CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. William	L	Date Received
	NICKNAME LAST	SUFFIX	
	Bill Worsham	•	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE	-
MAILING ADDRESS	P.O. Box 50308 Austin	TX 78763	Date Hand-delivered or Postmarked
change of address			201
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Aniount C
OFFICEHOLDER PHONE	(512) 537-4928	EXTENSION	Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST	· MI	Date Imaged
TREASURER NAME	Mr. Greg	, MAI	Date Imaged ETY
	NICKNAME LAST	SUFFIX	- 3- 0
	McNelis		ER.
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY: STATE;	ZIP CODE
TREASURER ADDRESS	4307 Bellvue Ave Au	stin TX 78	3756
(residence or business)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 537-4928		
9 REPORT TYPE			
	January 15 30th day before election	Runoff	15th day after campaign freasurer appointment (officeholder only)
	July 15 Bth day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
10 PERIOD COVERED	Month Day Year	Month Day	Year
	7/1/2014 THROUGH	9 25	2014
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	11/04/2014 Primary	Runoff	General Special
	2014		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (#known)	44411451451
		Austin City Co	runcil DIO
<u></u>		<u> </u>	
	GO TO PAG	E2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Bill Wo	rsham		15 ACCO	UNT # (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 TYPE COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS			IONS OF \$50 OR LESS (OTHER THA NTEES OF LOANS), UNLESS ITEM!2		\$ 580.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 7,6				\$ 7,615.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITUR	RES OF \$100 OR LESS, UNLESS ITE	MIZED	\$ 222.76
	4. TOTAL POLITICAL EXPENDITURES \$ 12,406.58				\$ 12,406.58
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF THE LAST	DAY .	\$ 9,712.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ - C				\$ -0-
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code	II informati	
			BiUN	JAR	m
			Signature of Ca	ndidate or	Officeholder
AFFIX NOTARY STAM	IP / SEAL ABOVE				
Sworn to and sub-	_ ,		Bill Worshon		, this the
730 6 day	of Octob	20 / f	to certify which, witness	my hand	d and seal of office.
Melindo Signature of officer admi	inistering oath	the second secon	TARY PUBLIC State of Texas officerran Exp. (08:08-2018	Title	of officer administering oath

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME B	11 Worsham		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-stale PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/1/2014	8136 Forest Mesa Dr. Austin		350.00]
A pd.			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (10#_Michael Portman		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/11/2014	Contributor address; City; State; Zip Code 901 W 9th St 308 Austin TX	70-2	350,00	
	The second secon	18103	/16 Amm	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/23/2014	Contributor address; City: State; Zip Code	170721	100,00	
	4211 Waters Edge CV, Austin T)	(18131	(If travel outside	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		ar revers, complete dishetidie 1)
Date	Full name of contributor [out-of-state PAC (ID#:	1	Amount of	In-kind contribution
al. L	Stephen McCants Contributor address; City: State; Zip Code		contribution (\$)	description (if applicable)
9/11/2014	4400 Cumbria Ln, Austin TX78	5727	350.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/2014	Box 5246 Austin, TX 7	8763	350.00	
	· · · · · · · · · · · · · · · · · · ·		 	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		, , , , , , , , , , , , , , , , , , , ,
			,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	redule A:
Bill Worsham		3 ACCOUNT # (E	Elhics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#_ William Benham		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		100.00	[]
pation / Job title (See Instructions)		-1	of Texas, complete Schedule T)
Full name of contributor out-of-state PAC(ID#_ Charles Parker)	Amount of contribution (\$)	In-kind contribution description (if applicable)
_		350.00	
pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code		100.00	 -
	(15201	(If travel outside o	f Texas, complete Schedule T)
ation / Job title (See Instructions)	Employer (See I		
John Busch)	Amount of contribution (\$)	In-kind contribution description (if applicable)
•	K 78730	175.00	
ation / Job title (See Instructions)			of Texas, complete Schedule T)
Full name of contributor out-of-state PAC(ID#: John B Johnson)	Amount of contribution (\$)	In-kind contribution description (if applicable)
JOHN P JUNNSON			
Contributor address; City; State: Zip Code 202 Stratton Ln, Beaumon	+ TV 7	100,00	
	Sill Worsham 5 Full name of contributor out-of-state PAC (ID#_William Benham) 6 Contributor address: City; State; Zip Code 8100 Pampas Cv, Austin, 7 Pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_Charles Parker Contributor address; City; State; Zip Code 5707 Costas Cv, Austin, TX ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_Contributor address; City; State; Zip Code 100 Crescent Ct. # 700, Dallas, Totation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_John Busch Contributor address; City; State; Zip Code 3800 Far View Dr, Austin, Totation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_John Busch Contributor address; City; State; Zip Code	S Full name of contributor out-of-state PAC (ID# William Benham 6 Contributor address; City; State; Zip Code Stoop Pampas Cv, Austin, TX 78750 Pation / Job title (See Instructions) 10 Employer (See Instructions) Instructions Instr	3 ACCOUNT # (E BILL WOrsham 5 Full name of contributor out-of-state PAC (ID# DATE William Benham 6 Contributor address; City; State: Zip Code 8 100 Pampas Cv, Austin, TX 78750 (If travel outside Amount of contributor out-of-state PAC (ID# DATE DATE DATE Tother Les Par ker Contributor address; City; State; Zip Code 5707 Costas Cv, Austin, TX 78759 (If travel outside of contributor out-of-state PAC (ID# DATE DATE DATE DATE Toseph Erwin Contributor address; City; State; Zip Code 100.00 100.00 Full name of contributor out-of-state PAC (ID# DATE DATE DATE Tother Les Par ker Contributor Contributor

