	TE / OFFICEHOLDER N 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 Mr. William	j	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Bill Worsham		2014 A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT/SUITE #; CITY; P.O.BOX 50308 Aust	state: zipcode in TX 78763	Date Hand-delivered or Postmarket
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 537-4928	EXTENSION	Date Processed 8 ER
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST M.C. Greg NICKNAME LAST	Mł	Date Imaged $\underset{\ensuremath{\widetilde{N}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}}{\overset{\ensuremath{\widetilde{N}}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}{\overset{\ensuremath{\widetilde{N}}}}}{\overset{\ensuremath{\widetilde{N}}}}}{\overset{\ensuremath{\widetilde{N}}}}}}}}}}}}}}}}}$
	McNelis		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: 4307 BellVUE AUE.	CITY: STATE: AustinTX	zip code 78756
8 CAMPAIGN TREASURER PHONE	area code phone number (512) 537-4928	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 9/26/2014 THROUGH	Month Day 10/(8/	Year Z014
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year       11/04/2014     Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Austin City	Council D 10
	GO TO PAG	E2	

## **CANDIDATE / OFFICEHOLDER REPORT:** FORM C/OH **SUPPORT & TOTALS** COVER SHEET PG 2

14 C/OH NAME	Bill We	orsham <sup>1</sup>	5 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 TO CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE O 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				
additional pages		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       \$ 165.00				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,355.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		IZED \$	443.80	
	4. TOTAL	POLITICAL EXPENDITURES	\$	7,184.29	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		<sup>AY</sup> \$	9,958.50	
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			

is true and correct and includes all information required to be reported by me under Title 15, Election Code.

**ELINDA'CROWE** NOTARY PUBLIC State of Texas

Comm. Exp. 08-08-2018

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

dav

of

Bill W Sworn to and subscribed before me, by the said \_ 14 en 20

hand and seal of office.

