

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:

9

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

Mr.

William

L

NICKNAME

LAST

SUFFIX

Bill

Worsham

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 50308 Austin TX 78763

☐ change of address

**5 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

9 / 26 / 2014

THROUGH

Month

Day

Year

10 / 18 / 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 D 10

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

\$ 165.00

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

\$ 4,355.00

EXPENDITURE
TOTALS

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

\$ 443.80

4. TOTAL POLITICAL EXPENDITURES

\$ 7,184.29

CONTRIBUTION
BALANCE

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

\$ 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 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

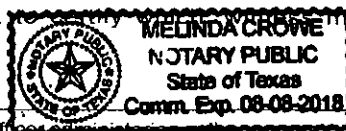
27 day of October, 2014

Bill Worsham

this the
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:

1/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/6/2014

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

Dorothy A. Koepsel

6 Contributor address; City; State; Zip Code

P.O. Box 26806 Austin TX 78755

7 Amount of contribution (\$)

50.00

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

10/7/2014

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

Texans For Accountable Government

Contributor address; City; State; Zip Code

1306 Baronets Tr., Austin TX 78753

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

10/10/2014

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

Ivan Giraldo & Mary Giraldo

Contributor address; City; State; Zip Code

70 Twin Ridge Pkwy, Round Rock TX 78664

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)

Date

10/10/2014

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

William D Jones

Contributor address; City; State; Zip Code

1804 Cedar Ridge Dr., Austin TX 78741

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

10/10/2014

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

Carly Rose Jackson

Contributor address; City; State; Zip Code

4624 Button Bend Rd, Austin TX 78744

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:

2/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/19/2014

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

Jessie Metcalf

6 Contributor address; City; State; Zip Code

3 Scott Crescent, Austin, TX 78703

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

10/23/2014

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

Daniel J. Brown

Contributor address; City; State; Zip Code

11916 Cherisse Dr., Austin, TX 78739

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

10/10/2014

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

James Jones

Contributor address; City; State; Zip Code

3700 Thompson St., Austin, TX 78702

Amount of contribution (\$)

155.00

In-kind contribution description (if applicable)

event venue

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/2014

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

Damien Matherne

Contributor address; City; State; Zip Code

11727 Sterling Panorama, Austin TX 78738

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

10/2/2014

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

Amy L. Edwards

Contributor address; City; State; Zip Code

2405 Westover, Austin TX 78703

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:

3/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/7/2014

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Andrew Tewell

6 Contributor address; City; State; Zip Code

4102 Bennedict Ln, Austin, TX 78746

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

10/8/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Debra Gore

Contributor address; City; State; Zip Code

4825 Eagle Feather Dr., Austin TX 78735

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

10/10/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jordan D Berry

Contributor address; City; State; Zip Code

7509 Spivey Dr. Austin, TX 78749

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

10/11/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Elena Goyanes & spouse

Contributor address; City; State; Zip Code

3215 Tarryhollow Dr. Austin, TX 78703

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

10/13/2014

Full name of contributor

☐ out-of-state PAC (ID# _____)

Luke Macias

Contributor address; City; State; Zip Code

31540 Smithson Valley Rd, Bulverde, TX 78163

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:

4/4

2 FILER NAME

Bill Worsham

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/15/2014

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

Kris Heckmann

6 Contributor address; City; State; Zip Code

4305 Endcliffe, 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

10/20/2014

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

Don Brinkman

Contributor address; City; State; Zip Code

2501 Tydings Cove, Austin, TX 78730

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

10/22/2014

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

Stephen Bontempo

Contributor address; City; State; Zip Code

2200 Dickson Dr. #201 Austin, TX 78704

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel 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# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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: 1/2		2 FILER NAME Bill Worsham		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-4-2014		5 Payee name UpRoot Strategies			
6 Amount (\$) 2700.00		7 Payee address; City; State; Zip Code 41 Waller St 110 Austin TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting expense		(b) Description (If travel outside of Texas, complete Schedule T) Campaign consultant svcs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-10-2014		Payee name Amanda Anderson			
Amount (\$) 200.00		Payee address; City; State; Zip Code 1712 E Riverside Dr. 334 Austin TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Expense		Description (If travel outside of Texas, complete Schedule T) Phone/food/bev exp. reimb.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-13-2014		Payee name Reagan Peterson			
Amount (\$) 100.00		Payee address; City; State; Zip Code 115 Remington Dr., Kyle, TX 78640			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Photography	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-14-2014		Payee name Wish List Direct			
Amount (\$) 537.13		Payee address; City; State; Zip Code P.O. Box 312100 New Braunfels, TX 78131			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Printing/mailling svcs.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/2	2 FILER NAME Bill Worsham	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-21-2014	5 Payee name Reagan Peterson
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 115 Remington Dr. Kyle, TX 78640
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Photography
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-21-2014	Payee name Local Voice Solutions LLC
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Amount (\$) 1350.00	Payee address; City; State; Zip Code 3700 Thompson St., Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation expense	Description (If travel outside of Texas, complete Schedule T) Data/consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-21-2014	Payee name Uproot Strategies
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Amount (\$) 103.39	Payee address; City; State; Zip Code 41 Waller St. #110, Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Expense	Description (If travel outside of Texas, complete Schedule T) Phone/food/bev exp. reimb.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-25-2014	Payee name Anedot.com
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Amount (\$) 106.48	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising expense	Description (If travel outside of Texas, complete Schedule T) bank fee
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Complete ONLY 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: 1/1		2 FILER NAME Bill Worsham		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-30-2014		5 Payee name Amanda Anderson			
6 Amount (\$) 1200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1712 E Riverside #334, Austin TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) campaign coordination	
Date 9-30-2014		Payee name Amanda Anderson			
Amount (\$) 110.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code u			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Expense		Description (If travel outside of Texas, complete Schedule T) Phone expense reimb.	
Date 10-14-2014		Payee name Spider House Cafe			
Amount (\$) 133.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2908 Fruth Austin TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev		Description (If travel outside of Texas, complete Schedule T) Volunteer food/bev	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> 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