

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: 9 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR. | FIRST BILLY | MI I |
| | NICKNAME | LAST WALL | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 2321 EAST STATE HWY 29, BERTRAM, TX 78605 | | |
| | 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (512) PHONE NUMBER: 577 - 8480 EXTENSION: | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR. | FIRST BILLY | MI I |
| | NICKNAME | LAST WALL | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 2321 EAST STATE HWY 29 BERTRAM, TX 78605 | | |
| | 8 CAMPAIGN TREASURER PHONE AREA CODE: (512) PHONE NUMBER: 577 - 8480 EXTENSION: | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 2 / 21 / 2016 THROUGH 5 / 16 / 2016 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 5 / 24 / 16 | | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special |
| | 12 OFFICE OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) BURNET COUNTY RT3 COUNTY COMMISSIONER |
| GO TO PAGE 2 | | | |

OFFICE USE ONLY

Date Received
**RECEIVED
MAY 16 2016
Burnet Co Elections**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

**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)

\$ *2250.⁰⁰*

EXPENDITURE
TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1428.⁷²*

CONTRIBUTION
BALANCE

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

\$ *2268.³⁸*

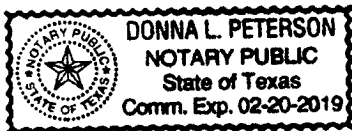
OUTSTANDING
LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Billy I. Wall
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Billy I. Wall, this the 16th day of May, 2014, 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 | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2150. ⁰⁰ |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 90. ⁰⁰ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1328. ⁷² |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 10. ⁰⁰ |
| 9. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

1-2

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/16

5 Full name of contributor

B DARRELL DEBO

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 1000.00

6 Contributor address; City, State, Zip Code

P.O. Box 66 BURNET, TX 78611

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

3/7/16

Full name of contributor

KENNETH A. LEWIS

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 500.00

Contributor address; City, State, Zip Code

P.O. Box 1090 LIBERTY HILL, TX 78642

Principal occupation / Job title (See Instructions)

RANCHER

Employer (See Instructions)

SELF

Date

3/9/16

Full name of contributor

CARY JOHNSON

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200.00

Contributor address; City, State, Zip Code

3234 CR 340 BURNET, TX 78611

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

FIRST STATE BANK, BURNET, TX

Date

3/9/16

Full name of contributor

HENRY + JANE ZIMMERMAN

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200.00

Contributor address; City, State, Zip Code

130 SHADY GROVE RD. BURNET, TX 78611

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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
2-2

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

3/18/16

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

EARL BROWN

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address: _____ City: _____ State: _____ Zip Code _____

**1670 W. ST. HWY 29
BERTRAM, TX 78605**

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

EARLS LUBE & TIRE

Date

3/20/16

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

BILL BERGESON

Amount of contribution (\$)

\$ 20.00

Contributor address: _____ City: _____ State: _____ Zip Code _____

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

4/21/16

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

M. LAYDEN

Amount of contribution (\$)

\$ 30.00

Contributor address: _____ City: _____ State: _____ Zip Code _____

5373 CR 330, BERTRAM, TX 78605

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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)

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: 1 | |
| 2 FILER NAME BILLY WALL CAMPAIGN | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 90.00 | |
| 5 Date 5/7/16 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERRY + KAREN MASON | 8 Amount of Contribution \$ \$40.00 | 9 In-kind contribution description BOOTH AT EVENT IN M. FALLS TX |
| 7 Contributor address; City; State; Zip Code 406 FIRESTONE DR, MEADOW LAKES, TX | | <input checked="" type="checkbox"/> Check if travel outside of Texas, complete Schedule T | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) RETIRED | |
| 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 4/1/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIANE JAY | Amount of Contribution \$ \$50.00 | In-kind contribution description PARADE MATERIALS |
| Contributor address; City; State; Zip Code 2321 E. ST. HWY 29 BERTRAM, TX | | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SECRETARY | | Employer (FOR NON-JUDICIAL) (See Instructions) BURNET COUNTY JAIL | |
| 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 | 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.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F1: 1-2 | | 2 FILER NAME BILLY WALL CAMPAIGN | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3/4/16 | | 5 Payee name 1836 GROUP LLC | | | |
| 6 Amount (\$) 500.00 | | 7 Payee address; City, State, Zip Code 900 W. F-20 BUSINESS COLORADO, CITY, TX 79512 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) CONSULTING | | (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 BILLY WALL | | Office sought COUNTY COMMISSIONER PET 3 | |
| Date 3/21/2016 | | Payee name HIGHLAND LAKES NEWSPAPER | | | |
| Amount (\$) 675.00 | | Payee address; City, State, Zip Code 304 HIGHLANDER CIRCLE MARBLE FALLS, TX 78654 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) ADVERTISING | | 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 BILLY WALL | | Office sought COUNTY COMMISSIONER PET 3 | |
| Date 5/6/16 | | Payee name BARNET TROPHIES & AWARDS | | | |
| Amount (\$) 64.41 | | Payee address; City, State, Zip Code 308 EAST JOHNSON STREET BARNET, TX 78611 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) ADVERTISING | | 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 BILLY WALL | | Office sought COUNTY COMMISSIONER PET 3 | |

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.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: 2-2 | 2 FILER NAME BILLY WALL CAMPAIGN | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | |
|----------------------------|--------------------------------------|
| 4 Date 5/16/2016 | 5 Payee name OMT SIGN SHOP |
|----------------------------|--------------------------------------|

| | |
|-------------------------------|--|
| 6 Amount (\$) 67.66 | 7 Payee address, City, State, Zip Code 1904 W. HWY 29 BURNET, TX 78611 |
|-------------------------------|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING STICKERS | (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 BILLY WALL | <u>Office sought</u> COUNTY COMMISSIONER PET 3 | Office held |
|--|---|--|-------------|

| | |
|--------------------------|------------------------------------|
| Date 5/13/2016 | Payee name OMT SIGN SHOP |
|--------------------------|------------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 21.65 | Payee address, City, State, Zip Code 1904 W. HWY 29 BURNET, TX 78611 |
|-----------------------------|--|

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

| | | | |
|--|---|--|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name BILLY WALL | <u>Office sought</u> COUNTY COMMISSIONER PET 3 | 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 |
|-------------------------------|--|--|

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

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.

| | | |
|--|--|--|
| 1 Total pages Schedule G: <u>1</u> | 2 FILER NAME <u>BILLY WALL CAMPAIGN</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>4/7/2016</u> | 5 Payee name <u>BLUE BONNET FESTIVAL</u> | |
| 6 Amount (\$) <u>10.00</u> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <u>101 NORTH PIERCE BURNET, TX 78611</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING PARADE</u> | (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 | <u>Candidate</u> Officeholder name <u>BILLY WALL</u> | <u>Office sought</u> Office held <u>COUNTY COMMISSIONER PET 3</u> |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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