, this the

No

Signature of officer administering oath

Printed name of off

Title of officer administering oath

www.ethics.state.tx.us

Bill Worsham         Date       5 Full name of contributor	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 1/4
Date       5 Full name of contributor       aut of table PRC(DR	FILER NAME	Billillacha		3 ACCOUNT # (E	thics Commission Filers)
10 [6 [2014]       Dorothy A. Koepsel       contribution (\$)       description (# applicable         10 [6 [2014]       6 Contributor address, City, State, Zip Code       50.00         Principal occupation / Job title (See Instructions)       10 Employer (See Instructions)       50.00         Date       Full name of contributor					
10 /6/2014       Borothuy A. Koepsel       50.00         Principal occupation / Job title (See Instructions)       10 Employer (See Instructions)       50.00         Date       Full name of contributor       accostate PACIDE       Amount of contribution (if applicable contribution (s) description (if applicable con			)		
P0. Box 246806 Austin TX 78755       (If ravel outside of Texas, complete Schedule T         Principal occupation / Job Bile (See Instructions)       10 Employer (See Instructions)         Date       Full name of contributor □ out of take PAC(DM         Contributor address:       City, State: Zip Code         130 & BaronetsTr., Austin TX 78753       (If travel outside of Texas, complete Schedule T)         Principal occupation / Job Bile (See Instructions)       Employer (See Instructions)         Date       Full name of contributor address:       City, State: Zip Code         130 & BaronetsTr., Austin TX 78753       (If travel outside of Texas, complete Schedule T)         Principal occupation / Job Bile (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       Out of state PAC(DM         O/lo [2014       Full name of contributor       Out of state PAC(DM         O/lo [2014       Full name of contributor       Out of state PAC(DM         O/lo [2014       Full name of contributor       Out of state PAC(DM         Principal occupation / Job Bile (See Instructions)       Employer (See Instructions)       In-kind contributor         Date       Full name of contributor       Out of state PAC(DM       Amount of contribution (s)       In-kind contribution         O(lo [2014       Full name of contributor       Out of state PAC(DM	10/6/2014	Dorothy A. Koepsel 6 Contributor address; City; State; Zip Code	• • • • • • • • • • •		
Principal occupation / Job title (See Instructions)       10 Employer (See Instructions)         Date       Full name of contributor       out of sale PAC(0x       Amount of contribution (is)       In-kind contribution (is)         o/1/2014       Texans For Accountable Government Contribution (is)       Contribution (is)       Issue (issue (i		P.O. Box 26806 Austin TX.	78755		
Annotic of the contribution of the	Principał occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Annotic of the contribution of the					
0/1/2014       Texans for Accountable Government Contributor address: City: State: Zip Code       350.00         130 & Baronets Tr., Austin TX 78753       350.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       (If travel outside of Texas, complete Schedule T)         Date       Full name of contributor       our of state PAC (Dr., Contributor address; City: State; Zip Code       Amount of contribution (S)       In-kind contribution description (If applicable contributor address; City: State; Zip Code         0/10 [2014       70 Twin Ridge Pkwy, Round Pock TX T8 (Ge 4       700.00       In-kind contribution (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       To an Ridge Pkwy, Round Pock TX T8 (Ge 4       To an Ridge Pkwy, Round Pock TX (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (S)       In-kind contribution description (if applicable contribution address; City; State; Zip Code         0{(0{2014       Full name of contributor       out of state PAC (Dr., Contributor address; City; State; Zip Code       350.00         0{10{2014       Rose Tackson Contributor address; City; State; Zip Code       Amount of contribution (S)       In-kind contribution description (if applicable contributor address; City; State; Zip Code         Date       Full name of contributo	Date	Full name of contributor 🛛 out-of-state PAC (ID#:	)		
1306 BaronetsTr., Austin TX 78753       350.00 (If taxe) outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC(ID#	obland	Texans For Accountable Gover Contributor address; City; State; Zip Code	rment	contribution (\$)	description (if applicable
Principal occupation / Job title (See Instructions)       If travel outside of Texas, complete Schedule T)         Date       Full name of contributor       autotstate PACIDE       Amount of contribution (\$)       In-kind contribution (\$)         Date       Full name of contributor address; City, State, Zp Code       Amount of contribution (\$)       In-kind contribution (\$)         O/lo [2014       Twin Ridge Rkwy, Round Pock TX       700.00       700.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas, complete Schedule T)         Date       Full name of contributor       out-of-state PAC (D#, 700.00)       (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Texas, complete Schedule T)         Date       Full name of contributor       out-of-state PAC (D#, 700.00)       Amount of contribution (\$)       In-kind contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#, 700.00)       Amount of contribution (\$)       In-kind contribution (\$)         O(10 [20 14]       IB (A G C C A A F idge D F, Aust Fin TX 78741       350.00       If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (\$)       In-kind contribution (\$)         <	0/11/2014			350.00	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out of state PAC (DAP)       Amount of contribution (S)       In-kind contribution (B)         O/Io [2014       IVA N Giraldo E Mary Giraldo       70.7 (III applicable)       Amount of contribution (S)       In-kind contribution (B)         O/Io [2014       IVA N Giraldo E Mary Giraldo       70.7 (III applicable)       70.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       70.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       70.00         Date       Full name of contributor       out of-state PAC (DAP)       Amount of contribution (S)       In-kind contribution (B)         Date       Full name of contributor       out of-state PAC (DAP)       Amount of contribution (S)       In-kind contribution (B)         Date       Full name of contributor       out of-state PAC (DAP)       350.00       III (II avel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       350.00       III havel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (B)       In-kind contribution (B)         Date		1.50 a Baioner's Tr., Musity	11/18/55		
Image of the initial contribution of the initial contribution of the initial contribution (i)       Image of contribution (i)       Image of contribution (i)         Olio [2014       I are of contributor address; City; State; Zip Code       700.00       700.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Image of the initial contribution (i)       Image of the initial contribution (i)         Date       Full name of contributor       out-of-state PAC (ID#	Principal occuj	Dation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
0/10 [2014]       I Van Giraldo E Mary Giraldo Contributor address; City: State; Zip Code       700.00         70 TwinRidge Pkwy, Round Pock TX 786644       700.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         Will(iam D Jones Contributor address; City: State; Zip Code       Amount of the Kind contribution (\$)       In-kind contribution description (if applicable         Principal occupation / Job title (See Instructions)       Sole Q       350.00       In-kind contribution (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (If travel outside of Texas, complete Schedule T)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution (I applicable         0[10[2014]       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution (I applicable         0[	Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution
011012011       70 TwinRidge Pkwy, Round Pock TX T86644       100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC(ID#)         Milliam D Jones       Contributor address; City: State: Zip Code       Amount of contribution (\$)       In-kind contribution description (if applicable         010[2014       Full name of contributor       out-of-state PAC(ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable         010[2014       Full name of contributor       out-of-state PAC(ID#)       350.00       In-kind contribution (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution (If travel outside of Texas, complete Schedule T)         Date       Full name of contributor       out-of-state PAC(ID#)       Amount of contribution (\$)       In-kind contribution (contribution (\$)         Date       Full name of contributor       out-of-state PAC(ID#)       Amount of contribution (\$)       In-kind contribution (contribution (\$)         Date       Full name of contributor       out-of-state PAC(ID#)       Out-of-state PAC(ID#)       Out-of-state PAC(ID#)         0[10[20]4       Gat IV Rose Jackson Contributor address; City; State; Zip Code	alis (s aul	Ivan Giraldo & Mary Gir Contributor address; City, State, Zip Code	aldo		description (if applicabl
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable contribution (\$)         0[10[20]14       William D Jone S Contributor address; City; State; Zip Code       350.00       350.00         1 804 Cedar Ridge Dr., Austin TX 78741       350.00       (If travel outside of Texas, complete Schedule T)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       In-kind contribution description (if applicable contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       In-kind contribution description (if applicable contribution (\$)         Date       Full name of contributor address; City; State; Zip Code       I/00.00       In-kind contribution (\$)         0[10[20]4       Garly Rose Dackson Contributor address; City; State; Zip Code       I/00.00       I/00.00       In-kind contributor (If applicable contribu	0/10/2014			700.00	 
William D Jones       Contributor address; City: State; Zip Code       Contributor address; City: State; Zip Code         1804 Cedar Ridge Dr., Austin TX 78741       350.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor address; City: State; Zip Code         0/10/2014       Full name of contributor         0/10/2014       Out-of-state PAC (ID#:         0/10/2014       Contributor address; City: State; Zip Code         100.00       (If travel outside of Texas, complete Schedule T)	Principal occu				of Texas, complete Schedule T)
William D Jones Contributor address; City: State; Zip Code       contribution (\$)       description (if applicable 350.00         Principal occupation / Job title (See Instructions)       Emptoyer (See Instructions)       350.00         Date       Full name of contributor       out-of-state PAC (10#:)       Amount of contribution (\$)       In-kind contribution description (if applicable (If travel outside of Texas, complete Schedule T)         Date       Full name of contributor       out-of-state PAC (10#:)       Amount of contribution (\$)       In-kind contribution description (if applicable (If travel outside of Texas, complete Schedule T)         Date       Full name of contributor       out-of-state PAC (10#:)       Amount of contribution (\$)       In-kind contribution description (if applicable (If travel outside of Texas, complete Schedule T)         0/10/2014       U/024       Button Bend Rd, Austin TX78744       (If travel outside of Texas, complete Schedule T)	Date			Amount of	In-kind contribution
I 804 Cedar Ridge Dr., Austin TX 78741         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor out-of-state PAC(10#:)         Arrount of contribution (\$)         Out-of-state PAC(10#:)         Out-of-state PAC(10#:	didzaul	William D Jones			description (if applicable
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (10#:)         Amount of       In-kind contribution         Carly Rose Jackson       contributor address; City; State; Zip Code       (100.00)         4624 Button Bend Rd, Austin TX78744       (If travel outside of Texas, complete Schedule T)	910/2014	1804 Cedar Ridge Dr., Austin	TX 78741	350.00	
Date     Full name of contributor     out-of-state PAC (10#:)     Amount of contribution     In-kind contribution       O[10[2014]     Carly Rose Jackson     Contributor address; City; State; Zip Code     100.00     description (if applicable       4624 Button Bend Rd, Austin 7X78744     (If travel outside of Texas, complete Schedule T)	Principal occur				of Texas, complete Schedule T)
2/10/2014 Carly Rose Jackson Contributor address; City; State; Zip Code (00.00 4624 Button Bend Rd, Austin 7X78744 (If travel outside of Texas, complete Schedule T)	i molpai occa		Employer (See )	nstructions)	·
2/10/2014 Carly Rose Jackson Contributor address; City; State; Zip Code 4624 Button Bend Rd, Austin 7X78744 (If travel outside of Texas, complete Schedule T)	Date	Full name of contributor Out-of-state PAC (ID#:	······	Amount of	In-kind contribution
4624 Button Bend Rd, Austin 7×78744 (If travel outside of Texas, complete Schedule T)	had a				
(If travel outside of Texas, complete Schedule T)	2/10/2014	Contributor address; City; State; Zip Code		60.001	
		4624 Button Dend Kd, Austin 7	X78744		
	Principal occup	pation / Job title (See Instructions)	Employer (See I		it Texas, complete Schedule T)
	- <u></u>	· · · · · · · · · · · · · · · · · · ·		,	1 - 1 I - 1

