CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

***************************************		T4 .000141=14	
	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	mr William	L	Date Received
	NICKNAME LAST	SUFFIX	
	Bill Worsham		AU; 2014
4 CANDIDATE /	4DDD500 (20.00)		AUSTIN C RECI
OFFICEHOLDER	The state of the s	STATE; ZIP CODE	IN C REC L 15
MAILING ADDRESS	POBOX 50308 Austin 7	X DIED	Date Hand-delivered or Postmarked
change of address			PF PF
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
OFFICEHOLDER	(512) 537-4928	EXTENSION	Date Processed
PHONE			07
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	Mł	Date Imaged
NAME	Mr Greg		
	Mc Nelis	SUFFIX	
7304	me juents		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY: STATE:	ZIP CODE
TREASURER ADDRESS	4307 Bellvue Ave A	ustin TX 78	
(residence or business)	130.120.120.70	asinc in	
		,	
8 CAMPAIGN	AREA CODE PHONE NUMBER		
TREASURER	AREA CODE PHONE NUMBER (5/2) 537-4928	EXTENSION	
PHONE	(12) 351 1728		
9 REPORT TYPE			
3 KEPOKI TIPE	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 (Altach C/OH - FR)
4A DEDICE			The state of the s
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
	5/20/2014 THROUGH	6/30/	2014
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	Primary	Runoff	General Special
	11/04/2014		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
_ · · · · 	v		
		Austin City C	ouncil DIO
)	
	GO TO PAG	6E 2	

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	ill Wo	Tsham	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		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)	\$ 10,510.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ _ O _			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,736.84	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DON'T PERIOD	\$ 5,736.84 \$ 10,021.30	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* — O —	
18 AFFIDAVIT				
			perjury, that the accompanying report information required to be reported by	
		- PsiUM	Daham	
		Signature of Can	didate or Officeholder	
AFFIX NOTARY STAM	ID (CEAL ADOME			
Sworn to and sub		me, by the said Bill Worsh	this the	
	of July	, 20 / , to certify which, witness n	ny hand and seal of office.	
Signature of officer	La Crou	NOTARY PUBLIC State of Texas		
Signature of officer adm	mistering oath	Printed name of office the particle flogrant to p. 08-08-2	Title of officer administering oath	

Texas Ethics Cor	mmission P.O. Box 12070 Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form,	1 Total pages Sch	edule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	thics Commission Filers)
4 Date 6/12/14	5 Full name of contributorout-of-state PAC (ID#:_David Mielke 6 Contributor address; City; State; Zip Code 2414 W 12+h Austin TX		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	nstructions)	of Texas, complete Schedule T)
Date (6/10/14	Full name of contributor out-of-state PAC (ID#_ Drew L Tate Contributor address; City: State; Zip Code 2414 Exposition Austr		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) ASSOC Director	Employer (See		of Texas, complete Schedule T)
Date 6/30/14	Full name of contributor out-of-state PAC(ID4: Michael K Eaves Contributor address; City: State: Zip Code 5765 Berwick Beaumon		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions) VP Opera trons	Employer (See I		of Texas, complete Schedule T)
Date 6/19/14	Full name of contributor out-of-state PAC (ID#: Nicole Elliott Contributor address: City; State; Zip Code 11001 Sierra Verde, Austin, I		Amount of contribution (\$)	In-kind contribution description (if applicable)
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 6/30/14	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See)		of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Principal occupation / Job title (See Instructions)

Ref.

