

# 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:

15

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

William

L

NICKNAME

LAST

SUFFIX

Bill

Worsham

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

2014 OCT 6 PM 4 30

Amount

Date Processed

Date Imaged

AUSTIN CITY CLERK  
RECEIVED4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE:

P.O. Box 50308 Austin TX 78763

☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 537-4928

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Greg

NICKNAME

LAST

SUFFIX

McNelis

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4307 Bellvue Ave Austin, TX 78756

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 537-4928

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  
COVERED

Month Day Year

7 / 1 / 2014

THROUGH

Month Day Year

9 / 25 / 2014

11 ELECTION

ELECTION DATE  
Month Day Year

11 / 04 / 2014

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Austin City Council D10

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Bill Worsham

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 580.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,615.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 222.76

4. TOTAL POLITICAL EXPENDITURES

\$ 12,406.58

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9,712.30

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bill Worsham

Signature of Candidate or Officeholder

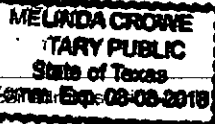
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Worsham, this the 16 day of October, 20 14, to certify which, witness my hand and seal of office.

Melinda Crowe

Signature of officer administering oath

Printed name of officer administering oath



Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **7**

2 FILER NAME

**Bill Worsham**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**8/11/2014**

5 Full name of contributor

☐ out-of-state PAC (ID#)

**Mark Pollard**

6 Contributor address; City; State; Zip Code

**8136 Forest Mesa Dr. Austin TX 78759**

7 Amount of contribution (\$)

**350.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**8/11/2014**

Full name of contributor

☐ out-of-state PAC (ID#)

**Michael Portman**

Contributor address; City; State; Zip Code

**901 W 9th St 308 Austin TX 78703**

Amount of contribution (\$)

**350.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8/23/2014**

Full name of contributor

☐ out-of-state PAC (ID#)

**Kurt Swogger**

Contributor address; City; State; Zip Code

**4211 Waters Edge Cv, Austin TX 78731**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/11/2014**

Full name of contributor

☐ out-of-state PAC (ID#)

**Stephen McCants**

Contributor address; City; State; Zip Code

**4400 Cumbria Ln, Austin TX 78727**

Amount of contribution (\$)

**350.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**9/16/2014**

Full name of contributor

☐ out-of-state PAC (ID#)

**Mark Warner**

Contributor address; City; State; Zip Code

**Box 5246 Austin, TX 78763**

Amount of contribution (\$)

**350.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/18/2014

5 Full name of contributor ☐ out-of-state PAC (ID#:

William Benham

6 Contributor address; City; State; Zip Code

8100 Pampas Cv, Austin, TX 78750

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/22/2014

Full name of contributor ☐ out-of-state PAC (ID#:

Charles Parker

Contributor address; City; State; Zip Code

5707 Costas Cv, Austin, TX 78759

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor ☐ out-of-state PAC (ID#:

Joseph Erwin

Contributor address; City; State; Zip Code

100 Crescent Ct. #700, Dallas, TX 75201

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor ☐ out-of-state PAC (ID#:

John Busch

Contributor address; City; State; Zip Code

3800 Far View Dr, Austin, TX 78730

Amount of contribution (\$)

175.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/18/2014

Full name of contributor ☐ out-of-state PAC (ID#:

John B Johnson

Contributor address; City; State; Zip Code

202 Stratton Ln, Beaumont, TX 77707

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/1/2014

5 Full name of contributor

☐ out-of-state PAC (ID#:

John Ramsey

7 Amount of  
contribution (\$)

350.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

5500 Basswood Ln Austin TX 78723

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/8/2014

Full name of contributor

☐ out-of-state PAC (ID#:

Cole Adams

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1307 Norwalk Ln #102, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/2014

Full name of contributor

☐ out-of-state PAC (ID#:

Michael C Bell

Amount of  
contribution (\$)

150.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1701 Spyglass #17, Austin TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2014

