

# 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>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b> FIRST <b>BILLY</b> MI <b>I</b> NICKNAME LAST <b>WALL</b> SUFFIX	<b>OFFICE USE ONLY</b> Date Received  <b>RECEIVED</b> <b>JAN 19 2021</b> <b>BURNET CO ELECTIONS</b>  Date Hand-delivered or Date Postmarked	
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 / MR <b>MR</b> FIRST <b>BILLY</b> MI <b>I</b> NICKNAME LAST <b>WALL</b> SUFFIX	Receipt #	Amount \$
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>01 / 15 / 20</b> THROUGH <b>07 / 15 / 20</b>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input checked="" 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) <b>COUNTY COMMISSIONER</b> <b>Pct 3</b>	
<b>GO TO PAGE 2</b>			

# 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)

\$ 4600.<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 18.<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 4078.<sup>29</sup>

CONTRIBUTION  
BALANCE

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

\$ 1878.<sup>01</sup>

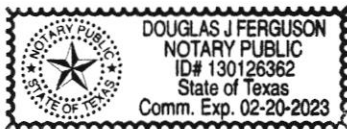
OUTSTANDING  
LOAN TOTALS

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 Wall*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy Wall, this the 19<sup>th</sup> day of JAN, 20 21, to certify which, witness my hand and seal of office.

*Douglas Ferguson*  
Signature of officer administering oath

Douglas Ferguson  
Printed name of officer administering oath

Elections Admin  
Title of officer administering oath

# SUBTOTALS - C/OH

**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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4600 <sup>00</sup>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4078 <sup>29</sup>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <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: 1-4

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

1/16  
2020

5 Full name of contributor

ARNOLD B. WATERS

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

6 Contributor address;

P.O. Box 1669 BURNET, TX 78611

City; State; Zip Code

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

PRESIDENT

9 Employer (See Instructions)

SELF

Date

1/24  
2020

Full name of contributor

JOHN SIMMONS

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

Contributor address;

3215 STECK AVE. 101 AUSTIN, TX

City; State; Zip Code

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

SELF

Date

1/24  
2020

Full name of contributor

TOMMY RILEY

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

Contributor address;

P.O. Box 12 BURNET, TX 78611

City; State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

FOREMAN

Employer (See Instructions)

SIMMONS STABLES

Date

1/24  
2020

Full name of contributor

JIMMY & JOAN CALHOUN

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

Contributor address;

4912 CR 335 BURNET, TX 78611

City; State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

**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:

2-4

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

1/28

2020

5 Full name of contributor

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

WILLIAM + CHRISTINE McCARTNEY

6 Contributor address; City; State; Zip Code

801 LAS VISTAS RD BURNET, TX 78611

7 Amount of contribution (\$)

250.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

SELF

Date

2/5

2020

Full name of contributor

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

CLAYTON WHITTLESEY

Contributor address; City; State; Zip Code

1551 CR 343 MARBLE FALLS, TX 78654

Amount of contribution (\$)

200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

SELF

Date

2/10

2020

Full name of contributor

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

JASON + TERRI KUENSTLER

Contributor address; City; State; Zip Code

P.O Box 597 BURNET, TX 78611

Amount of contribution (\$)

200.<sup>00</sup>

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

SELF

Date

2/12

2020

Full name of contributor

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

CARLY + EMILY CLINTON

Contributor address; City; State; Zip Code

P.O Box 750 BURNET, TX 78611

Amount of contribution (\$)

100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

SELF

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
3-4

2 FILER NAME

BILLY WALL CAMPAIGN

3 Filer ID (Ethics Commission Filers)

4 Date

2/15  
2020

5 Full name of contributor

MANUEL + CHERYL TRINIDAD

6 Contributor address; City; State; Zip Code  
510 KNIGHTS ROW HORSESHOE BAY, TX 78657

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/20  
2020

Full name of contributor

DAVY ROBERTS

Contributor address; City; State; Zip Code

297 KYLIE RAE COURT ROUND MOUNTAIN, TX 78663

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

2/25  
2020

Full name of contributor

KEN + KLARA DAY

Contributor address; City; State; Zip Code

CR 327 BERTRAM, TX 78605

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

2/28  
2020

Full name of contributor

SHELL + ASSOCIATES, ATTORNEYS

Contributor address; City; State; Zip Code

6000 HWY 281 N. MARBLE FALLS, TX 78654

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
*4-4*

2 FILER NAME

*BILLY WALL CAMPAIGN*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/29*  
*2020*

5 Full name of contributor

*MARK + NONA FOX*

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

7 Amount of contribution (\$)

*200.00*

6 Contributor address:

*P.O. Box 1210 MARBLE FALLS, TX*

City: State: Zip Code *78654*

8 Principal occupation / Job title (See Instructions)

*OWNER*

9 Employer (See Instructions)

*SELF*

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)

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)

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**

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# POLITICAL EXPENDITURES MADE 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>BILLY WALL CAMPAIGN</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/27/20</i>	<b>5</b> Payee name <i>THE HIGHLANDER</i>	
<b>6</b> Amount (\$) <i>724.<sup>04</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>MARBLE FALLS, TX 78611</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<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 / Officeholder name: <i>PET 3 COUNTY COMMISSIONER</i> Office sought: <i>SAME</i> Office held: <i>SAME</i>	
Date <i>3/19/20</i>	Payee name <i>GRASS ROUTES PUBLIC RELATIONS</i>	
Amount (\$) <i>3336.<sup>25</sup></i>	Payee address; City; State; Zip Code <i>1011 SURREY LANE BUILDING 200 FLOWER MOUND, TX 75022</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSES</i>	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 / Officeholder name: <i>PET 3 COUNTY COMMISSIONER</i> Office sought: <i>SAME</i> Office held: <i>SAME</i>	
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 <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 / Officeholder name: Office sought: Office held:	

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