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME	Bill Worsham	•	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
8/1/2014	John Ramsey 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
01110019			350.00	
	5500 Basswood Ln Austin T	X 78723	06	
9 Principal occu	pation / Job title (See instructions)	10 Employer (See		of Texas, complete Schedule T)
	,		mistractions)	
Dale	Full name of contributor cut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Cole Adams		contribution (\$)	description (if applicable)
8/8/2014	Contributor address: City; State; Zip Code			, ·
010/2011			100.00	
	1307 Norwalk Ln#102, Austin	TX 78702	' 	-
Dringing	d			of Texas, complete Schedule T)
rtiricipal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Michael C Bell		contribution (\$)	description (if applicable)
-1 (.	Contributor address; City; State; Zip Code			·
8/18/2014	Site of the state		150.00	
	1701 Spyglass #17, Austin TX 7	19741		
	173.02 177.02.00 17.1	0176	(If travel outside i	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor aut-of-state PAC (ID#		0	La Giant annual de Cara
	David Mielke		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/20/2014	Contributor address; City; State; Zip Code		100,00	
•	21/11/11/12+1 St 1. 11 TV	707.5	100,00	
	2414 W. 12th St, Austin, TX	18103	(If trough outside a	of Toyon Complete Caledala TV
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Rocky L Hardie	į	contribution (\$)	description (if applicable)
01-1-1	Contributor address; City; State; Zip Code			
8/27/2014			350.00	
	13359 NHwy 183, Austin TX-	78602	· · · · · · · · · · · · · · · · · · ·	
Onin i		. • 602	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Sci	nedule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
91912014	Nancy Himebaugh 6 Contributor address; City; State; Zip Cod	. ,	100,00	
	11205 Cusseta Ln, Austin	TX 18739		i of Texas, complete Schedule T)
9 Principal occu	ipation / Job title (See Instructions)	10 Employer (See		of feas, complete Scriedate 17
Date	Full name of contributor out-of-state PAC (1D#) Kenneth W Horne		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/11/2014	Contributor address; City; State; Zip Code		100,00	(
	4103 Ashland Creek Ln, League	e City TX 77573		
Principal occu	pation / Job title (See Instructions)	Employer (See I	(H HHTCT GOLGIGE)	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/15/2014	Contributor address; City; State; Zip Code		65.00	
	11001 Sierra VerdeTr, AustinTX	(78759	(If travel outside	
Principal occup	pation / Job title (See Instructions)	Епіріоуег (See li		s raiss, compete delication in
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/2014	Contributor address; City; State: Zip Code	i	350,00	
	9519 Anchusa Tr, Austin TX	78736	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributor out-of-state PAC (ID#) Jeff Walther)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/17/2014	Contributor address; City; State; Zip Code		100.00	
	8107 Hillrise Dr., Austin, TX	78759	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		