(512) 463-5800

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS			SCHEDULE A
The	Instruction Guide explains how to complete this form		1 Total pages Sch	2/4
2 FILER NAME	ill Worsham		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC(ID# Jessie Metcalf	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/19/2014	6 Contributor address; City; State; Zip Code 3 Scott Crescent, Austin, TX 7870	2	100.00	   
9 Principal occu		Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (10# Daniel J Brown Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23/2014	Contributor address; City; State; Zip Code 11916 Cherisse Dr., Ausfin, TX	78739	100.00	
Principal occu	pation / Job title (See Instructions) E	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: James Jones Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10(10 ZO (4	3700 Thompson St., Austin, TX 78.	70°Z	(If travel outside	Event venue
Date	Full name of contributor		Amount of	In-kind contribution
10/2/2014	Damien Matherne Contributor address; City; State; Zip Code	· ,	contribution (\$) 350.00	description (if applicable)
	11727 Sterling Panorama, Austin TX-7		(If travel outside c	of Texas, complete Schedule T)
	eation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor 🗌 out-of-state PAC (ID#: Amy L. Edwards		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/2/2014	2405 Westover, Austin TX 787	03	100.00	
Principal occup		mployer (See I		of Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES OF THI ontributor is out-of-state PAC, please see instruction			requirements.

ſ

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 3/4
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
	Bill Worsham			
Date	5 Full name of contributor Dout-of-state PAC(ID#_ Andrew Tewell	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
0/7/2014	6 Contributor address; City; State; Zip Code		100.00	
	4102 Bennedict Ln. Austin,	TX 78746	(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See I	instructions)	
Date	Full name of contributor Debra Gore	)	Amount of contribution (\$)	In-kind contribution description (if applicable
0/8/2014	Contributor address; City; State; Zip Code		350.00	
	4825 Eagle Feather Dr., Austin	n TX78735	(If travel outside o	 <u>of Tex</u> as, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor 📋 out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable
ioliolzoit		• • • • • • • • •	150,00	
	7509 Spivey Dr. Austin, TX	78149		'   of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	>	Amount of	In-kind contribution
Jutzon	Elena Goyanes Espouse Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable
	3215 Tarryhollow Dr. Austin,	TX 78703	100.00	
Principal occu	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
olatout	Luke Macias Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable
0/13/2014	31540 Smithson Valley Rd, Bulve	rde. TY 78163	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
	······	······		

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS			SCHEDULE A
The	e Instruction Guide explains how to complete this for	m.	1 Total pages Sch	nedule A: 4/4
2 FILER NAME	Bill Worsham		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC(ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/15/2014	6 Contributor address; City; State; Zip Code	• • • • • • • • •	100.00	1
Principal occu	4305 End cliffe, Austin, TX7 Ipation / Job title (See Instructions) 10	873) Employer (See I		 of Texas, complete Schedule T)
		<u> </u>		
Date	Full name of contributor out-of-state PAC (1D#: Don Brink man Contributor address; City; State; Zip Code	) · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/2014	2501 Tydings Cove, Austin, TX-	10727	350,00	
		101 20	(If travel outside a	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor Dout-of-state PAC (ID# Stephen Bontempo Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/22/2014	2200 Dickson Dr. #201 Austin, 7		150.00	
	COO VICKSON Dr. #201 Austin, 7	X78704	(If travel outside i	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	• • • • • • • • •		
			(If travel outside c	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor   out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
if c	ATTACH ADDITIONAL COPIES OF TH contributor is out-of-state PAC, please see instructio			requirements.

Γ

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor         Loan Repayment/Reimbursement           aising Expense         Transportation Equipment & Related Expense           strict         Contributions/Donations Made By Candidate/Officeholder/Political Committee           Rental Expense         OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Bill Worsham	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-4-2014	5 Payee name UPRoot Strategies	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
2700,00	41 Waller St 110 Austin TX -	78702
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting expense Candidate / Officeholder name	Campaign consultant sucs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held
Date 10-10-2014	Payee name	
Amount (\$)	Amanda Anderson Payee address; City; State; Zip Code	
200.00	1712 E Riverside D. 334 Aus	tin TX 78741
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Expense	Phone/food/bevexp. reimb.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
10-13-2014	Reagan Peterson	
Amount (\$)	Payee address; City; State; Zip Code	
100.00	115 Remington Dr., Kyle, T.	X 78640
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/Q	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-14-2014	Wish List Direct	
Amount (\$)	Payee address: City; State: Zip Code	
537.13	P.U. Box 312100 New Braun	fels, TV 78131
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Printing/mailing sucs.
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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 The Instruction Guide	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor Loa aising Expense Trai Cor trict Car Rental Expense OTH	tributions/Dona Candidate/Offici	ipment & Related Expense
1 Total pages Schedule F: 2/2	2 FILER NAME BILL WO			3 ACCOUNT	# (Ethics Commission Filers)
4 Date 10-1821-2014	5 Payee name Reagan Peter 7 Payee address City; Sta				
6 Amount (\$)	7 Payee address City; Sta	te; Zip Code			
200.00	115 Remington Dr.	Kyle, Th	( 78640		
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tra	vel outside of Texa	s, complete Schedule T)
EXPENDITURE	Other		Photograf	hy	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date	Payee name				
10-21-2014	Local Voice Solu	tions LL	.C		
Amount (\$)	Payee address; City; Sta	te; Zip Code	· · · · ·	· · · · · · · · · · · · · · · · · · ·	
1350.00	3700 Thompson St., A	fustin, TX	78702		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If Ira	el outside of Texas	s, complete Schedule T)
	Solicitation expense		Data/consu	elting	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name			<u> </u>	
10-21-2014	Uproof Strategie	5			
Amount (\$)	Payee address; City; Stat	te; Zip Code	·		
103,39	41 Waller St. #110, A1	ustin, TX	78702		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If trav	el outside of Texas	, complete Schedule T)
	Expense		Phone/food/	ber exp	reimb.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	······	Office held
Date	Payee name				· · · · · · · · · · · · · · · · · · ·
10-25-2014	Anedot. com				
Amount (\$)		e: Zip Code			
106.48					
PURPOSE	Category (See categories listed at the top o		Description (If trav	el outside of Texas	, complete Schedule T)
EXPENDITURE	Fundraising expense	se.	bank fe	D.	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office folder name		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS NEE	DED	<u> </u>

	. EXPENDITURES OM PERSONAL FUNDS		SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salari Legal Services Solicit Food/Beverage Expense Travel Polling Expense Travel Printing Expense Office The Instruction Guide explai	GORIES FOR BOX 8(a es/Wages/Contract Labor ation/Fundraising Expense In District Out Of District Overhead/Rental Expense ns how to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G: 1/1 4 Date 9-30-2014 6 Amount (\$)	<ul> <li>2 FILER NAME</li> <li>BILL WORSham</li> <li>5 Payee name</li> <li>Amanda Andersc</li> <li>7 Payee address; City; State; Zi</li> </ul>	m	3 ACCOUNT # (Ethics Commission Filers)
Reimbursement from political contributions intended 8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sc Contract Labor	hedule) (b) Description	(If travel outside of Texas, complete Schedule T)
Date 9-30-2014 Amount (\$) 110.00 Reimbursement from political contributions intended	Payee name Amanda Anderson	p Code	an coordination
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sc Expense		(If travel outside of Texas, complete Schedule T)
Date 10 - 14 - 2014 Amount (\$) (33.49 Reimbursement from political contributions intended	Payee name Spider House Cafe Payee address; City: State; Zi 2908 Fruth Austin TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch Food / Bev		n (If travel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zij	o Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	nedule) Description	1 (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED