

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: <div style="font-size: 2em; text-align: center;">13</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;"> William David </div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;"> Palmer </div>	<div style="border: 2px solid blue; padding: 5px;"> <p style="text-align: center; font-weight: bold; font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em; margin: 5px 0 0 0;">MAY 01 2015</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em; margin: 0;">City Secretary's Office</p> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1705 Colony Drive Irving, TX 75061	Date Received Date Hand-delivered or Postmarked Receipt # Amount CC KD 5-1-15 Date Processed Date Imaged Approved by <i>[Signature]</i> 5/7/15 @ 1:05pm									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 861-0112										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Mary NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;"> Oberlin </div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4743 Byron Circle Irving, TX 75038										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<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"/> 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 THROUGH Month Day Year 03 / 31 / 15 04 / 29 / 15										
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 15	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)	13 OFFICE SOUGHT (if known) City Council Place 8										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

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

\$ 200.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,472.01

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7,069.44

CONTRIBUTION
BALANCE

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

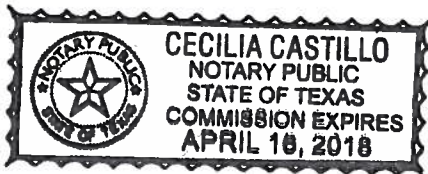
\$ 4,917.71

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,000.00

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 David Palmer
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William David Palmer, this the 1ST day of May, 20 15, to certify which, witness my hand and seal of office.

Cecilia Castillo
Signature of officer administering oath

Cecilia Castillo
Printed name of officer administering oath

Notary
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 7

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3-31-15

5 Full name of contributor out-of-state PAC (ID#: _____)
Charles & Janet Boyce

6 Contributor address; City; State; Zip Code
330 Las Colinas Blvd
Irving, TX 75039

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3-31-15

Full name of contributor out-of-state PAC (ID#: _____)
Donald & Rosalie Jensen

Contributor address; City; State; Zip Code
3717 Hidalgo St.
Irving, TX 75062

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

(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 out-of-state PAC (ID#: _____)
Brian James

Contributor address; City; State; Zip Code
Grapevine, TX

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-1-15

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

Contributor address; City; State; Zip Code
Irving, TX

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-2-15

Full name of contributor out-of-state PAC (ID#: _____)
Lowell & Rose Cannady

Contributor address; City; State; Zip Code
104 W. Northgate Dr.
Irving, TX 75062

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 7

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-2-15

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

Sushil Patal

6 Contributor address; City; State; Zip Code

Irving, TX

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-7-15

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

Sandra Radler Phillips

Contributor address; City; State; Zip Code

Irving, TX

Amount of contribution (\$)

25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-15

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

Rizwan Shaik

Contributor address; City; State; Zip Code

Irving, TX

Amount of contribution (\$)

125.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-15

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

Shoab Khalid

Contributor address; City; State; Zip Code

Irving, TX

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

4-13-15

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

Amanullah Hussaini

Contributor address; City; State; Zip Code

Irving, TX

Amount of contribution (\$)

100.00

(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:
3 of 7

2 FILER NAME
William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4-10-15

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

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
Irving, TX

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4-15-15

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

Amount of contribution (\$)
186.61

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Irving, TX

Dinner meeting

(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 out-of-state PAC (ID#: _____)
H.D.Niemeier

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**207 Steeplechase
Irving, TX 75062**

(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 out-of-state PAC (ID#: _____)
Ben Thomas

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**118 W. Rochelle
Irving, TX 75062**

(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 out-of-state PAC (ID#: _____)
JP & MD Contestabile

Amount of contribution (\$)
300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
Irving, TX 75014

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 7

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4-13-15

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

6 Contributor address; City; State; Zip Code
Irving, TX

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4-12-15

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

Contributor address; City; State; Zip Code
Irving, TX

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-10-15

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

Contributor address; City; State; Zip Code
Irving, TX

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-13-15

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

Contributor address; City; State; Zip Code
Irving, TX

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-13-15

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

Contributor address; City; State; Zip Code
Irving, TX

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 7

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4-14-15

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

Kenneth Moore

6 Contributor address; City; State; Zip Code

Irving, TX

7 Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4-13-15

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

Fazlul Mazumder

Contributor address; City; State; Zip Code

Irving, TX

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-16-15

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

Shahnaz Akhter

Contributor address; City; State; Zip Code

Irving, TX

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-21-15

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

Martha Jo Watson

Contributor address; City; State; Zip Code

Irving, TX

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-21-15

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

Mohammad Hossain

Contributor address; City; State; Zip Code

Irving, TX

Amount of contribution (\$)