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SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/22/2014	6 Contributor address; City, State; Zip Code		100,00	
	6409 Mesa Dr., Austin TX-787	731	(If travel outside	 of Texas, complete Schedule ∓)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	,
Date	Full name of contributor Out-of-state PAC(ID#:_ Cathy D Tucci		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/2014	Contributor address; City; State; Zip Code Ft. Collins 1545 Windcreek Ct, Austin, 7	5,CO ** 80526	350.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-ot-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/2014	James Dickey Contributor address; City: State: Zip Code 5213Green Thread Tr, Spicewood;		100,00	; [
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/2014	1300 Crossing P1#633, Austin,	TX78741	50.00	
Principal occur	pation / Job title (See Instructions)	Employer (See la		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#:)	Amount of	In-kind contribution
9/24/2014	Joseph Longaro & wife Contributor address: City; State: Zip Code		Too.00	description (if applicable)
	2114 Cliffs Edge Dr., Austin, TX	78733	l	FT-was complete Schodule TV
	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	f Texas, complete Schedule T)
Engine	er	Longaro &	Clarke	
		J		

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	(hics 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)
9 24 2014	6 Contributor address; City; State; Zip Code		150.00	
	Box 202497 Austin TX 7	8720	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	·	
Date	Full name of contributor out-of-state PAC (ID#:_ Craig Millikin Contributor address: City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/2014			100.00	
	1703 Schulle Ave, Austin T.	X 78703	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/2014	Contributor address; City; State; Zip Code	-2701	350.00	
	1304 W Olterfst, AustiniTX	78 104	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor [] out-of-state PAC (ID#_ Bob Harden		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/2014	Contributor address: City: State: Zip Code 3409 Executive Ctr, Austin TX	78731	100.00	
-	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#: Sharon T Brady)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/25/2014	Contributor address: City: State: Zip Code 6409 Mesa Dr., Austin Ta	1 78721	250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
<u> </u>		-mployer toes II	delicits)	

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P.O. Box 12070 **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS SCHEDULE A 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME Bill Worsham 3 ACCOUNT # (Ethics Commission Filers) 4 Date 8 In-kind contribution description (if applicable) James P Von Wolske 9/25/2014 6 Contributor address; City; State; Zip Code 350.00 2107 Lakeshore Dr, Austin TX 18746 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) Kenneth G Schrock Contributor address: City; State; Zip Code description (if applicable) 9/25/2014 150.00 4229 Lost casis Hollow, Austin, TX 78739 Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution contribution (\$) Joseph S Prevratil Contributor address: City: State; Zip Code description (if applicable) 11902 Buckingham, Austin TX 78759 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Contributor address; City; State; Zip Code contribution (\$) description (if applicable) 100 City Lights Ln, Walburg, TX-18673 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date ut-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) 2525 Wallingwood #11, Austin, TX 78746 (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 foradditional reporting requirements.

P.O. Box 12070

Solicitation Expense

Candidate / Officeholder name

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 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 8/11/2014 6 Amount (\$) 50.00 **PURPOSE** (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Solicitation Expense EXPENDITURE Email solicitation 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 9/11/2014 Mailchimp. Com
Payee address; City; State: Zip Code 75.00 **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule 1) Solicitation expense Email Solicitation EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 8/13/2014 UpRoot Strategies, LLC
Payee address; City; State; Zip Code Amount (\$) 41 Waller St. 110 Austin, TX 78702 2054.16 Category (See categories listed at the top of this schedule) **PURPOSE** Consulting services Consulting expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Local Voice Solutions Amount (\$) City; State; Zip Code 450,00 3700 Thompson St, Austin TX 78702 Category (See categories listed at the top of this schedule)

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PURPOSE

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office held

Description (If travel outside of Texas, complete Schedule T)

