

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. William D.
NICKNAME LAST SUFFIX
Bill Mahoney

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
**7201 Summitview Dr.
 Irving, TX 75063**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 910-9150

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Justin S.
NICKNAME LAST SUFFIX
Scott Hickox

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
**2200 Southern Oak Dr.
 Irving, TX 75063**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 281-8783

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
02 / 20 / 15 THROUGH 04 / 09 / 15

11 ELECTION

Month Day Year ELECTION DATE
05 / 09 / 15

ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)
Irving City Council, Place 6

RECEIVED

APR 06 2015

City Secretary's Office

Date Hand Delivered or Postmarked
mailed 4/6/15 5:25pm

Receipt # Amount

Date Processed
Filed by JG 4/8/15

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME **William "Bill" Mahoney** 15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

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)	\$5,509.92
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$307.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$3,050.00
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.

William D. Mahoney
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Mahoney this the 6th day of April, 20 15 to certify which, witness my hand and seal of office.

Jessica L. Richter
Signature of officer administering oath

Printed name of officer administering oath

JESSICA L. RICHTER
MY COMMISSION EXPIRES
June 30, 2015

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

William "Bill" Mahoney

3 ACCOUNT # (Ethics Commission Filers)

4 Date
2-25-15

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

Jeff Youngblood

6 Contributor address; City; State; Zip Code

4537 N. O'Connor Rd, #2224
Irving, TX 75062

7 Amount of contribution (\$)

\$1,311.96

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

Campaign Signs

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3-15-15

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

Al Zapanta

Contributor address; City; State; Zip Code

2516 Clearspring Dr. N.
Irving, TX 75063

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-18-15

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

Robert Stewart

Contributor address; City; State; Zip Code

1311 Travis Circle N.
Irving, TX 75038

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-18-15

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

Charles Cotten

Contributor address; City; State; Zip Code

1540 Rock Ridge Dr.
Prosper, TX 75078

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-18-15

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

Tom Hall

Contributor address; City; State; Zip Code

1700 Thames Trail
Colleyville, TX 76034

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 2 of 2	
2 FILER NAME William "Bill" Mahoney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-23-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cory Merchant	7 Amount of contribution (\$) \$1,147.96	8 In-kind contribution description (if applicable) Campaign Signs
6 Contributor address; City; State; Zip Code 4537 N. O'Connor Rd, #2224 Irving, TX 75062		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-18-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vino Patel	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 650 Fountainview Dr. Irving, TX 75039		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-23-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Davis	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3801 Cabeza De Vaca Cir. Irving, TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-30-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack Spurlock	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1322 N. Irving Heights Irving, TX 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-31-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ben Boyle	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3525 W. Walnut Hill Irving, TX 75038		(If travel outside of Texas, complete Schedule T)	
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 1	2 FILER NAME William "Bill" Mahoney	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 02/20/15	5 Payee name GoDaddy.Com
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6 Amount (\$) \$215.76 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 14455 N. Hayden Rd., Ste. 226, Scottsdale, AZ 85260
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Website Hosting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 02/20/15	Payee name GoDaddy.Com
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Amount (\$) \$26.34 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 14455 N. Hayden Rd., Ste. 226, Scottsdale, AZ 85260
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Website Domain <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 03/21/15	Payee name Home Depot
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Amount (\$) \$65.64 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 8555 Home Depot Dr., Irving, TX 75063
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sign Stakes <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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