Full name of contributor

☐ out-of-state PAC (ID#:

David Mielke

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

2414 W. 12th St, Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/2014

Full name of contributor

☐ out-of-state PAC (ID#:

Rocky L Hardie

Amount of  
contribution (\$)

350.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

13359 N Hwy 183, Austin TX 78602

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/9/2014

5 Full name of contributor ☐ out-of-state PAC (ID#)

Nancy Himebaugh

6 Contributor address; City; State; Zip Code

11205 Cusseta Ln, Austin TX 78739

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/11/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Kenneth W Horne

Contributor address; City; State; Zip Code

4103 Ashland Creek Ln, League City TX 77573

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Nicole Elliott

Contributor address; City; State; Zip Code

11001 Sierra Verde Tr, Austin TX 78759

Amount of contribution (\$)

65.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Ernie Dominguez

Contributor address; City; State; Zip Code

9519 Anchusa Tr, Austin TX 78736

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/2014

Full name of contributor ☐ out-of-state PAC (ID#)

Jeff Walther

Contributor address; City; State; Zip Code

8107 Hillrise Dr, Austin, TX 78759

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/22/2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sharon T Brady

6 Contributor address; City; State; Zip Code

6409 Mesa Dr, Austin TX 78731

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/23/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Cathy D Tucci

Contributor address; City; State; Zip Code

1545 Windcreek Ct, Austin, TX 78726  
Ft. Collins, CO

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/2014

Full name of contributor

☐ out-of-state PAC (ID#)

James Dickey

Contributor address; City; State; Zip Code

5213 Green Thread Tr, Spicewood, TX 78669

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Jonathan Zelazo

Contributor address; City; State; Zip Code

1300 Crossing Pl #633, Austin, TX 78741

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Joseph Longaro & wife

Contributor address; City; State; Zip Code

2114 Cliffs Edge Dr, Austin, TX 78733

Amount of contribution (\$)

700.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer

Longaro & Clarke

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/24/2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

John Mandell

7 Amount of  
contribution (\$)

150.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address: City: State: Zip Code

Box 202497 Austin TX 78720

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Craig Millikin

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

1703 Schulle Ave, Austin TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Rex Gore

Amount of  
contribution (\$)

350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

1304 W Oltorf St, Austin, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Bob Harden

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

3409 Executive Ctr, Austin TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Sharon T Brady

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address: City: State: Zip Code

6409 Mesa Dr, Austin TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/25/2014

5 Full name of contributor

☐ out-of-state PAC (ID#)

James F VonWolske

6 Contributor address; City; State; Zip Code

2107 Lakeshore Dr, Austin TX 78746

7 Amount of  
contribution (\$)

350.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Kenneth G Schrock

Contributor address; City; State; Zip Code

4229 Lost Oasis Hollow, Austin, TX 78739

Amount of  
contribution (\$)

150.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Joseph S Prevratil

Contributor address; City; State; Zip Code

11902 Buckingham, Austin TX 78759

Amount of  
contribution (\$)

75.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Lisa Schultz

Contributor address; City; State; Zip Code

100 City Lights Ln, Walburg, TX 78673

Amount of  
contribution (\$)

35.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/2014

Full name of contributor

☐ out-of-state PAC (ID#)

Michael Bell

Contributor address; City; State; Zip Code

2525 Wallingwood #11, Austin, TX 78746

Amount of  
contribution (\$)

35.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental 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 explains how to complete this form.

