# 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 # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS MR FIRST	Mi	OFFICE USE ONLY		
NAME	Bir A Fine		Date Received		
	NICKNAME LAST	SUFFIX	1811 4 4 2212		
	Fono		JAN 1 4 2014		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / POBOX; APT/SUITE #; CITY;  POBONSTO	STATE; ZIP CODE			
MAILING ADDRESS	POBONS I CHASION	VAC 12 10723	Date Hand-delivered or Postmarked		
change of address			Receipt # Amount		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION			
OFFICEHOLDER PHONE	(325) 656.4300		Date Processed		
6 CAMPAIGN	MS/MRS/MR FIRST	Mi	Date Imaged		
TREASURER NAME	PK KELLY				
	NICKNAME LAST/	SUFFIX			
	Kouzy				
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
ADDRESS (residence or business)	2854 Wi Beausegoir	1 SANHUJER	1176904		
,	V	`	i		
2 0 14 2 1 2 1	AREA CODE PHONE NUMBER	EVIENCION			
8 CAMPAIGN TREASURER	(325) ZZ4-8000	EXTENSION			
PHONE	(52)				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment		
			(officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD	Marth Day	Month Day	Year		
COVERED	Month Day Year THROUGH	Wichili Day	/ (Cai		
		/ /			
11 ELECTION	ELECTION DATE ELECTION TYPE	von and in 1970 (1985)			
	Month Day Year Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	)		
1			İ		
GO TO PAGE 2					

14 C/OH NAME

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 ACCOUNT # (Ethics Commission Filers)

14 C/OH NAME	Bicc F	7. FORN	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,150.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 44.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4332.04 AY \$ 43.04	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	* \$ 18.844.94	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 15,000			
18 AFFIDAVIT		Laurens or officer under narraby of	porium, that the accompanying report	
manufacture.	·····	is true and correct and includes all	perjury, that the accompanying report information required to be reported by	
VANE	SSA S. SIMON tary Public	me under Title 15 Election Code.	1 1	
STA STA	TE OF TEXAS sion Expires 03/17/2017	Du M	TWA	
and solutions	aun expres vs/1//2017	Signature of Cano	lidate or Officeholder	
AFFIX NOTARY STAM		Ail A Card		
Sworn to and subs	of <u>Jan</u>	me, by the said <u>Bill A. Ford</u> , 20 <u>14</u> , to certify which, witness m	y hand and seal of office.	
Vanessa d	Simo	n Vanessa S. Simon	Notary	
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath	

1	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN		SCHEDULE A	
The instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	in FORD		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-30-13	MILE B. 593RSTATE 6 Contributor address; City; State; Zip Code Po Box 62746 Syan Ang	relo TI 78906		 
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 112.28.13	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code Pobox 911 SAn Angel	TI 76902		i    - 
Principal occup	pation / Job title (See Instructions)	Employer (See I		- Total dempiose surpage ()
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	eation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
If c	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru-			requirements.

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this form	1 Total pages Schedule A:
DILL A. FORD	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
11-18-18 Contributor address; City; State; Zip Code 211 S. IRING SAN Angelo	76903 (If travel outside of Texas, complete Schedule T)
	Employer (See Instructions)
Date  Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
1125 Monteciro & San Fo	16901 200 -
	(If travel outside of Texas, complete Schedule T) mployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:  PAT KELLU	Amount of In-kind contribution contribution (\$) description (if applicable)
11-18-13 Contributor address; City: State; Zip Code 5526 CLUB PARKENAY, Sta Angelo	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) mployer (See Instructions)
,	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
11-27-13 Contributor address; City; State; Zip Code 1401 MACKENING SAN Angello	Tt 76901 ZW -
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	mployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:  Mont Ment2	Amount of In-kind contribution contribution (\$) description (if applicable)
Pu Bix 63   Elderado TX	70934 100-
Principal occupation / Joh title (See Instructions)	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	mpioyei (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ages Schedule E:
2 FILER NAME	A. FORD		3 ACCOL	INT # (Ethics Commission Filers)
тота	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	⇒	\$ 15,000 =
5 Date of loan  12 -12 - 2013	7 Name of lender  J Stave FURD	out-of-state PAC (ID#	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	a financial On-Cay #191 14 7701T			10 Interest rate /
Y (N)	on / Job title (See Instructions)	13 Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	#12-12-15
12 morpai occupati	STO 7 GGG THE (GGG THANDONG)	lo zmproya. (acc manacia),		
14 Description of Coli	ateral	15 Check if personal funds were	deposited	l into political account
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor  BILL A, FORD  18 Guarantor address; City; S  POBOX 55 CHRIS	State; Zip Code 76 VAL IX 76 935		19 Amount Guaranteed (\$)
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)		<u> </u>
Tom GREN	Co. Commissionea	TOM GREEN	(O),	ing
Date of loan		out-of-state PAC (ID#:		Loan Amount (\$)
123-11-20.13	Bic Ford			200
ls lender a financial		Zip Code	_	Interest rate
Institution?	POBOX 55 ChRIS	570VAC 17 16723		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla		Check if personal funds were	deposited	into political account
none				
GUARANTOR INFORMATION	Name of guarantor  BILL FOR D			Amount Guaranteed (\$)
not applicable	, <i></i>	State: Zip Code To Vac Tp 76935	-	200
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
if lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE uction guide for additional rep		quirements.

