

**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)   | 2 Total pages filed:<br><br><div style="text-align: center; font-size: 2em;">7</div>       |                                     |   |                                 |  |                                  |   |   |  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI<br><div style="text-align: center; font-size: 1.5em;">BILLY I</div> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.5em;">WALL</div>  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><div style="font-size: 2em; font-weight: bold;">RECEIVED</div><br><br>FEB 22 2016<br>BURNET COUNTY ELECTIONS<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount \$<br><br>Date Processed<br><br>Date Imaged |  |                                     |   |                                 |  |                                  |   |   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2321 EAST STATE HWY 29<br>BERTRAM, TX 78605   |   |  |                                     |   |                                 |  |                                  |   |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(512) 577-8480  |   |  |                                     |   |                                 |  |                                  |   |   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI<br><div style="text-align: center; font-size: 1.5em;">BILLY I</div> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.5em;">WALL</div>  |   |  |                                     |   |                                 |  |                                  |   |   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>2321 EAST STATE HWY 29<br>BERTRAM, TX 78605  |   |  |                                     |   |                                 |  |                                  |   |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(512) 577-8480  |   |  |                                     |   |                                 |  |                                  |   |   |  |
| 9 REPORT TYPE  | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> |   |  | <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 \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |
| <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 \$500 limit   | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                   |                                     |   |                                 |  |                                  |   |   |  |
| 10 PERIOD COVERED  | Month Day Year Month Day Year<br>1 / 22 / 2016 THROUGH 2 / 20 / 2016  |   |  |                                     |   |                                 |  |                                  |   |   |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>3 / 1 / 16   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special  |  |                                     |   |                                 |  |                                  |   |   |  |
| 12 OFFICE<br><br>OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br>COUNTY COMMISSIONER<br>PCT. 3  |   |  |                                     |   |                                 |  |                                  |   |   |  |
| GO TO PAGE 2   |   |   |  |                                     |   |                                 |  |                                  |   |   |  |

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME

*BILLY WALL CAMPAIGN*

15 Filer ID (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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 1490.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2725.43

CONTRIBUTION  
BALANCE

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

\$ 1447.10

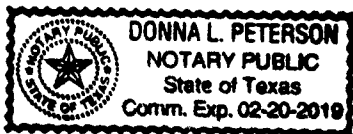
OUTSTANDING  
LOAN TOTALS

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.



*Billy I. Wall*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy I. Wall, this the 22 day of Feb., 20 16, to certify which, witness my hand and seal of office.

*Donna L. Peterson*  
Signature of officer administering oath

Donna L. Peterson  
Printed name of officer administering oath

Election Clerk  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*BILLY WALL CAMPAIGN*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |                              |
|-----|-------------------------------------|--|------------------------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>1490.<sup>00</sup></i> |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <i>0</i>                  |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <i>0</i>                  |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$ <i>0</i>                  |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ <i>2712.<sup>35</sup></i> |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <i>0</i>                  |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ <i>0</i>                  |
| 8.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ <i>13.<sup>08</sup></i>   |
| 9.  | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$ <i>0</i>                  |
| 10. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>0</i>                  |
| 11. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i>                  |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:<br><b>1</b>                                      |
| 2 FILER NAME<br><b>BILLY WALL CAMPAIGN</b>   |  | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br><b>1/28<br/>2016</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JASON &amp; TERRI KUENSTLER</b><br>6 Contributor address: City: State: Zip Code<br><b>P.O. Box 597<br/>BURNET, TX 78611</b>          | 7 Amount of contribution (\$) <b>250.<sup>00</sup></b>                      |
| 8 Principal occupation / Job title (See Instructions)<br><b>PRESIDENT</b>  |  | 9 Employer (See Instructions)<br><b>JL KUENSTLER &amp; ASSOCIATES, INC.</b> |
| Date<br><b>2/2<br/>2016</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>GARY MARTIN</b><br>Contributor address: City: State: Zip Code<br><b>P.O. Box 1990<br/>MARBLE FALLS, TX 78654</b>                       | Amount of contribution (\$) <b>1000.<sup>00</sup></b>                       |
| Principal occupation / Job title (See Instructions)<br><b>PRIVATE INVESTOR</b>   |  | Employer (See Instructions)<br><b>SELF EMPLOYED</b>                         |
| Date<br><b>2/7<br/>2016</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>FRANK GREENBERG</b><br>Contributor address: City: State: Zip Code<br><b>3616 FAR WEST BLVD., STE 117-308<br/>AUSTIN, TX 78731-3042</b> | Amount of contribution (\$) <b>200.<sup>00</sup></b>                        |
| Principal occupation / Job title (See Instructions)<br><b>INVESTOR</b>   |  | Employer (See Instructions)<br><b>SELF EMPLOYED</b>                         |
| Date<br><b>2/15<br/>2016</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>LAMAR &amp; ELLEN GUSTAFSON</b><br>Contributor address: City: State: Zip Code<br><b>6236 S. FM 1174<br/>BERTRAM, TX 78605</b>          | Amount of contribution (\$) <b>40.<sup>00</sup></b>                         |
| Principal occupation / Job title (See Instructions)<br><b>RETIRED</b>  |  | Employer (See Instructions)<br><b>RETIRED</b>                               |
| <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> |  |   |

# POLITICAL EXPENDITURES 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br><b>2</b> | <b>2</b> FILER NAME<br><b>BILLY WALL CAMPAIGN</b>   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br><b>2/4/2016</b>              | <b>5</b> Payee name<br><b>1836 GROUP LLC</b>  |   |
| <b>6</b> Amount (\$)<br><b>500.00</b>         | <b>7</b> Payee address; City; State; Zip Code<br><b>900 W I-20 BUSINESS<br/>COLORADO CITY, TX 79512</b>   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>CONSULTING</b>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><u>Candidate</u> / Officeholder name: <b>BILLY WALL</b> <u>Office sought</u> : <b>COUNTY COMMISSIONER PCT 3</b> Office held: |   |
| Date<br><b>2/8/2016</b>                       | Payee name<br><b>1836 GROUP LLC</b>   |   |
| Amount (\$)<br><b>1333.35</b>                 | Payee address; City; State; Zip Code<br><b>900 W I-20 BUSINESS<br/>COLORADO CITY, TX 79512</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING<br/>GRAPHIC DESIGN &amp;<br/>DIRECT MAIL</b>   | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><u>Candidate</u> / Officeholder name: <b>BILLY WALL</b> <u>Office sought</u> : <b>COUNTY COMMISSIONER PCT 3</b> Office held: |   |
| Date<br><b>2/10/2016</b>                      | Payee name<br><b>HIGHLANDER</b>   |   |
| Amount (\$)<br><b>225.00</b>                  | Payee address; City; State; Zip Code<br><b>304 GATEWAY LOOP<br/>MARBLE FALLS, TX 78654</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>                 | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING</b>  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><u>Candidate</u> / Officeholder name: <b>BILLY WALL</b> <u>Office sought</u> : <b>COUNTY COMMISSIONER PCT 3</b> Office held: |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES 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)  |

The Instruction Guide explains how to complete this form.

|  |   |   |                                    |                      |             |                   |                                  |
|--|---|---|------------------------------------|----------------------|-------------|-------------------|----------------------------------|
| <b>1</b> Total pages Schedule F1:<br><b>2</b>    | <b>2</b> FILER NAME<br><b>BILLY WALL CAMPAIGN</b>   | <b>3</b> Filer ID (Ethics Commission Filers)  |                                    |                      |             |                   |                                  |
| <b>4</b> Date<br><b>2/10/2016</b>                | <b>5</b> Payee name<br><b>HIGHLANDER</b>  |   |                                    |                      |             |                   |                                  |
| <b>6</b> Amount (\$)<br><b>654.<sup>00</sup></b> | <b>7</b> Payee address; City; State; Zip Code<br><b>304 GATEWAY LOOP<br/>MARBLE FALLS, TX 78654</b>   |   |                                    |                      |             |                   |                                  |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>    | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><b>ADVERTISING</b>   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                    |                      |             |                   |                                  |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><table border="0" style="width:100%;"> <tr> <td style="text-align:center;"><u>Candidate</u> Officeholder name</td> <td style="text-align:center;"><u>Office sought</u></td> <td style="text-align:center;">Office held</td> </tr> <tr> <td style="text-align:center;"><b>BILLY WALL</b></td> <td style="text-align:center;"><b>COUNTY COMMISSIONER PCT 3</b></td> <td></td> </tr> </table> |   | <u>Candidate</u> Officeholder name | <u>Office sought</u> | Office held | <b>BILLY WALL</b> | <b>COUNTY COMMISSIONER PCT 3</b> |
| <u>Candidate</u> Officeholder name               | <u>Office sought</u>  | Office held   |                                    |                      |             |                   |                                  |
| <b>BILLY WALL</b>                                | <b>COUNTY COMMISSIONER PCT 3</b>  |   |                                    |                      |             |                   |                                  |
| Date   | Payee name  |   |                                    |                      |             |                   |                                  |
| Amount (\$)                                      | Payee address; City; State; Zip Code  |   |                                    |                      |             |                   |                                  |
| <b>PURPOSE OF EXPENDITURE</b>                    | Category (See categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                    |                      |             |                   |                                  |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><table border="0" style="width:100%;"> <tr> <td style="text-align:center;">Candidate / Officeholder name</td> <td style="text-align:center;">Office sought</td> <td style="text-align:center;">Office held</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>  |   | Candidate / Officeholder name      | Office sought        | Office held |                   |                                  |
| Candidate / Officeholder name                    | Office sought   | Office held   |                                    |                      |             |                   |                                  |
|  |   |   |                                    |                      |             |                   |                                  |
| Date   | Payee name  |   |                                    |                      |             |                   |                                  |
| Amount (\$)                                      | Payee address; City; State; Zip Code  |   |                                    |                      |             |                   |                                  |
| <b>PURPOSE OF EXPENDITURE</b>                    | Category (See categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                    |                      |             |                   |                                  |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><table border="0" style="width:100%;"> <tr> <td style="text-align:center;">Candidate / Officeholder name</td> <td style="text-align:center;">Office sought</td> <td style="text-align:center;">Office held</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>  |   | Candidate / Officeholder name      | Office sought        | Office held |                   |                                  |
| Candidate / Officeholder name                    | Office sought   | Office held   |                                    |                      |             |                   |                                  |
|  |   |   |                                    |                      |             |                   |                                  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

# SCHEDULE G

### 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br><i>1</i> | <b>2</b> FILER NAME<br><i>BILLY WALL CAMPAIGN</i> | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                                    |  |
|------------------------------------|--|
| <b>4</b> Date:<br><i>1/30/2016</i> | <b>5</b> Payee name<br><i>OFFICE DEPOT</i> |
|------------------------------------|--|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br><i>13.08</i><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>1311 MORMON MILL ROAD<br/>MARBLE FALLS, TX 78654</i> |
|--|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>OFFICE SUPPLIES</i> | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|---|--|

|   |   |                      |   |
|---|---|----------------------|---|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | <u>Candidate</u> Officeholder name<br><i>BILLY WALL</i> | <u>Office sought</u> | Office held<br><i>COUNTY COMMISSIONER PCT 3</i> |
|---|---|----------------------|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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