1 Total pages Schedule F: <b>4</b>		2 FILER NAME <b>Bill Worsham</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/11/2014</b>		5 Payee name <b>mailchimp.com</b>			
6 Amount (\$) <b>50.00</b>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Solicitation Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Email solicitation</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/11/2014</b>		Payee name <b>Mailchimp.com</b>			
Amount (\$) <b>75.00</b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Solicitation expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Email Solicitation</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8/13/2014</b>		Payee name <b>UpRoot Strategies, LLC</b>			
Amount (\$) <b>2054.16</b>		Payee address; City; State; Zip Code <b>41 Waller St. 110 Austin, TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Consulting expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Consulting services</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/4/2014</b>		Payee name <b>Local Voice Solutions</b>			
Amount (\$) <b>450.00</b>		Payee address; City; State; Zip Code <b>3700 Thompson St, Austin TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Solicitation Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Data</b>	
Complete ONLY 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  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental 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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>Bill Worsham</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>7/17/2014</b>		5 Payee name <b>Dirt Cheap Signs</b>			
6 Amount (\$) <b>1479.31</b>		7 Payee address; City; State; Zip Code <b>7301 Bar K Ranch Rd, Lago Vista, TX 78645</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Printing signs</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/18/2014</b>		Payee name <b>Thomas Graphics</b>			
Amount (\$) <b>158.05</b> <del>261.05</del>		Payee address; City; State; Zip Code <b>P.O. Box 142226 Austin, TX 78714</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Printing cards</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/16/2014</b>		Payee name <b>UpRoot Strategies LLC</b>			
Amount (\$) <b>2000.00</b>		Payee address; City; State; Zip Code <b>41 Waller St 110, Austin TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Consulting services</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/28/2014</b>		Payee name <b>UpRoot Strategies LLC</b>			
Amount (\$) <b>196.79</b>		Payee address; City; State; Zip Code <b>41 Waller St. 110, Austin TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Office overhead</b>		Description (If travel outside of Texas, complete Schedule T) <b>Internet/email expenses</b>	
Complete ONLY 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  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental 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 explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Bill Worsham</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/16/2014</i>		5 Payee name <i>Local Voice Solutions</i>			
6 Amount (\$) <i>210.00</i>		7 Payee address; City; State; Zip Code <i>3700 Thompson St, Austin, TX 78702</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Solicitation Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Solicitation data</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/4/2014</i>		Payee name <i>Local Voice Solutions</i>			
Amount (\$) <i>450.00</i>		Payee address; City; State; Zip Code <i>3700 Thompson St. Austin TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Solicitation Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Data</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/19/2014</i>		Payee name <i>Wishlist Direct</i>			
Amount (\$) <i>417.12</i>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Solicitation Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Solicitation/fundraising</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/22/2014</i>		Payee name <i>Thomas Graphics</i>			
Amount (\$) <i>300.94</i>		Payee address; City; State; Zip Code <i>P.O. Box 142226 Austin TX 78714</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Printing cards</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental 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 explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>Bill Worsham</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>9/25/2014</i>	<b>5</b> Payee name <i>Anedot.com</i>
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<b>6</b> Amount (\$) <i>222.78</i>	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Credit card charge fees</i>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental 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 explains how to complete this form.

1 Total pages Schedule G: <b>2</b>		2 FILER NAME <b>Bill Worsham</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/13/2014</b>		5 Payee name <b>Home Depot</b>			
6 Amount (\$) <b>81.53</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>1200 Home Depot Blvd Sunset Valley, TX 78745</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Sign materials</b>	
Date <b>9/20/2014</b>		Payee name <b>Rudy's Country Store</b>			
Amount (\$) <b>35.11</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>11570 Research Blvd, Austin, TX 78750</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Bev Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food/Bev for volunteers</b>	
Date <b>9/1/2014</b>		Payee name <b>UpRoot Strategies LLC</b>			
Amount (\$) <b>2700.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>41 Waller St 110 Austin TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign services</b>	
Date <b>9/1/2014</b>		Payee name <b>Amanda Anderson</b>			
Amount (\$) <b>1200.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>1712 E Riverside 334, Austin TX 78741</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign services</b>	

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental 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 explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Bill Worsham</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/25/2014</i>	5 Payee name <i>Jet's Pizza</i>
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6 Amount (\$) <i>103.03</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>9001 Brodie Ln, Austin, TX 78748</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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