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

		The state of the s		
	EXPENDITURE (	CATEGORIES FOR BOX 8(	a)	
Advertising Expense		Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Relate	ed Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Politica	l Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not liste	d above)
	The Instruction Guide	explains how to complete this	form.	
1 Total pages Schedule F:	2 FILER NAME	-	3 ACCOUNT # (Ethics Comr	nission Filers)
	13, u A. Fo	RA		
4 Date	5 Pavee name			
12.19.7113	MC LANGHLIN ADV 7 Payee address; City; Stat	54 TIEN -		
12-11 LUIS	THE LANGHEIN NOV	ek /13/14		
b Amount (\$)	/ Payee address; City; Stat	ie; Zip Code	. =	
9820.00	929 TUENER SAN	Angelo 1x 1690	03	
8 PURPOSE	(a) Category (See categories listed at the top of	1 ''	n (If travel outside of Texas, complete Sched	ule T)
OF EXPENDITURE	Advertsing Exp	DENSE		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sou	ght Office h	eld
Date	Payee name			
12-19-2013		u 7700		
Amount (\$)	Company Par Payee address: City: Stat 3419 Knick Ext	te; Zip Code	A The They The	
	ZILIG Knigg-of	BUCKED RA DAM	mugaco in colog	
577 N	THI MICKERU		· ·	
572.06	JATT MICKER			
572.06 PURPOSE	Category (See categories listed at the top of		n (If travel outside of Texas, complete Sched	
		of this schedule) Description	<u> </u>	
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PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/O  Date   Par   2-10-13    Amount (\$)	Category (See categories listed at the top of PRINTING EXPENTAGE APENTAGE A	Office sources of this schedule)  Description  Office sources of this schedule)	n (If travel outside of Texas, complete Sched ght Office he	ule T)
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PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date Purpose OF EXPENDITURE	Category (See categories listed at the top of PRINTING EXPERIMENTAL PRINTING EXPERIMENTAL Payee name  Payee name  Payee address; City; State  Tom Calegory (See categories listed at the top of Tilling FEC Candidge) Officeholder name	Office sour	n (If travel outside of Texas, complete Sched ght Office he  n (If travel outside of Texas, complete Sched	ule T)
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the top of Pki Wing Experior Candidate / Officeholder name  Payee name  Payee address; City; State  Tom Calegory (See categories listed at the top of Candidate) Officeholder name	Office sour	n (If travel outside of Texas, complete Sched  in (If travel outside of Texas, complete Sched  School Films Fight  Office he	ule T)
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PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/O  Date PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/O  Date 12-21-13	Category (See categories listed at the top of PRINTING EXPENDED Candidate / Officeholder name  Payee name  Payee address; City; State  Tom Cheen Co  Category (See categories listed at the top of Candidate) Officeholder name  H  Payee name  Payee name  Payee name  Candidate of C	Office source  Office	n (If travel outside of Texas, complete Sched  in (If travel outside of Texas, complete Sched  School Films Fight  Office he	ule T)
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITURE	CATEGORIES FOR	₹ BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contrac	-	an Repayment/Reimbursement	
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising   Travel In District		insportation Equipment & Related Expense htributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of District	1	Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)				
		e explains how to comp			
1 Total pages Schedule G:	FILE FUND			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12 25-13	5 Payee name  Lonch Valley 7 Payee address; City; Sta	Rep Wom	en	<del>-</del>	
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
Reimbursement from political contributions intended					
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	<b>A</b> / .				
EAF ENDITONE	Dination				
Date	Payee name		***************************************		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
Reimbursement from political contributions intended		**************************************	1 1900000000000000000000000000000000000		
PURPOSE	Category (See categories listed at the top-	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE					
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ite; Zip Code	· · · · · · · · · · · · · · · · · · ·		
Amount (4)	Payde address, Only, On	te, 21p 0000			
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)	
OF EXPENDITURE					
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