Texas Ethics Com	nmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
		NTRIBUTIO		NS		SCHEDULE A
The	Instruction G	uide explains how to	complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Bill W	orsham			3 ACCOUNT# (E	thics Commission Filers)
4 Date ColZCol 14		of contributor out of contributor of			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	19 Brian	Hollow Ln#120			(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title resident	e (See Instructions)		10 Employer (See Pacesetter F	Instructions) Ersonne(Svc	ş.
Ol4/14	Jame	of contributor of our second of contributor of our second of contributor of contr	it-of-state PAC (ID#:_ & Wife ate; Zip Code	?	Amount of contribution (\$)	In-kind contribution description (if applicable)
		eador Dr. Au	stin, TX	78746		of Texas, complete Schedule T)
Principal occup	pation / Job title Ret.	(See Instructions)		Employer (See I	et.	
Date (2/30/14	Terr	ence Lyons or address; City; St	ate; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1100 Her	itage way A	ustin TX	78703	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title Manager	(See Instructions)		Employer (See I	nstructions)	
Date	Gregor	y 5 McNe	الح لأسرا		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/14	Contribute 4412 Ma	urathon Blvd,	ate; Zip Code Austin T		700,00	·
	pation/Job title cet kam	(See Instructions)		Employer (See I		of Texas, complete Schedule T)
0/30/14	Suzet	te H Pucketh raddress; City; St	ate; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup		Cedar Ridge D	ır. Austi	n TX 78741 Employer (See I		of Texas, complete Schedule T)
	emiologis	<i>i</i>		St. David's		
		ATTACH ADDITION	IAL COPIES (OF THIS SCHEDULE	AS NEEDED	•

exas Ethics Com	nmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-298
		NTRIBUTIO		NS		SCHEDULE A
The	Instruction G	uide explains how to	complete this	form.	1 Total pages Sch	edule A;
FILER NAME	N Wor	sham			3 ACCOUNT # (E	thics Commission Filers)
Date	5 Full name	of contributor out	1-of-slate PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
610114		or address; City; St ver Downs Cv. 1		18746	35.00	
					(If travel outside of	of Texas, complete Schedule T)
Principal occur	cPA	e (See Instructions)		10 Employer (See Preod LL		
Date	Steph	ien Murphey)	Amount of contribution (\$)	In-kind contribution description (if applicable
6/30/14		or address; City; St .y Dr. Lk Cha		70611	350,00	
	pation / Job title	e (See Instructions)		Employer (See Delta La	Instructions)	of Texas, complete Schedule T)

Full name of contributor out-of-state PAC (ID#: Date Amount of In-kind contribution Kristin Mondy
Contributor address; City; State: Zip Code contribution (\$) description (if applicable) ce/11/14 100.00 2108 Raleigh Ave, Austin TX 78703 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Doctor Full name of contributor ul-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) James T Ross 100,00 8947 Bee Cave Rd Austin TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable)

Ann M. McCarthy
Contributor address; City; State; Zip Code 6/70/14 50,00 9192 Kapaa Huntington Bch CA92646

Principal occupation / Job title (See Instructions)

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The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT# (E	thics Commission Filers)
1 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of	8 In-kind contribution
6/9/2014	Rosa Theofanis		contribution (\$)	description (if applicable
61 (100.7	1. 2.3, 2.p 5533		35,00	
	2406 W 10th St Austin TX 78	7703	(if travel outside o	 of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions) Ref.	10 Employer (See Ret.	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Howard Marlowe	,	contribution (\$)	description (if applicable
6/30/14	Contributor address; City; State; Zip Code		100.00	
. , .	5530 Warwick Pl. Chevy Chase, MD	20815	100,00	
Principal see			• • • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
Whole	upation / Job title (See Instructions)	Employer (See Marlowe & (
Date	Full name of contributor out-of-state PAC (ID#: Terald C Kearby)	Amount of contribution (\$)	In-kind contribution description (if applicable
6/24/14	Contributor address; City; State; Zip Code	•	200,00	
7 - 17	111 Sunbell Cir, Sanford FL	3277/	200,00	<u> </u>
Principal occu	unation / Joh title (See Instructions)	T 51 /0		of Texas, complete Schedule T)
- Through Soci	upation / Job title (See Instructions) Ref.	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Robbie L Wortman		contribution (\$)	description (if applicable
0/26/14	Contributor address; City; State; Zip Code		153 30	
<i>ज्ञान</i>	7009 Wheeler Branch Tr., Austir	TX 78749	100,00	
		·		of Texas, complete Schedule T)
Principal occi	pation / Job title (See Instructions) Ref.	Employer (See	,	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	James Scott		contribution (\$)	description (if applicable)
0/30/14	Contributor address; City; State; Zip Code		50,00	
	2205 Forest Tr, Austin TX -	18703		
	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
De	signer	Dell	<u> </u>	

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-slate PAC(ID#:_ Peter Zornio)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/27/14	6 Contributor address; City; State; Zip Code 9301 Rince William, Austin TX	78130	· 150.00	 -
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Emerson	Instructions) Process Mam	√.
Date	Full name of contributor out-of-state PAC (10#_ Marsha Jensen)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/14	Contributor address; City; State; Zip Code	107~7	50.00	[[
	1 148 UNLEN 150 FT) Austin 1x	1815/		
Principal occu	pation / Job title (See Instructions) Ref.	Employer (See	nstructions)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/6/14	Contributor address; City; State; Zip Code		350,00	
	517 W Cakeshore Dr. Carriere	MS 39426	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions) Ret.	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/14	Contributor address; City; State; Zip Code		100,00	
	2945 N. Island Dr., Seabrook,	TX 77586	(If travel outside o	 of Texas, complete Schedule T}
	consultant	Employer (See 1	nstructions) 17 Capital	
Date	Full name of contributor _ out-of-state PAC(ID#:_ Bradley L Worsham		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/14	Contributor address: City; State: Zip Code 2818 Bree Hill Rd, Oakton, VA	1 22124	350.00	 -
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Ret.		et.	

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	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAME	Bill Worsham	-	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (110#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/4/14	6 Contributor address; City; State; Zip Code		100,00	
	2951 Marina Bay Dr., League Ci	ty,TX 77573	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions) RAI Estate	10 Employer (See I	Instructions) Mrc. Adjuster	5
Date	Full name of contributor out-of-state PAC (ID# Earl N Haden)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/14	Contributor address; City; State; Zip Code		350,00	
	509 Short Circuit #201, Horsesh	10e Bay 78657		of Texas, complete Schedule T)
	upation / Job title (See Instructions) Manager	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Richard M Borders)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/14	Contributor address; City; State: Zip Code		20.00	
	8600 Hwy 7/#212, Austin TX 7.	8702	(If travel outside	of Texas, complete Schedule T)
	Mgr. Business Dev.	Employer (See II	nstructions)	
Date	Full name of contributor out-of-slate PAC (ID#_ Holly Sparkman)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/14	Contributor address; City; State; Zip Code 6412 Cascada Dr. Austin, TX		350,00	
	<u> </u>			l of Texas. complete Schedule T)
Principal occu	pation / Job title (See Instructions) Recruifer	Employer (See II	nstructions) -kmæn & Ass	50 C.
Date	Full name of contributor out-of-state PAC(ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/14	Contributor address; City; State, Zip Code		100.00	
	6205 Old Harbor Ln, Austin TX			of Texas, complete Schedule T)
	pation / Job title (See Instructions) Music Teacher	Employer (See II		
lf (ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instr			requirements.

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_ Jonathan Zelazo)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/10/14	6 Contributor address: City; State; Zip Code 5 Brentwood Dr., Morris Plains		20.00	 -
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
	Traine	Car 2 G		
Date	Full name of contributor out-of-state PAC(ID#_ Pedro E Landa)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/14	Contributor address; City; State; Zip Code		100,00	
Deinging of any	1906 Scenic Dr., Austin TX			of Texas, complete Schedule T)
- Incipal occu	pation / Job title (See Instructions) Ref.	Employer (See I	nstructions)	
Date 6/13/14	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation / Job title (See Instructions)			of Texas, complete Schedule T)
	ITMgr	Employer (See II	Paykel Healt	heare
Date	Full name of contributor out-of-state PAC (1D# Michael Bell		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/17/14	Contributor address; City; State; Zip Code 2525 Wallingwood #11, Austin		100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
	Dentist	self	istractions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/30/14	Contributor address; City; State; Zip Code		100,00	
	3413 Robinson Are Austin TX-	18722	(16 decrease or decircle	of Taylor assertate Cahadula Ti
Principal occu	pation / Job title (See Instructions)	Employer (See li		of Texas, complete Schedule T)
lf (ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

