

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

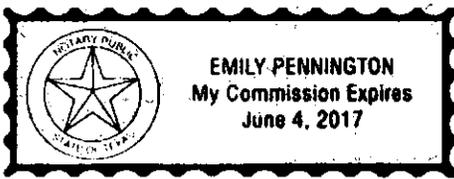
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME William D. Floyd	15 ACCOUNT # (Ethics Commission Filers)
---	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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	COMMITTEE NAME N/A
		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	\$ 1,710.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,935.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,820.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,274.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,660.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William D. Floyd, this the 6th day of October, 2017, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Emily Pennington

Printed name of officer administering oath

Financial Representative

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/02/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Kargbo	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8426 Antero Drive Austin, Texas 78759		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) President		10 Employer (See Instructions) Greater Austin Transportation Co.	
Date 07/07/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehul Patel	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3005 S. Lamar, Suite D109-140 Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self-employed	
Date 07/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Kaighin, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 Hartford Road Austin, Texas 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Financial Advisory		Employer (See Instructions) Self-employed	
Date 07/14/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Loewy	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 101 Colorado Street, Apt. 1602 Austin, Texas 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Loewy Law Firm	
Date 07/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Hart	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12820 Withers Way Austin, Texas 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Popp Hutcheson, PLLC	

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/17/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank King 6 Contributor address; City; State; Zip Code 5602 Shoal Edge Ct. Austin, Texas 78756	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Assistant Attorney General		10 Employer (See Instructions) Texas Attorney General	
Date 07/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby Hopkins Contributor address; City; State; Zip Code 6 Knotwood Ct. The Woodlands, Texas 77389	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Drucker Hopkins, LLP	
Date 07/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich Villa Contributor address; City; State; Zip Code 3000 Cohoba Drive Austin, Texas 78748	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Streusand, Landon & Ozburn, LLP	
Date 07/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julienne Vanderziel Contributor address; City; State; Zip Code 851 Polo Club Drive Austin, Texas 78737	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) UT Austin	
Date 07/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Engle Contributor address; City; State; Zip Code 1516 Treadwell St, Unit A Austin, Texas 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Avalanche Consulting	

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seth Sather	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7816 Manassas Dr. Austin, Texas 78745		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Development		10 Employer (See Instructions) Leadership Austin	
Date 07/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Flagg	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2400 Shire Ridge Dr. Austin, Texas 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Financial Advisory		Employer (See Instructions) Self-employed	
Date 07/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Rubin	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 108 Black Wolf Run Lakeway, Texas 78738		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed	
Date 07/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Pinon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5930 Worth Street Austin, Texas 75214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Health Care Service Corp.	
Date 07/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Fry	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 306 N. Travis Sherman, Texas 75090		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) James A. Fry, P.C.	

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Siragusa	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2100 Travis Heights Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Sr. Product Manager		10 Employer (See Instructions) Wayne Fueling Systems	
Date 07/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Leonard	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9450 Logan Lane Douglasville, Georgia 30135		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Chief Assistant District Attorney		Employer (See Instructions) Douglas County District Atty's Ofc	
Date 07/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed Arnos	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6403 Rotan Drive Austin, Texas 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Computer Engineer		Employer (See Instructions) Semiconductors	
Date 07/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vijay George	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2500 Shire Ridge Dr. Austin, Texas 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Texas CPA	
Date 08/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Fuentes	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1720 Timber Ridge, #164 Austin, Texas 78741		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keller Williams	

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Thomas	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5308 Tortuga Trail Austin, Texas 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Marketing		10 Employer (See Instructions) Intelechy Group	
Date 08/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Schutze	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 475 Mustang Mesa Liberty Hill, Texas 78642		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Supreme Lending	
Date 08/27/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Little	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7700 Shoal Creek Blvd. Austin, Texas 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Business Executive		Employer (See Instructions) GCA Services Group	
Date 09/03/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance Sharp	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1617 Northwood Rd Austin, Texas 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Sharp Firm	
Date 09/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Chun	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 Westbrook Dr. Austin, Texas 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/14/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Colleti	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2504 Cedarview Dr. Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Noelke English Maples St. Leger Blair	
Date 09/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance Cawthon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2515 Wilson Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Walsh Anderson Gallagher	
Date 09/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Telano	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8206 Dixon Dr. Austin, Texas 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Seton Healthcare	
Date 09/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Nellis	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11408 Woodland Hills Trl Austin, Texas 78732		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Experis	
Date 09/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Schoenbaum	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2406 Briargrove Dr. Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) The Schoenbaum Firm	

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Bogisch	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8616 Winterstein Dr. Austin, Texas 78745		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Goldsmith & Bogisch	
Date 09/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Rubin	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1001 Kinney Ave. Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Rubin Law Firm	
Date 09/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peni Ellis	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1303 Lorrain Austin, Texas 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 09/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Floyd	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 712 Norwalk Lane Austin, Texas 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Stratfor	
Date 09/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Weber	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 913 University Rd Wimberley, Texas 78676		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly, Hart & Hallman, LLP	

