

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-8800 (TDD 1-800-735-2989)

# 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: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>Bill</b>	FIRST <b>William</b> LAST <b>Mahoney</b>	MI <b>D.</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7201 Summitview Dr. Irving, TX 75063</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(972 )</b>	PHONE NUMBER <b>910-9150</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME <b>Scott</b>	FIRST <b>Justin</b> LAST <b>Hickox</b>	MI <b>S.</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2200 Southern Oak Dr. Irving, TX 75063</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214 )</b>	PHONE NUMBER <b>281-8783</b>	EXTENSION
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>04 / 10 / 15</b> <b>04 / 29 / 15</b>		
11 ELECTION	Month    ELECTION DATE    Year Day    Day    Year <b>05 / 09 / 15</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>Irving City Council, Place 6</b>	

**RECEIVED**

**MAY 01 2015**

City Secretary's Office

Date Received

Date Being Approved or Forfeited

Receipt #    Amount

Date Processed

Date Imaged

*5/1/15 10:00am MS*

*Handled by SA 5/6/15*

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# 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.

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

### 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) **\$1,539.95**

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$0**

4. TOTAL POLITICAL EXPENDITURES **\$3,457.11**

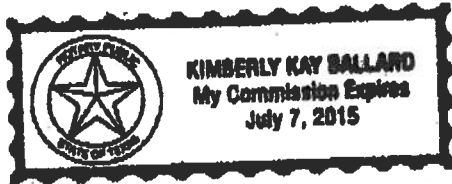
### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$742.60**

### 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 "Bill" Mahoney*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 1st day of May, 20 15, to certify which, witness my hand and seal of office.

*Kim Ballard*  
Signature of officer administering oath

Kimberly Kay Ballard  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1 of 2</b>	
2 FILER NAME <b>William "Bill" Mahoney</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-10-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>C.E. Wallace</b> 6 Contributor address; City; State; Zip Code <b>1115 W. 10th Austin, TX 78703</b>	7 Amount of contribution (\$) <b>150.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4-11-15	Dale Duboskas Contributor address: City; State; Zip Code <b>6439 San Saba Irving, TX 75039</b>	\$250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-17-15	Thomas Davis Contributor address: City; State; Zip Code <b>3801 Cabeza De Vaca Cir. Irving, TX 75062</b>	\$250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-17-15	Todd Olson Contributor address: City; State; Zip Code <b>2929 Waterford Dr. Irving, TX 75063</b>	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-14-15	Kenneth Moore Contributor address: City; State; Zip Code <b>4133 Tacoma St. Irving, TX 75062</b>	\$100.00	
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.

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A <b>2 of 2</b>	
2 FILER NAME <b>William "Bill" Mahoney</b>		3 ACCOUNT # (Ethics Commission Filers) -	
4 Date <b>4-24-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Al Zapanta</b> 6 Contributor address: City: State: Zip Code <b>2516 Clearspring Dr. N. Irving, TX 75063</b>	7 Amount of contribution (\$) <b>155.00</b>	8 In-kind contribution description (if applicable) <b>Printing &amp; Sign labor</b> <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4-18-15	Kevin Wilbanks Contributor address: City: State: Zip Code <b>10342 Bel Aire Dallas, TX 75218</b>	\$234.95	Meet & Greet <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-18-15	Carole Shlipak Contributor address: City: State: Zip Code <b>1500 Colony Dr. Irving, TX 75061</b>	\$50.00	<small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4-20-15	William Ratliff Contributor address: City: State: Zip Code <b>116 Sand Point Court Coppell, TX 75019</b>	\$250.00	<small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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 F: <b>1 of 3</b>	2 FILER NAME <b>William "Bill" Mahoney</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>04-10-15</b>	5 Payee name <b>Smugmug Online</b>
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6 Amount (\$) <b>\$70.36</b>	7 Payee address: City: State: Zip Code <b>P.O. Box 390123, Mountain View, CA 94039</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Headshot</b>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04-13-15</b>	Payee name <b>Fedex Office</b>
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Amount (\$) <b>\$670.32</b>	Payee address: City: State: Zip Code <b>841 MacArthur Park, Irving, TX 75063</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing</b>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-13-15</b>	Payee name <b>Home Depot</b>
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Amount (\$) <b>\$73.85</b>	Payee address: City: State: Zip Code <b>8555 Home Depot Drive, Irving, TX 75063</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Sign Stakes</b>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-16-15</b>	Payee name <b>FastSigns</b>
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Amount (\$) <b>\$529.72</b>	Payee address: City: State: Zip Code <b>4070 N. Belt Line Rd., #114, Irving, TX 75038</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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.

<b>1</b> Total pages Schedule F: <b>2 of 3</b>	<b>2</b> FILER NAME William "Bill" Mahoney	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 04-10-15	<b>5</b> Payee name Booker Industries
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<b>6</b> Amount (\$) <b>\$1,132.20</b>	<b>7</b> Payee address; City; State; Zip Code <b>2344 Farrington, Dallas, TX 75207</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Mailing</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04-18-15	Payee name Fedex Office
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Amount (\$) <b>\$362.10</b>	Payee address; City; State; Zip Code <b>841 MacArthur Park, Irving, TX 75063</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-17-15	Payee name Irving Hispanic Chamber
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Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>135 S. Jefferson St., Irving, TX 75060</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Sponsorship</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-20-15	Payee name Fedex Office
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Amount (\$) <b>\$244.36</b>	Payee address; City; State; Zip Code <b>841 MacArthur Park, Irving, TX 75063</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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 F: <b>3 of 3</b>	2 FILER NAME <b>William "Bill" Mahoney</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>04-21-15</b>	5 Payee name <b>City of Irving</b>
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6 Amount (\$) <b>\$55.00</b>	7 Payee address; City; State; Zip Code <b>825 W. Irving Blvd, Irving, TX 75060</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Food Permit</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04-22-15</b>	Payee name <b>Fedex Office</b>
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Amount (\$) <b>\$150.05</b>	Payee address; City; State; Zip Code <b>841 MacArthur Park, Irving, TX 75063</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Printing</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-28-15</b>	Payee name <b>Cartoon Stock</b>
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Amount (\$) <b>\$19.15</b>	Payee address; City; State; Zip Code <b>5 Princes Buildings, George Street, Bath, UK BA1 2ED</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Licensing</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

William "Bill" Mahoney

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
04-13-15

5 Name of person from whom amount is received

6 Amount (\$)

\$01

6 Address of person from whom amount is received; City; State; Zip Code

PO Box 659754  
San Antonio, TX 78265-9754

7 Purpose for which amount is received

Interest

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED