Zip Code	
1000.00	3157 Knichor	De De SAN	Angelo 7,076904
	Category (See Categories listed at the top of this		Children Complete Orbert de T
PURPOSE OF		 -	Aside of Texas. Complete Schedule T.
EXPENDITURE	CAMPRIGN Ads	Check if Austir	o, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	William A BILL F	ORD THE Commi	ssioner Proof SAND
Date	Payee name		
10.3.18	San Angelo Lil	e 5m Ang,	e lo
Amount (\$)	Payee address; City; State; 2	Zip Code	
2200.00	2001 W. Beauteg	ARD SAM AND	geloty 76901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel or	utside of Yexas. Complete Schedule T.
	• •		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name William A Bill For	Office sought to TGC ON MISS	anor Part SAME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) VILLIAM -3-19 SAM 6 Amount (\$) 00 2001 W. BEAUREYAUD SAN ANGELO TO 76901 100 8 Check if travel outside of Texas. Complete Schedule T, PURPOSE OF EXPENDITURE TAANK-YOU Ad Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Office held ORD TECTORIM ASSORT Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check il travel outside of Texas. Complete Schedule T. PURPOSE __ Check If Austin, TX, officeholder living expense OF EXPENDITURE Office held Complete ONLY if direct expenditure to benefit C/OH Office sought Candidate / Officeholder name Payee name Date Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Complete ONLY it direct expenditure to benefit C/OH Office held Candidate / Officeholder name Office sought

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	m A Bice Foed		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAR B. 114 CASS. DT 6 Contributor address; City; State 12006 U.S. Hwy 675 SA	C (ID#:)	7 Amount of contribution (\$)
	pation / Job title (See Instructions)	9 Employer (See Instruct	lions)
Date	Full name of contributor	3 (ID#:)	Amount of contribution (\$),
10.23-18	DUFF HALLMAN Contributor address; City; State POBOX 6/CHRISTIVAL	7 % 7693 J	200 00
· ^ ·	nation / Job title (See Instructions) MEH/ContradeTox	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC JAMES & Liaba Boyd	C (ID#:)	Amount of contribution (\$)
10-31	Contributor address; City; State 620 (GREEN OAKS CA	Zip Code HISTOVACTK 7693	15000
111	nation / Job title (See Instructions)	Employer (See Instruct	, and the second
Date	Full name of contributor out-of-state PACE Ry And Howard	; (10#:)	Amount of contribution (\$)
11-1	Contributor address; City: State 144 PARK HILL DR SA	2ip Code Antinio TO 78212	150 00
Principal occup	oution / Job title (See Instructions)	Employer (See Instruct	ioris)
	ATTACH ADDITIONAL COPIES O		

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	AM A' Bill' TORO		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
10-2-18	William & Bill + Susand Aprils 6 Contributor address: City; State PO Box 3008 San And	trong to TX76902	100.00
	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
oil and	gas Exploration services		
Date	· · · · ·	C (ID#:)	Amount of contribution (\$).
10.2-18	JOHN STEPHEN FORD	<u> </u>	5000.00
	Contributor address; City; State 4 Henters Ringe CT Hou	STON TO 770L4	5000.00
		<u> </u>	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10.5-18	William NOELKE Contributor address; City; State 3406 Silven Spur 3	SAN ANGE TO THE	500.00
	eation / Job title (See Instructions) ESTATE In Vert RANIA	Employer (See Instruct	ions)
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
10.12-18	Contributor address; City; State	e; Zip Code	250.00
21 SOUTH RIAGE SAN Angels Thomas			
	etion / Job title (See Instructions)	Employer (See Instruct	ions)
	· · · · · · · · · · · · · · · · · · ·		
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see inst	OF THIS SCHEDULE AS NE ruction guide for additional	EDED reporting requirements.

TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
		7 Amount of contribution (\$)
upation / Job title (See Instructions)	7.7.	ns)
Full name of contributor	(ID#:)	Amount of contribution (\$).
Contributor address; City; State;	Zip Code	
pation / Job title (See Instructions)	Employer (See Instruction	ns)
Full name of contributor	(ID#:)	Amount of contribution (\$)
Contributor address; City; State;	Zip Code	
pation / Job title (See Instructions)	Employer (See Instruction	ns)
Full name of contributor	((ID#:)	Amount of contribution (\$)
Contributor address; City; State;	Zip Code	
pation / Job title (See Instructions)	Employer (See Instruction	ns)
	Instruction Guide explains how to complete this	5 Full name of contributor out-of-state PAC (ID#: FURL AND Out-of-state PAC (ID#: ID# ID#

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