

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <i>Bill A</i> FOOD NICKNAME LAST SUFFIX <p style="text-align: center;">FOOD</p>	OFFICE USE ONLY Date Received <p style="text-align: center; font-size: 1.2em;">JAN 14 2014</p> <hr/> Date Hand-delivered or Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
	Receipt #			Amount					
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO BOX 55 CHRISTOVAN TX 76935</i>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 656-4300</i>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>PK KELLEY</i> NICKNAME LAST SUFFIX <p style="text-align: center;">KELLEY</p>								
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2854 W. Beauregard San Angelo TX 76914</i>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 224-8000</i>								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / / /								
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;"> ELECTION DATE Month Day Year / / </td> <td style="width:70%; padding: 5px;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special				
ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)							

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Bill A. Ford

15 ACCOUNT # (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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	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	\$ 50.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,150.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 46.00
4. TOTAL POLITICAL EXPENDITURES	\$ 4332.06
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,847.94
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000

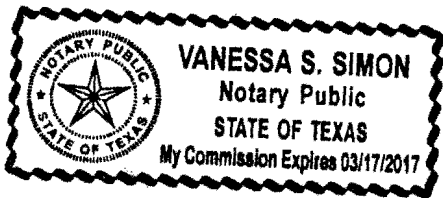
EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

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.



Bill A. Ford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill A. Ford, this the 14th day of Jan, 20 14, to certify which, witness my hand and seal of office.

Vanessa S. Simon Vanessa S. Simon Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME **Bill Ford** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 12-30-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE BIGGZ STAFF	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 62746 San Angelo TX 76906		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 12-28-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG + LESLIE GOSSETT	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 911 SAN ANGELO TX 76902		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Bill A. Ford</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11-18-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JIM GRISSEN</i> Contributor address; City; State; Zip Code <i>211 S. IRLING SAN ANGELO TX 76903</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11-14-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>BEN STRUBING</i> Contributor address; City; State; Zip Code <i>1125 Montecito Dr San Angelo TX 76901</i>	Amount of contribution (\$) <i>200⁻</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-18-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>PAT KEELBY</i> Contributor address; City; State; Zip Code <i>5526 CLUB PARKWAY, SAN ANGELO TX 76904</i>	Amount of contribution (\$) <i>100⁻</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11-27-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MICHAEL FORD</i> Contributor address; City; State; Zip Code <i>1401 MACKEZZIO SAN ANGELO TX 76901</i>	Amount of contribution (\$) <i>200⁻</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MONT MEATZ</i> Contributor address; City; State; Zip Code <i>PO Box 631 Eldorado TX 76936</i>	Amount of contribution (\$) <i>100⁻</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME *Bill A. Ford* 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: \$ 15,000⁰⁰

5 Date of loan *12-12-2013* 7 Name of lender *J STEVE FORD* out-of-state PAC (ID# _____) 9 Loan Amount (\$) *15,000⁰⁰*

6 Is lender a financial institution? *Y (N)* 8 Lender address; City; State; Zip Code *1500N. POST OAK #190, HOUSTON TX 77057* 10 Interest rate *1.5* 11 Maturity date *12-12-15*

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION 17 Name of guarantor *Bill A. Ford* 19 Amount Guaranteed (\$) *15,000⁰⁰*
 not applicable 18 Guarantor address; City; State; Zip Code *PO BOX 55 CHRISTOVALE TX 76935*

20 Principal Occupation (See Instructions) *TOM GREEN CO. COMMISSIONER* 21 Employer (See Instructions) *TOM GREEN COUNTY*

Date of loan *12-11-20-13* Name of lender *Bill Ford* out-of-state PAC (ID# _____) Loan Amount (\$) *200⁰⁰*

Is lender a financial institution? *Y (N)* Lender address; City; State; Zip Code *PO BOX 55 CHRISTOVALE TX 76935* Interest rate *0* Maturity date

Principal occupation / Job title (See Instructions) *TOM GREEN CO. COMMISSIONER* Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION Name of guarantor *Bill Ford* Amount Guaranteed (\$) *200⁰⁰*
 not applicable Guarantor address; City; State; Zip Code *P1 BOX 55 CHRISTOVALE TX 76935*

Principal Occupation (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Bill A. Ford</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-19-2013</i>	5 Payee name <i>McLaughlin Advertising</i>
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6 Amount (\$) <i>3820.00</i>	7 Payee address; City; State; Zip Code <i>929 Turner San Angelo TX 76903</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-19-2013</i>	Payee name <i>Company Printing</i>
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Amount (\$) <i>572.04</i>	Payee address; City; State; Zip Code <i>3419 Knickerbocker Rd San Angelo TX 76904</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/26/13</i>	Payee name <i>Tom Green Co.</i>
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Amount (\$) <i>750</i>	Payee address; City; State; Zip Code <i>Tom Green Co F</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Filing Fee</i>	Description (If travel outside of Texas, complete Schedule T) <i>Election Filing Fee</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Bill Ford</i>	Office sought <i>Tx Co. Commissioner</i>	Office held <i>Tx Co. Commissioner</i>
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Date <i>12-21-13</i>	Payee name <i>Comcho Valley Rep Women</i>
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Amount (\$) <i>400</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Bill Ford</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-23-13</i>	5 Payee name <i>Donch Valley Rep Women</i>
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Donation</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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