(If travel outside of Texas, complete Schedule T)

exas Ethics Co	mmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 463-5800	(TDD 1-800-735-298
		ONTRIBUTIO PLEDGES O		NS		SCHEDULE A
Th	e Instruction	Guide explains how to	complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Bill	Worsham			3 ACCOUNT# (E	thics Commission Filers)
6 Date	Bria	ne of contributor out the contributor of contributo	t-of-state PAC (ID#: ate; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	508 W	682 PRNW, E	Benton Ci	ty, WA 99320		of Texas, complete Schedule T)
	upation / Job ti Engineer	tle (See Instructions)		10 Employer (See	Instructions)	Toxas, complete defication (
Date		e of contributor □ ou Golinghorst &	t-of-state PAC (ID#:_ Wife)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6 ¹³⁰ 114	Contribu		ate, Zip Code	18703	\$ 700.00	

Principal oc	cupation / Job title (See Instructions) A Horney	Employer (See	Instructions) Texas	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/29/14	Contributor address; City; State: Zip Cod 2520 NW Birkendene St., Portla		350.00	
				of Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions) Manager	Employer (See	1 1 '	

	manager	Genen	1 1 '	
Date	Full name of contributor out-of-state PAC (ID#) Tamie Mitchell)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/26/14	Contributor address; City; State; Zip Code		100.00	
	5204 Mt. Bonnell, Austin,	TX 78731	 (If travel outside o	f Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See)		

Principal occu	pation / Job title (See Instructions)	Employer (See t	nstructions) Aus Am	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/28/14	Contributor address: City, State; Zip Code 13492 Research Blvd#120-141, Au	ustinTX78750	350.00	
			(If travel outside of	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See to	nstructions)	

software engr.

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	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-slate PAC (ID#_ Bryan & Denise Gentsch 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occu	8700 Little Lawra Dr., Austin			of Texas, complete Schedule T)
-	soc. Mgmt.	10 Employer (See)	nstructions)	
Date 6/28/14	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
0120114	7713 Basil Dr., Austin TV 7		100.00	 - -
Principal occu	pation / Job title (See Instructions) にそす。	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ Carter Hobbs)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6 9 14	Contributor address; City; State: Zip Code 101 Racebrook Ct, Lakeway TX		250,00	
Principal occu	pation / Job title (See Instructions) FT Director	Employer (See I	nstructions)	or rexas, complete constant Ty
Date 6/9/14	Full name of contributor out-of-state PAC (ID#:	County	Amount of contribution (\$)	In-kind contribution description (if applicable)
014114	Contributor address; City; State; Zip Code 101 Pacebrook Ct, lakeway TX -		250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Designer	Self.		
io/10/14	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	5707 Sam Houston Cir., Austin TX	7873/		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Ref.	Employer (See II		
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	thics 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)
6/10/14	6 Contributor address: City: State: Zip Code 11376 Rim Rock Tr., Austin		350.00	
9 Principal occi		10 Employer (See	·	of Texas, complete Schedule T)
	Engineer	LJAE	rgineerika	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	John Mandell	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
6/10/14	Contributor address; City; State; Zip Code		200,00	
	13003 Sherbourne, Austin TX	78729		
Principal occu	ppation / Job title (See Instructions)	F(C.		of Texas, complete Schedule T)
	Ret.	Employer (See I	et,	
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/14	Contributor address; City; State; Zip Code		100,00	
	2107 Lakeshore Dr., Austin 7	178746	(If travel outside	l of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See 1		rexus, complete schedule ()
Date	Full name of contributor)	Amount of	In-kind contribution
	James von Wolske		contribution (\$)	description (if applicable)
6/28/14	Contributor address; City; State; Zip Code		100,00	
	2107 Lakeshore Dr., Austin TX	78746		
Principal occur	pation / Job title (See Instructions)	1 5-4-70		of Texas, complete Schedule T)
T THISIPAT GOOD	Ret.	Employer (See I		
Date	Full name of contributor Out-of-state PAC (ID#	,]	Amount of	In-kind contribution
	Courtenay Browning		contribution (\$)	description (if applicable)
lanly	Contributor address; City; State; Zip Code		· 	
0/22/14			50,00	
	2713 Trail of Madrones, Austin 7	X78746	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		Tempore concesses if
	Ket,	L <u>R</u>	et,	
1.6	ATTACH ADDITIONAL COPIES (
IT (contributor is out-of-state PAC, please see instr	uction guide foradd	litional reporting	requirements.

