

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <i>N/A</i>	2 Total pages filed: <i>5</i>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <i>MR.</i> <i>WILLIAM</i> <i>D</i> NICKNAME      LAST      SUFFIX	<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b>  <b>JAN 23 2020</b>  <b>BURNET CO ELECTIONS</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$ Date Processed Date Imaged	
	<i>DEE</i> <i>HADDUCK</i>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE  <input type="checkbox"/> Change of Address	<i>1109 LOMA LANE    MARBLE TX 78654</i> <i>FALLS</i>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b> AREA CODE      PHONE NUMBER      EXTENSION <i>(214)</i> <i>770</i> <i>6632</i>			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <i>MR</i> <i>TODD</i> <i>A.</i> NICKNAME      LAST      SUFFIX	<b>OFFICE USE ONLY</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$ Date Processed Date Imaged	
	<i>LEWIS</i>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>102 BOBOLINK STREET    HIGHLAND TX 78654</i> <i>HAVEN</i>	<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE      PHONE NUMBER      EXTENSION <i>(830)</i> <i>613 - 9320</i>		
<b>9 REPORT TYPE</b> <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b> Month    Day    Year      THROUGH      Month    Day    Year <i>07 / 01 / 2019</i> <i>12 / 31 / 2019</i>			
<b>11 ELECTION</b> ELECTION DATE      ELECTION TYPE Month    Day    Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>03 / 03 / 2020</i> <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>12 OFFICE</b> OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <i>BURNET COUNTY COMMISSIONER, Prec. 3</i>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME William D. Haddock 15 Filer ID (Ethics Commission Filers) N/A

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.

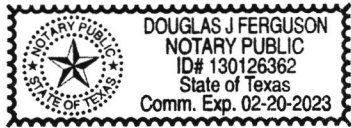
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME <u>N/A</u>  COMMITTEE ADDRESS   COMMITTEE CAMPAIGN TREASURER NAME   COMMITTEE CAMPAIGN TREASURER ADDRESS   
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>1,110.70</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,110.70</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>- 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>- 0 -</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>- 0 -</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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.



[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William D Dee Haddock, this the 23 day of Jan, 2020, to certify which, witness my hand and seal of office.

[Signature] Douglas J. Ferguson Elections Admin  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b> WILLIAM D. HADDOCK		<b>20 Filer ID (Ethics Commission Filers)</b> N/A
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 910.70
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 1

2 FILER NAME

William David Haddock

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

9/9/2019

5 Full name of contributor

William D. Haddock

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State; Zip Code

1109 LOMA Lane Marble Falls TX 78624

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Retired Healthcare Admin

9 Employer (See Instructions)

N/A

Date

11/19/2019

Full name of contributor

Doug Casey Homes Inc.

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

20624 FM 1431  
Ste. 2 Lago Vista TX 78645

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Owner Doug Casey Homes, Inc.

Employer (See Instructions)

Date

12/16/2019

Full name of contributor

Bradlee Holland

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

942 Prado Verde Dr. Abilene TX 79602

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Healthcare Administrator/CEO

Employer (See Instructions)

HONORIC MEDICAL CENTER

Date

11/18/2018

Full name of contributor

BRIAN K. STIRLEY

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State; Zip Code

102 Cedar Ridge Dr Marble Falls TX 78654

Amount of contribution (\$)

\$60.70

Principal occupation / Job title (See Instructions)

Digital Mapping / President

Employer (See Instructions)

3rd Coast Geospatial Technologies, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 1</i>	
2 FILER NAME <i>WILLIAM DAVID HADDOCK</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>200.00</i>	
5 Date <i>11/18/2019</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRIAN K. SHIRLEY</i>	8 Amount of Contribution \$ <i>\$200.00</i>	9 In-kind contribution description <i>Mapping DATA ANALYSIS</i>
7 Contributor address; City; State; Zip Code <i>102 Cedar Ridge Dr, MARBLE FALLS TX 78654</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Digital Mapping / Resident</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>3rd Coast Geospatial Technologies, Inc</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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