100.00

(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: 6 of 7	
2 FILER NAME William David Palmer		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-24-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Santoscoy	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Irving, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-24-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdulaziz Ghedi	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Irving, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-21-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Morris	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Irving, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-25-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colvin Gibson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Irving, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-13-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javad Alam	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Irving, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7 & F 7

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4-12-15

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

6 Contributor address; City; State; Zip Code
Irving, TX

7 Amount of contribution (\$)

568.32

8 In-kind contribution description (if applicable)

Meet and Greet

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
4-27-15

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

Contributor address; City; State; Zip Code
Irving, TX

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

Campaign Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-11-15

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

Contributor address; City; State; Zip Code
Irving, TX 75061

Amount of contribution (\$)

700.00

In-kind contribution description (if applicable)

RAMBLER
NEWS PAPER

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-25-15

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

Contributor address; City; State; Zip Code
Irving, TX 75062

Amount of contribution (\$)

1,277.08

In-kind contribution description (if applicable)

RAMBLER
NEWS PAPER

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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**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:	2 FILER NAME William David Palmer	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-17-15	5 Payee name Kustom Kwik Print, Inc
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6 Amount (\$) 248.98	7 Payee address; City; State; Zip Code 212 W. Irving Blvd. Irving, TX 75060
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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) Hand-outs/post cards
	<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	Office sought	Office held
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Date 4-21-15	Payee name Valentine Direct Marketing
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Amount (\$) 2,371.97	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
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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) Campaign mailer
	<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
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Date 4-21-15	Payee name U.S. Postmaster
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Amount (\$) 1,814.29	Payee address; City; State; Zip Code
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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) Campaign mailing
	<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
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Date 4-12-15	Payee name PJ's Cafe
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Amount (\$) 236.54	Payee address; City; State; Zip Code 2301 N. O'Connor, Irving, TX 75062
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Meet and Greet
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME William David Palmer	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-16-15	5 Payee name Red Lobster
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6 Amount (\$) 226.00	7 Payee address; City; State; Zip Code 4205 W. Airport Frwy. Irving, TX 75062
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food and Beverage Exp.</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MINISTAR Luncheon</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-26-15	Payee name Kroger
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Amount (\$) 25.60	Payee address; City; State; Zip Code 3612 Beltline Road Irving, TX 75062
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Snacks for Poll volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4-26-15	Payee name Aldi
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Amount (\$) 4.58	Payee address; City; State; Zip Code 2926 Beltline Road, Irving, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Water for Poll volunteers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-11-15	Payee name Rambler Newspaper
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Amount (\$) 1,977.08	Payee address; City; State; Zip Code P.O. Box 177731 Irving, TX 75062
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <i>NEWSPAPER ADS</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME William David Palmer	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-26-15	5 Payee name Walmart	
6 Amount (\$) 100.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4100 W. Airport Frwy Irving, TX 75061	
8 PURPOSE OF EXPENDITURE Shelter for Polling	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) SHELTER FOR POLLING LOCATION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 4-14-15	Payee name Target	
Amount (\$) 20.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Irving, TX 75062	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Clipboard <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 4-28-15	Payee name Griff's	
Amount (\$) 12.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Irving, TX 75060	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Expense	Description (If travel outside of Texas, complete Schedule T) POLL WORKERS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 4-29-15	Payee name McDonald's	
Amount (\$) 9.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Irving, TX 75060	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Expense	Description (If travel outside of Texas, complete Schedule T) POLL WORKERS <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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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:	2 FILER NAME William David Palmer	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-30-15	5 Payee name iFratelli
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6 Amount (\$) 21.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Irving, TX 75062
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food and Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <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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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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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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