

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>William</i>	MI <i>A</i>	<b>OFFICE USE ONLY</b>  <b>MAY 12 2022</b>	
	NICKNAME <i>Bill</i>	LAST <i>FORD</i>	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 55 CHRISTOVAZ</i>				
	<input type="checkbox"/> Change of Address				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <i>(325)</i>	PHONE NUMBER <i>656-4300</i>	EXTENSION	Date Received	
	<b>6 CAMPAIGN TREASURER NAME</b>			Date Hand-delivered or Date Postmarked	
<b>7 CAMPAIGN TREASURER ADDRESS</b>	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Pat</i>	MI <i>E</i>	Receipt #	
	NICKNAME <i>PK</i>	LAST <i>Kolley</i>	SUFFIX	Amount \$	
<b>8 CAMPAIGN TREASURER PHONE</b>		Date Processed			
<b>9 REPORT TYPE</b>		Date Imaged			
<b>10 PERIOD COVERED</b>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5526 CLUB PARK WAY San Angelo TX 76904</i>			
<b>11 ELECTION</b>		AREA CODE PHONE NUMBER EXTENSION <i>(325) 212 5537</i>			
<b>12 OFFICE</b>		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>13 OFFICE SOUGHT (if known)</b>		Month    Day    Year    Month    Day    Year <i>2 / 22 / 22</i> THROUGH <i>5 / 16 / 22</i>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>		ELECTION DATE    ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>5 / 24 / 22</i> <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>15 OFFICE HELD (if any)</b>		<b>16 OFFICE HELD (if any)</b>			
<i>County Commissioner #4</i>		<i>Dist 4 Commissioner</i>			
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.				
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <i>William 'Bill' A Ford</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1125<sup>06</sup></i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>5065.15</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5065.15</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>164<sup>31</sup></i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2000<sup>01</sup></i>

**18 SIGNATURE** 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 Ford*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

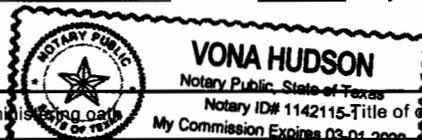
NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Bill Ford* this the *12<sup>th</sup>* day of *May*.

20 *22*, to certify which, witness my hand and seal of office.

*Vona Hudson*  
Signature of officer administering oath

*Vona Hudson*  
Printed name of officer administering oath



*Notary*  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> <i>William 'Bill' A. Ford</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1125.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>2000.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5065.<sup>15</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>William 'Bill' FRO</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-23-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PA Van Court</i>	7 Amount of contribution (\$) <i>150<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>PO Box 467 CHRISTIAN TX 76805</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-14-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Boyd</i>	Amount of contribution (\$) <i>225<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>6517 Green Oaks CHRISTIAN TX 76835</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <del>4-28-22</del> <i>4-28-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kirk Cleere</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>PO Box 1622 San Angelo TX 76902</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5-11-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall Stout</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2002 W. Beausfeld San Angelo TX 76903</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>William "Bill" A Ford</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>2000<sup>00</sup></i>
5 Date of loan <i>5-10-22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Bill Ford</i>	9 Loan Amount (\$) <i>2000<sup>00</sup></i>
6 Is lender a financial institution? <i>Y</i>	8 Lender address; City; State; Zip Code <i>PO BOX 55 CHRISTIAN AL TX 76935</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Contractor</i>		13 Employer (See Instructions) <i>SELF</i>
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <i>Y N</i>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 <i>William 'Bill' A Ford</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-23-22</i>	5 Payee name <i>Vicki Ford</i>	
6 Amount (\$) <i>600<sup>00</sup></i>	7 Payee address; <i>7105 GREEN OAKS CHRISTAL RD</i>	City; State; Zip Code <i>TX 76935</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Purchase of supplies</i>	(b) Description <i>Food + drink items for campaign rally</i>
	(c) <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	Office sought Office held

Date <i>3-23-22</i>	Payee name <i>MEDIA JAW</i>	
Amount (\$) <i>\$150.00</i>	Payee address; <i>3157 Executive Dr</i>	City; State; Zip Code <i>San Angelo TX 76904</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Website Development</i>	Description <i>Bill board campaign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5-9-22</i>	Payee name <i>San Angelo Stock Show + Rodeo</i>	
Amount (\$) <i>2200.00</i>	Payee address; <i>200 W. 43rd St</i>	City; State; Zip Code <i>San Angelo TX 76903</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Premium Sale</i>	Description <i>Support of 10 kids for their Weststock show</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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 'Bill' A Ford	3 Filer ID (Ethics Commission Filers)
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4 Date 5-11-22	5 Payee name Company Printing
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6 Amount (\$) 2003 <sup>15</sup>	7 Payee address: 3419 Knickerbocker San Angelo TX 76904	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing/Mailing	(b) Description Campaign mail out
	(c) <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	Office sought	Office held
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Date 5-11-22	Payee name Sylvia PATE
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Amount (\$) \$112.00	Payee address: PO Box 494 CHRISTOVAZ TX 76935	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office supply	Description Reimbursement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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