Data

Office sought

SCHEDULE F

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salar	ies/Wages/Contract Labor	Loan Repayment/Reimbursement
Consulting Expense		tation/Fundraising Expense	Transportation Equipment & Related Expense
Event Expense		el Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this fo	rm.
1 Total pages Schedule F:	2 FILER NAME BILL WORS	ham	3 ACCOUNT # (Ethics Commission Filers)
4 Date	F Douga name		
7/17/2014	Dirt Cheap Signs	•	
6 Amount (\$)	Dirt Cheap Signs 7 Payee address: City: State: 2	ip Code	
1479.31	7301 Bar K Ranch Rd,	Lago Vista, TX	78645
8 PURPOSE	(a) Category (See categories listed at the top of this s	chedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Printing	sians
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Printing Office sough	office held
Date	Payee name		
7/18/2014			
Amount (\$)	Thomas Graphics Payee address: City; State; 2	in Coda	
158.05	City, State, 2	ap Code	
	P.O. Box 142226 Aus	fin, TX 78714	
PURPOSE	Category (See categories listed at the top of this s-	chedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Printin	g cards
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	t Office held
Date	Payee name .		
7/16/2014	UPROOT Strategies	LLC	
Amount (\$)	UPRoot Strategies Payee address; City, State; Z	ip Code	
2000.00	41 Wallerst 110, Austi	n TX 78702	•
PURPOSE	Category (See categories listed at the lop of this so	chedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Expense	Consult	inaservices
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	<u> </u>
Date	Payee name		
7/28/2014	UpRoot Strategies	116	
Amount (\$)	Payee address; City; State; Z		
196.79	41 Waller St. 110, Au		
PURPOSE	Category (See categories listed at the top of this so	hedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Office overhead		email expenses
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED

PO 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 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 7/16/2014 Local Voice Solutions
Payee address: City: State: Zip C 210,00 3700 Thompson St, Austin, TX 78702 (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) Solicitation Expense Solicitation data EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH 8/4/2014 Local Voice Solutions
ayee address: City; State: Zip Code 3700 Thompson St. Austin TX 7870Z 450,00 Category (See categories listed at the top of this schedule) PURPOSE Description (If travel outside of Texas, complete Schedule T) Solicitation Expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 9/19/2014 Wishlist Direct 417,12 **PURPOSE** Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Solicitation Expense Solicitation/fundraising EXPENDITURE Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 9/22/2014 Thomas Graphics

Payee address; City; State; Zip Code P.O. Box 142226 Aughin TX 18714 300.94 Category (See categories listed at the top of this schedule) PURPOSE Description (If Iravel outside of Texas, complete Schedule T) OF Printing Expense
Candidater Officeholder name EXPENDITURE Complete ONLY if direct Office held expenditure to benefit C/OH

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SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense: Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees			alegory not listed above)
	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F:	Bill Worsham	3 ACCOUNT	# (Ethics Commission Filers)
4 Date 9/25/2014	5 Payee name An s dot.com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
222,78			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Text	as, complete Schedule T)
EXPENDITURE	Fundraising Expense	Credit card charge	fees
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description W. J.	
OF EXPENDITURE	==go-y (coocalegones issue at the top of this scriedule)	Description (If travel outside of Texa	is, complete Schedule T)
Camplete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; Slale; Zip Code	AND	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texa	D. complete Calculate T
OF EXPENDITURE		OCOCHPHOLI (II have obliside di Texa	s. complete Schedule 1)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		The state of the s
Amount (\$)	Payee address; City; State; Zip Code		
			ļ
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (il travel outside of Texa	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
			1

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Bill Worsham		3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/13/2014	5 Payee name Home Depot		
81.53 Reimbursement from political contributions	7 Payee address; City; State; Zip Code 1200 Home Depot Blvd Su	mset Valley,	TX 78745
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	ivel autside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expense	Sign mate	unals
9/20/2014	Rudy's Country Store		
Amount (\$) 35.11 Relimbursement from political contributions intended	Payee address: City; State; Zip Code	tin, TX 787	50
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Bev Expense		ovel outside of Texas, complete Schedule T) r Volum Heers
9/1/2014	UpRoot Strategies LLC		
Amount (\$) 7700.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 41 Waller St 110 Austin TX	7870Z	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If tra	vel outside of Texas, complete Schedule T)
Date 9/1/2014	Payee name Amanda Anderson		
Amount (\$) ZOO.OO	Payee address: City; State: Zip Code 1712 E Riverside 334, Aus	tin TX 787	141
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If trav	vel outside of Texas, complete Schedule T) SERVICES
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees		d/Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Bill Worshaw	2 400000 16 15 15 10
4 Date 9/25/2014	5 Payee name Jet's Pizza	
6 Amount (\$) 10 3.03 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9001 Brodie Ln, Austin, TX	78748
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event expense	(b) Description (If Iravel outside of Texas, complete Schedule T)
Date .	Payee name	
Amount (\$) Reimbursement from political contributions intended	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)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	·	
PURPOSE OF EXPENDITURE	Calegory (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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 this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED