

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <b>BILLY</b> MI <b>I</b> NICKNAME LAST SUFFIX <b>WALL</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b>  <b>JUL 13 2017</b>  <b>Burnet Co Elections</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2321 EAST STATE HWY. 29</b> <b>BERTRAM, TX 78605</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 577-8480</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <b>BILLY</b> MI <b>I</b> NICKNAME LAST SUFFIX <b>WALL</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2321 EAST STATE HWY 29</b> <b>BERTRAM, TX 78605</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 577-8480</b>		
9 REPORT TYPE	<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 checked="" 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 <b>1 / 1 / 2017</b> THROUGH <b>6 / 30 / 2017</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>/ /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>COUNTY COMMISSIONER</b> <b>Pct. 3</b>	13 OFFICE SOUGHT (if known)	

**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.

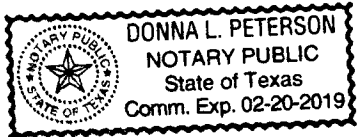
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 10.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 60.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 638.63
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 L. Wall  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy WALL, this the 14 day of July, 20 17, to certify which, witness my hand and seal of office.

Donna L. Peterson Donna L. Peterson Election Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Burnet County

Affidavit of Billy Wall

My name is Billy Wall and I am above the age of 18. My mailing address is 2321 East State Hwy. 29, Bertram, TX 78605. I am making the following statement regarding an accounting error on my campaign account.

The following transactions made out of my campaign account were made in error:

Ck#1185	Bertram Hardware	\$ 47.99	Concrete
Ck#1186	Travel Mart	\$ 70.00	Fuel
Ck#1187	Rancher's Feed & Supply	\$ 25.50	Animal Feed
Ck#1188	Bertram Hardware	\$ 24.99	Welding Supplies
Ck#1189	Travel Mart	\$ 10.00	Fuel
Ck#1190	Bertram Buying Committee	\$500.00	Donation
Ck#1191	Rancher's Feed & Supply	\$ 15.80	Animal Feed
Ck#1192	Seton Bertram Healthcare	\$ 25.00	Doctor Visit
Ck#1193	Rancher's Feed & Supply	\$ 25.50	Animal Feed
	Total	\$744.67	
	Over Draft Fees Due to Error	\$ 66.00	
	Total Reimburse To Campaign Account	\$810.67	

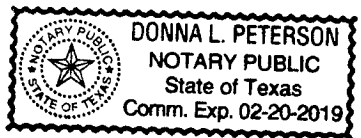
As my personal banking account and my campaign account have similar looking checks, I accidentally paid for personal needs from the wrong account. Upon realizing the error, I immediately reimbursed the campaign account from my personal funds in the amount shown above. This affidavit is intended to explain the error and correct the accounting issues that resulted.

Billy Wall  
Billy Wall

7/14/2017  
Date

Signed by the Said Billy Wall on this 14 day of July, 2017.

Donna L. Peterson  
Notary Public



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>BILLY WALL CAMPAIGN</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/1</u> <u>2017</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BILLY WALL</u>	7 Amount of contribution (\$) <u>10.00</u>
6 Contributor address; City; State; Zip Code <u>2321 EAST STATE HWY 29</u> <u>BERTRAM, TX 78605</u>		
8 Principal occupation / Job title (See Instructions) <u>COUNTY COMMISSIONER PCT 3</u>		9 Employer (See Instructions) <u>BURNET COUNTY</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: <b>2</b>		2 FILER NAME <b>BILLY WALL CAMPAIGN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/30/17</b>		5 Payee name <b>R-BANK</b>			
6 Amount (\$) <b>10.00</b>		7 Payee address: City: State: Zip Code <b>1900 ROUND ROCK AVE ROUND ROCK TX, 78681</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ACCOUNT / BANKING</b>		(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 <b>BILLY WALL</b>		Office sought / Office held <b>COUNTY COMMISSIONER PET 3</b>	
Date <b>5/31/17</b>		Payee name <b>R-BANK</b>			
Amount (\$) <b>10.00</b>		Payee address: City: State: Zip Code <b>1900 ROUND ROCK AVE ROUND ROCK, TX 78681</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ACCOUNT / BANKING</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 <b>BILLY WALL</b>		Office sought / Office held <b>COUNTY COMMISSIONER PET 3</b>	
Date <b>6/30/17</b>		Payee name <b>R-BANK</b>			
Amount (\$) <b>10.00</b>		Payee address: City: State: Zip Code <b>1900 ROUND ROCK AVE ROUND ROCK, TX 78681</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ACCOUNT / BANKING</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 <b>BILLY WALL</b>		Office sought / Office held <b>COUNTY COMMISSIONER PET 3</b>	

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 <u>2</u>	<b>2</b> FILER NAME <u>BILLY WALL CAMPAIGN</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>1/31/17</u>	<b>5</b> Payee name <u>R-BANK</u>	
<b>6</b> Amount (\$) <u>10.00</u>	<b>7</b> Payee address; City State Zip Code <u>1900 ROUND ROCK AVE. ROUND ROCK, TX 78681</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule) <u>ACCOUNT/BANKING</u>	
	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate <u>Officeholder name</u> <u>BILLY WALL</u>	Office sought <u>Office held</u> <u>COUNTY COMMISSIONER Pct 3</u>
Date <u>2/28/17</u>	Payee name <u>R-BANK</u>	
Amount (\$) <u>10.00</u>	Payee address; City State Zip Code <u>1900 ROUND ROCK AVE ROUND ROCK, TX 78681</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <u>ACCOUNT/BANKING</u>	
	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 / <u>Officeholder name</u> <u>BILLY WALL</u>	Office sought <u>Office held</u> <u>COUNTY COMMISSIONER Pct. 3</u>
Date <u>3/31/17</u>	Payee name <u>R-BANK</u>	
Amount (\$) <u>10.00</u>	Payee address; City State Zip Code <u>1900 ROUND ROCK AVE. ROUND ROCK, TX 78681</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <u>ACCOUNT/BANKING</u>	
	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 / <u>Officeholder name</u> <u>BILLY WALL</u>	Office sought <u>Office held</u> <u>COUNTY COMMISSIONER Pct. 3</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	\$ 10.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 60.00
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
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