POLITION OTHER	SCHEDULE A			
The	Instruction Guide explains how to complete this	1 Total pages Sch	nedule A:	
2 FILER NAME	ill Worsham		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Don ita Haden		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/8/14	6 Contributor address; City; State; Zip Code		50,∞	
	5026 FM 2001, Lockhart, TX	78644	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	or tonde, compate conduct ty
	V <et< td=""><td>7<</td><td><u> et. </u></td><td></td></et<>	7<	<u> et. </u>	
Date	Full name of contributor		Amount of	In-kind contribution
1	Linda P. Everton Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
6/20/14			15.00	[
-	11502 Windermere Meadows,	Austin 78759	(If travel outside	of Texas, complete Schedule T)
Principal occup	Pet.	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/00/14	Bill E Carolyn Worsha Contributor address: City: State; Zip Code 906 Southwind, Port Arth		700.00	description (ii applicable)
	•	, ,	(If tenuel autoids	of Towns and the Cohort (a. T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			,
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	talian out the (edd manasions)	Employer (See)	nstructions)	
Date	Full name of contributor cut-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	pation / Job title (See Instructions)	Employer (See I		
lf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instr			requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to com	plete this form.	Total pages Schedule E:
2 FILER NAME B(((Worsham	3	ACCOUNT # (Ethics Commission Filers)
	L OF UNITEMIZED LOANS:	0 0 0 0 0 0	\$
5 Date of loan 5/28/14	Bill Worsham	Out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; 1105 Norwalk Ln	Zip Code Austin TX 7872	10 Interest rate 0 % 11 Maturity date
Y (N)			6/30/14
Engir	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were de	posited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were de	posited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
If lend	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEEDE ruction guide for additional report	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense	Legal Services Solicita	s/Wages/Contract Labor tion/Fundraising Expense	Loan Repayment/Reimburseme Transportation Equipment & Re	lated Expense	
Event Expense Fees	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Com Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above				
	The Instruction Guide explain	•	OTHER (enter a category not I	isted above)	
1 Total pages Schedule F:	Bill Worsham		3 ACCOUNT # (Ethics Co	ommission Filers)	
4 Date	5 Payee name				
5/29/14	Host Gator				
\$ Amount (\$)	7 Payee address; City; State; Zig	Code			
87,70	we v				
B PURPOSE	(a) Category (See categories listed at the top of this sol	nedule) (b) Description	(If travel outside of Texas, complete Se	chedule T)	
OF EXPENDITURE	office overhead	web h	osting		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Offic	e held	
Date -/- alul	Payee name		•		
<u> </u>	Squarespace Payee address; City; State; Zi	o Code			
***	web	o code			
18.00	0069				
PURPOSE OF	Category (See categories listed at the top of this sch	nedule) Description	(If Iravel outside of Texas, complete So	chedule T)	
EXPENDITURE	Office overhead	web ho	sting		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office	e held	
Date / / .	Payee name ,				
5/29/14	Gmail				
Amount (\$)	Payee address; City; State; Zit) Code			
20.00	web				
PURPOSE	Category (See categories listed at the top of this sci	edule) Description	(If travel outside of Texas, complete So	chedule T)	
OF EXPENDITURE	Office overhead	email	laccounts		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug		e held	
Date,	Payee name			· · · · · · · · · · · · · · · · · · ·	
6/9/14	Thomas Graphics Payee address; City; State; Zin	Inc.			
Amount (\$)	Payee address; City; State; Zit	Code			
261.97	POBOX 142226 Au	stin TX 7875	514		
PURPOSE	Category (See categories listed at the top of this sot	nedule) Description	(If travel outside of Texas, complete So	chedule T)	
OF EXPENDITURE	Printing expense	Prin	tina		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug		e held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED		

POLITICAL EXPENDITURES

P.O. Box 12070

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 Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District 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 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Payee name County Line on the Lake 7 Payee address: City: State: Zip Code 5204 Ranch Rd ZZZZ, Austin, TX 78731 6 Amount (\$) 200,00 (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) OF food/ber suc. Event expense Candidate / Officeholder name **EXPENDITURE** Office sought 9 Complete ONLY if direct expenditure to benefit C/OH 6/12/14 Amount (\$) BBVA Compass Payee address; City; State; Zip Code 2727 Exposition Blud, Austin, TX 78703 48.00 PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF Accounting /banking Bank fees **EXPENDITURE** Office sought Complete ONLY if direct Office held expenditure to benefit C/OH 6/30/14 Amount (\$) Anedot Payee address; City; State; Zip Code web 292,70 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Online collection tees Fundraising expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 6/30/14 ayee address; City: State: Zip Code 1105 Norwalk Ln Austin TX 78703 100.00 Category (See categories listed at the top of this schedule) **PURPOSE** Reimb. bank opening deposit OF Loan repayment EXPENDITURE Candidate / Officeholder name Complete ONLY if direct

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expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense de explains how to complete this fo		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.			
1 Total pages Schedule F:	2 FILER NAME BILL WOTSha	14.0		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 6/23/14	5 Payee name Up Root Strategies LLC 7 Payee address; City, State, Zip Code						
108.47	7 Payee address; City, State, Zip Code 41 Waller St. Stello Austin TX 78702						
B PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Office overhead		web co	mtent			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	ht Office held			
Date	Payee name						
Amount (\$)	Payee address; City; Sta	ate; Zip Code					
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	office held			
Date	Payee name						
Amount (\$)	Payee address; City; Sta	ite; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt Office held			
Date	Payee name						
Amount (\$)	Payee address: City; Sta	ite; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(if travel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	nt Office held			
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS	NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense Polling Expense Printing Expense (Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Ro	intract Labor ising Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide e	explains now to c	complete this to:	rm.	
1 Total pages Schedule G:	2 FILER NAME BILL WORS	ham		3 ACCOUNT # (Ethics Commission Filers)	
5/29/14	5 Payee name UpRoot Strategies LLC				
6 Amount (\$) 4500.00	7 Payee address; City; State	e; Zip Code			
Reimbursement from political contributions intended	41 Waller St Ste	110 Aus	,tin TX	78702	
8 PURPOSE OF	(a) Category (See categories listed at the top of		i _	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Consulting expen	156	Online	? resources	
Date	Payee name	11 101			
4/0/4 Amount (\$)	County Line on Payee address: City, State	the Lak.	e		
100.00					
	5204 RR 2222, 1	Austm-	TX 787	31	
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Event expense		Food/E	Bev expense	
Date	Payee name				
Amount (\$)	Payee address; City; State	; Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t	this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Date	Рауее пате				
Amount (\$)	Payee address; City; State	Zip Code			
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of t	this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL COP	IES OF THIS SO	CHEDULE AS N	IEEDED	