CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE /	MS/MRS/MR FIRST M.T. William NICKNAME LAST BILL WORSh ADDRESS/POBOX: APT/SUITE#: CIT	Y: STATE: ZIP CODE	OFFICE USE ONLY OR RECEIVED NIN 15 PM 4
OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/	1105 NOTWALK LA AV	ASTIN TX 78703	Date Hand-delivered or Postmarked Receipt # Amount
OFFICEHOLDER PHONE	(512) 469-9607		Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Greg NICKNAME LAST McNelis	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE): APT/SUITE 4412 Marathon Blvd #.		7 8 756
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 407-8133	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day IZ / 31 /	Year 2014
11 ELECTION	ELECTION DATE Month Day Year 11 / D 4 / ZO14 ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (ICKNOWN) Austin City C	buncil Dist. 10
	GOTOF	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

<u></u>	·			
14 C/OH NAME. William	L (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 I 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 SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 283.06			
	4. TOTAL POLITICAL EXPENDITURES \$10,158.50			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ _ O -			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	* - O -	
18 AFFIDAVIT	•			
	MELINDA CROW INSTARY PUBLIC State of Texas Comm. Exp. 08-08-2	is true and correct and includes a me under Title 15, Election Code.	of perjury, that the accompanying report Il information required to be reported by	
		Signature of Ca	ndidate or Officeholder	
AFFIX NOTARY STAM	MP / SEAL ABOVE			
Sworn to and sub		***************************************	this the	
15th day	or Janua	NOTARY PUBLIC State of Texas	my hand and seal of office.	
Signature of officer adm	ninistering oath	Printed name or officer administering oan	Title of officer administering oath	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

•	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	ndraising Expense Transpict Contri District Ca	Repayment/Reimbursement portation Equipment & Related Expense butions/Donations Made By ndidate/Officeholder/Political Committee R (enter a category not listed above)
Fees	Printing Expense Office Overhe The Instruction Guide explains how		K (enter a category not listed above)
4.7	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule F:	William L (Bill) Wors		Account # (Euros commission Friend)
4 Date	5 Payee name		
11-4-2014	Emmis Austin Radio		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1,190.00	8309 North EH35 Austi	17 78753	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expense	Radioads	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		<u></u>	
Date	Payee name		·
11-30-2014	Facebook.com		
Amount (\$)	Payee address: City; State; Zip Code	•	
115,23	web		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expense	Political ad	vertisina
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C		Since sough.	
Date	Payee name , .		
11-4-2014	Local Voice Solutions	, >	
Amount (\$)	Payee address; City; State; Zip Code	•	
510.00	3700 Thompson Ave, Aus	tin TX 78702	•
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF	Solicitation Expense	Data/con	saltina
EXPENDITURE		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		
Date	Payee name		
12-24-2014	BBVA Compass Bank Payee address; City; State; Zip Code		
Amount (\$)			
342,00	2727 Exposition BIVd, Austin,	TX 78703	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/banking	Bank fee	25
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED
1	· · · · · · · · · · · · · · · · · · ·		

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense		s/Contract Labor Loan Repayment/Reimbursemen	t
Accounting/Banking		ndraising Expense Transportation Equipment & Rela	
Consulting Expense	Food/Beverage Expense Travel In Distr	6 th 1 100 th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Event Expense	Polling Expense Travel Out Of		
Fees	Printing Expense Office Overhe The Instruction Guide explains how	ad/Rental Expense OTHER (enter a category not list to complete this form.	dd above)
4 Total again Cabadula F	2 FILER NAME	3 ACCOUNT # (Ethics Corr	mission Filers\
1 Total pages Schedule F: 2/5	William L (Bill) Wors	-	ministron increp
4 Date	5 Payee name	acre	
10-21-2014	Rachel Kania		
6 Amount (\$)	7 Payee address: City; State; Zip Code		
	2239 Cromwell Cir 613 Aus	L. TV 70711	
50.40	2239 Cromwell Cir wis Aus	12 /8 /4/	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete School	adule T)
EXPENDITURE	Expense	Food/bevexp. reimb.	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office	neld
Date	Payee name		***************************************
10-29-2014	Michael Costello		
Amount (\$)	Payee address; City; State; Zip Code	•	
40.00			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel obtside of Texas, complete Scho	edule T)
OF EXPENDITURE	contract labor	campaign svcs.	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office	held
Date	Payee name		
10-30-2014	Michael Costello		
Amount (\$)	Payee address; City, State; Zip Code		A A A A A A A A A A A A A A A A A A A
,	31,71		
45.00	·		
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sch	edule T)
PURPOSE OF			
EXPENDITURE	contractlabor	Campaign sucs.	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office	held
Date	Payee name		
11-3-2014	Facebook.com		
Amount (\$)	Payee address; City; State: Zip Code		
,	web		
177.20			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sch	edule T)
OF EXPENDITURE	Advertising expense	Political Advertising	
	Candidate (Office baldes same		held
Complete ONLY if direct expenditure to benefit Co		Office sought Office	neiu
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

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 explains 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 F:	2 FILER NAME	il) Wors		3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-3-2014	5 Payee name Wishlist Direct	i	V LO. VY	
6 Amount (\$)		tate; Zip Code		
4049.67	PDBOX 312100 New Brainfels, TX 78131			
8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expense	<i>-</i>	Politica	ladvertising
9 Camplete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	e	Office soug	oht Office held
Date 11 - 4 - 2014	Payee name Mailching,	om		
Amount (\$)	Payee address; City; S	State: Zip Code		
75,00	web			
PURPOSE	Category (See categories listed at the t		Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising expens	se	Politica	al advertising
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam		Office soug	
Date	Payee name			
11-4-2014	Abel's on the Lo	ike.		
Amount (\$)	Payee address; City; 5	State; Zip Code		
165.88	3825 Lake Austin	Bl Austi	n TX 78	703
PURPOSE	Category (See categories listed at the	top of this schedule)	1	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/ber Expense		campai	gn event-food/bev
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder nam	ne	Office sou	
Date	Payee name			
11-4-2014	Dylan Ewers			
Amount (\$)		State; Zip Code		
180,00				
PURPOSE	Category (See categories listed at the	top of this schedule)	Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract labor		campa	ugn labor
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder nam /OH	ne	Office sou	
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE A	S NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	
Advertising Expense	·	alaries/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking Consulting Expense		olicitation/Fundraising Expense ravel In District	Transportation Equipment & Related Expense	ę
Event Expense		ravel Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committe	ee
Fees	3 ,	ffice Overhead/Rental Expense	OTHER (enter a category not listed above)	
	The Instruction Guide ex	rplains how to complete this		
1 Total pages Schedule F:	2 FILER NAME	υ 1 . Ι	3 ACCOUNT # (Ethics Commission File	ers)
. 4/3		Norsham	•	
4 Date	5 Payee name			
11-4-2014	Jan Lindsey	—		
6 Amount (\$)	7 Payee address; City; J State	; Zip Code		
165,00		•		ļ
(45,00				
8 PURPOSE	(a) Category (See categories listed at the lop of	this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract labor	compo	lign labor	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ight Office held	
expenditure to benefit C/C	ЭН			
Date .	Payee name . ,			
11-4-2014	Rebecca Anzini			
Amount (\$)	Payee address; City; State	; Zip Code		
80.00			•	
\$0.00				
PURPOSE	Category (See categories listed at the top of	this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	contract labor	camp	Paign labor	
Complete ONLY if direct	Candidate / Officeholder name	Office sou		
expenditure to benefit C/C	••			Ī
Date	Payee name			
11-4-2014	Reagan Peters	m	1	
Amount (\$)		: Zip Code		
γιποσηί (Φ)	l ayes dasiess, e.i.y, diane	, L ., p 2323	e .	
180,00				
	Category (See reterration lated at the test	this schedule) Descripti	On (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Category (See categories listed at the top of Can tract labor			
EXPENDITURE	CONTRACT 12007	camp	aign labor	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office so	ught Office held	
Date	Payee name			
11-4-2014	Dickson Barry			
Amount (\$)	Payee address; City; State	Zip Code		
(4)	Layer Carrott			
180,00				
DUBDOSE	Category (See categories listed at the top of	this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)	
PURPOSE OF		Description Description	1 1	
EXPENDITURE	Contract labor	cam	paign labor	
Complete ONLY if direct expenditure to benefit C		Office so	ught Office held	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE	AS NEEDED	,

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

SCHEDULE F

(512) 463-5800

Loan Repayment/Reimbursement

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/Cor Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Roa explains how to co	sing Expense ict ental Expense	Transportation & Contributions/Di Candidate/O OTHER (enter a	nt/Reimbursement Equipment & Related Expense onations Made By fficeholder/Political Committee a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	Jorsham			INT # (Ethics Commission Filers)
4 Date 11-4-2014	5 Payee name Lorenzo Gan	rcia			
6 Amount (\$)		ate; Zip Code			
120.00					
8 PURPOSE	(a) Category (See categories listed at the lo	p of this schedule)	• • • • • • • • • • • • • • • • • • • •	. 1	Texas, complete Schedule T)
OF EXPENDITURE	contract labor		Camp	augh (abo	ידל
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	•	Office soug	,ht	Office held
Date 11.4-2014	Payee name Reed Kat	tye			
Amount (\$)	Payee address; City; S	tate: Zip Code			
210,00					
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(if travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	contractlabor		Campo	aign lab	or
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	•	Office soug	ht	Office held
Date 11-4-2014	Payee name Michael Coste	16			
Amount (\$)		late; Zip Code			
200.00					
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	n (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Contract labor		Campai	gn labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	9	Office soug	yĥt	Office held
Date	Payee name				
11-4-2014	Andy Godwin	<u> </u>			
Amount (\$)	Payee address; City; S	tate; Zip Code			
160.00			<u>-</u>		
PURPOSE OF	Category (See categories listed at the to	op of this schedule)		11	Texas, complete Schedule T)
EXPENDITURE	Contract labor		campa	ign labo	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nami OH	9	Office soug	ght	Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE A	SNEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE C	ATEGORIES F	OR BOX 8(a)	
Advertising Expense		Salaries/Wages/Con		Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Food/Davison Fire and			Transportation Equipment & Related Expense
Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made B Polling Expense Travel Out Of District Candidate/Officeholder/Politic			Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees		Office Overhead/Re		OTHER (enter a category not listed above)
	The Instruction Guide ex	xplains how to co	omplete this fo	
1 Total pages Schedule G:	2 FILER NAME	\ , ;		3 ACCOUNT # (Ethics Commission Filers)
1/1	William L (Bill	Worst	nam	
4 Date	5 Payee name			•
11-4-2014	Amanda Anderso	M		
6 Amount (\$)	7 Payee address; City; State:	; Zip Code		
1,280.00	1712 & Riverside Dr	2211 A.C.	tin TX	78 141
Reimbursement from political contributions intended	THE BRITAIN STORY	774 NW5	1171, 171	
8 PURPOSE	(a) Category (See categories listed at the top of t	lhis schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Salary/labor		Munda	er coordinator
	7,40		VOLUM PC	
Date	Payee name			
11-4-2014	Adam Cahn			
Amount (\$)	Payee address; City; State;	; Zip Code		
100:00				
Reimbursement from political contributions intended				,
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract labor		Campi	aign labor
Data			<u> </u>	
Date	Payee name	11/1/1		
10-28-2014	James P Voi	n Wolske	2	,
Amount (\$)	Payee address; City; State:	; Zip Code		
260,00	2107 Lakeshore Dr. A	L' TV	7874	,
Reimbursement from political contributions	ZIDI CARESICCIE DI, A	us run 11	. (8/7)	6
intended		`		
PURPOSE OF	Category (See categories listed at the top of the	his schedule)		(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other		Reinb	excess contribution
Date	Payee name			
	·			
Amount (\$)	Boyco addesas O's O's	7:- 0- 1	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State;	Zip Code	•	•
Deimburg for	·			
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
	ATTACH ADDITIONAL COP	IES OF THIS SC	HEDULE AS I	NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ••
1 C/O	NAME 2 ACCOUNT # (Ethics Commission Filers)
W	lliam L (Bill) Worsham
3 SIG	NATURE
геро	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a t as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions ake any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
4 FILI	R WHO IS NOT AN OFFICEHOLDER
	mplete A & B below only if you are not an officeholder. ••
A . '	CAMPAIGN FUNDS
Ch	eck only one:
Ο. []	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
(<u></u>	To not have an expended contributions of unexpended interest of income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
B.	ASSETS
Cḥ	eck only one:
V	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that
	I may not convert assets purchased with political contributions or interest or other income from political contributions to personal
	use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	BUWosham
	Signature of Candidate
	ICEHOLDER mplete this section <i>only</i> if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder