

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME William A 'Bill' Ford	3 Filer ID (Ethics Commission Filers)
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4 Date 10-11-18	5 Payee name AMERICAN CLASSIFIEDS
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6 Amount (\$) 555.00	7 Payee address; City; State; Zip Code 2027 STERWOODWAY SAN ANGELO TX 76901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Ads.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name William A 'Bill' Ford	Office sought TLC Commissioner	Office held Party 4 State
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Date 10-29-18	Payee name CONEXION
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Amount (\$) 250.75	Payee address; City; State; Zip Code 315 W. AVE D SAN ANGELO TX 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Ads	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name William A 'Bill' Ford	Office sought TLC Commissioner	Office held Party 4 State
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Date 10-29-18	Payee name SAN ANGELO LIVE
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Amount (\$) 750.00	Payee address; City; State; Zip Code 2001 W. BEAUREGARD SAN ANGELO TX 76901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Ads	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name William A 'Bill' Ford	Office sought TLC Commissioner	Office held Party 4 State
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME William A 'Bill' Ford	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Company Printing	
6 Amount (\$) 238.25	7 Payee address; City; State; Zip Code 3419 Knickerbocker Rd San Angelo TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Flyer Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: William A 'Bill' Ford Office sought: TGC Commissioner Act 4 Office held: SAME	
Date 10-3-18	Payee name MEDIA LAW	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 3157 Executive Dr San Angelo TX 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Ads	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: William A 'Bill' Ford Office sought: TGC Commissioner Act 4 Office held: SAME	
Date 10-3-18	Payee name San Angelo Live San Angelo	
Amount (\$) 2200.00	Payee address; City; State; Zip Code 2001 W. Beauregard San Angelo TX 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Ads	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: William A 'Bill' Ford Office sought: TGC Commissioner Act 4 Office held: SAME	

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Revised 9/8/2015

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME WILLIAM A 'BILL' FORD	3 Filer ID (Ethics Commission Filers)
4 Date 1-3-19	5 Payee name SAN ANGELO LIVE	
6 Amount (\$) 100⁰⁰	7 Payee address; City; State; Zip Code 2001 W. BEAUREGARD SAN ANGELO TX 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Thank-you Ad	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: WILLIAM A 'BILL' FORD TX COMMISSIONER PRTY Office sought: STATE Office held: STATE	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

William A 'Bill' Foeo

3 Filer ID (Ethics Commission Filers)

4 Date

10-12-18

5 Full name of contributor

Billy Cassiot

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address; City; State; Zip Code

12006 US Hwy 675 San Angelo TX 76904

8 Principal occupation / Job title (See Instructions)

Ranching

9 Employer (See Instructions)

SELF

Date

10-23-18

Full name of contributor

Duff Hallman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200⁰⁰

Contributor address; City; State; Zip Code

Po Box 6 / CHRISTVAL TX 76935

Principal occupation / Job title (See Instructions)

RANCH / CONTRACTOR

Employer (See Instructions)

SELF

Date

10-31

Full name of contributor

JAMES & LINDA BOYD

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150⁰⁰

Contributor address; City; State; Zip Code

6201 GREEN OAKS CHRISTVAL TX 76935

Principal occupation / Job title (See Instructions)

ATTORNEY & TEACHER

Employer (See Instructions)

SELF

Date

11-1

Full name of contributor

Ryland Howard

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

150⁰⁰

Contributor address; City; State; Zip Code

144 PARK HILL DR SAN ANTONIO TX 78212

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William A. 'Bill' Ford		3 Filer ID (Ethics Commission Filers)
4 Date 10-2-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William A. 'Bill' + Susan Armstrong 6 Contributor address; City; State; Zip Code PO Box 3008 San Angelo TX 76902	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Oil and Gas Exploration Services		9 Employer (See Instructions) SELF
Date 10-2-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM STEPHEN FORD Contributor address; City; State; Zip Code 4 HUNTERS RIDGE CT HOUSTON TX 77024	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) REAL ESTATE / DEVELOPMENT		Employer (See Instructions) SELF
Date 10-5-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM NOELKE Contributor address; City; State; Zip Code 3406 SILVER SPUR SAN ANGELO TX 76904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) REAL ESTATE INVEST/RANCH		Employer (See Instructions) SELF
Date 10-12-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETTIE GASSIOT Contributor address; City; State; Zip Code 21 SOUTH RIDGE SAN ANGELO TX 76904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

10-2-18

EDDIE HOWARD

100⁰⁰

6 Contributor address; City; State; Zip Code

124 W. BEAUREGARD SAN ANGELO TX 76901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

JUSTICE OF PEACE PRCT 4-TGC

TGC

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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