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:
10

2 FILER NAME
William D. Floyd 3 ACCOUNT # (Ethics Commission Filers)

4 Date 09/24/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Greenwood	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8145 Jester Blvd. Austin, Texas 78750		(If travel outside of Texas, complete Schedule T)	

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

Date 09/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Latsha	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5014 W. Frances Pl. Austin, Texas 78731		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)
Director of Multifamily Finance Employer (See Instructions)
Tex. Dept. of Housing & Comm. Affairs

Date 09/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Mugica	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3107 Carnousty Street Round Rock, Texas 78664		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)
Attorney Employer (See Instructions)
Jackson Walker, LLP

Date 09/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham Kennedy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2907 Rae Dell Ave. Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)
Attorney Employer (See Instructions)
Ytterberg Deery Knull

Date 09/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Simpson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1910 Collier Street Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)
Management Employer (See Instructions)
Discovery Senior Living

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/25/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Latsha	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5014 West Frances Austin, Texas 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Financial Analyst		10 Employer (See Instructions) State of Texas	
Date 09/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Richard	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 524 Dragon Austin, Texas 78734		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing Executive		Employer (See Instructions) Deloitte	
Date 08/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Floyd	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2604 Tip Cove Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/09/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Floyd	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2604 Tip Cove Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 09/09/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Floyd	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2604 Tip Cove Austin, Texas 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

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: 10	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/09/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Hausenfluck Contributor address; City; State; Zip Code 1501 Barton Springs Road #101 Austin, Texas 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Deputy Legislative Director		10 Employer (See Instructions) Senator Van de Putte	
Date 09/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Meroney Contributor address; City; State; Zip Code 6901 Glen Ridge Dr. Austin, Texas 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Self-employed	
Date 09/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Brame Contributor address; City; State; Zip Code 3711 Binkley Ave. Dallas, Texas 75205	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vinson & Elkins, LLP	
Date 09/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Puryear Contributor address; City; State; Zip Code 800 West 5th Austin, Texas 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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.

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 50.00	
5 Date 09/25/14	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson Beaman Floyd, Jr. 7 Pledgor address; City; State; Zip Code 5316 Moon Shadow Austin, Texas 78735	8 Amount of pledge (\$) \$350.00	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions) Lobbyist		11 Employer (See Instructions) Self-employed	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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.

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: 4	2 FILER NAME William D. Floyd	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/08/2014	5 Payee name Austin Java Company	
6 Amount (\$) \$243.46	7 Payee address; City; State; Zip Code 1608 Barton Springs Dr., Austin, Texas 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food/drinks kickoff event <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/08/2014	Payee name Texas Democratic Party	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 4818 E. Ben White Blvd, Ste. 104, Austin, Texas 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising	Description (If travel outside of Texas, complete Schedule T) Voter list <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/14/14	Payee name VistaPrint	
Amount (\$) \$203.19	Payee address; City; State; Zip Code www.vistaprint.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) T-Shirts <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/30/2014	Payee name Alt-Creative	
Amount (\$) \$216.50	Payee address; City; State; Zip Code 2222 Western Trails Blvd., Austin, Texas 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Design of push cards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4	2 FILER NAME William D. Floyd		3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/22/2014	5 Payee name Hotcards		
6 Amount (\$) \$676.18	7 Payee address: City; State; Zip Code 2400 Superior Ave., Cleveland, Ohio 44114		
08/26/2014	Printing Expense		Push cards
8 PURPOSE \$1050.95 EXPENDITURE	(a) Category (See categories listed at the top of this schedule) www.vistaprint.com	(b) Description (If travel outside of Texas, complete Schedule T) Yard signs/stands	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State; 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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/22/2014	Ashley Collins		
Amount (\$) \$119.75	Payee address: City; State; Zip Code 702 San Antonio Street, Austin, Texas 78701		
07/25/2014	Contract Labor		Admin work/analysis
PURPOSE OF EXPENDITURE \$104.15	Category (See categories listed at the top of this schedule) www.fedex.com	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State; 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/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4	2 FILER NAME William D. Floyd	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/12/2014	5 Payee name John Russell	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code www.therussellconsultinggroup.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consultant Expense	(b) Description (If travel outside of Texas, complete Schedule T) Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/05/2014	Payee name John Russell	
Amount (\$) \$300.00	Payee address; City; State; Zip Code www.therussellconsultinggroup.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consultant Expense	Description (If travel outside of Texas, complete Schedule T) Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/09/2014	Payee name John Russell	
Amount (\$) \$200.00	Payee address; City; State; Zip Code www.therussellconsultinggroup.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consultant Expense	Description (If travel outside of Texas, complete Schedule T) Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/16/2014	Payee name Engage ATX	
Amount (\$) \$100.00	Payee address; City; State; Zip Code www.engageatx.org	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising	Description (If travel outside of Texas, complete Schedule T) Membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 4	2 FILER NAME William D. Floyd	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

4 Date 09/22/2014	5 Payee name Ampro Productions
-----------------------------	--

6 Amount (\$) \$1,634.58	7 Payee address; City; State; Zip Code 7202 Smokey Hill Rd., Austin, Texas 78736
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Yard signs
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; 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/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; 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/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; 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/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED