

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  <div style="text-align: center; font-size: 24pt; font-weight: bold;">8</div>							
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 18pt; font-weight: bold;">William      David</div> <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 18pt; font-weight: bold;">Palmer</div>	<div style="border: 2px solid blue; padding: 5px; font-size: 24pt; font-weight: bold; color: blue;">RECEIVED</div> <div style="border: 1px solid red; padding: 5px; display: inline-block; margin: 5px;"> <span style="color: red; font-size: 18pt; font-weight: bold;">JUL 15 2015</span> </div> <div style="border: 1px solid blue; padding: 5px; font-size: 16pt; font-weight: bold; color: blue; margin-top: 5px;">                     City Secretary's Office                 </div> <div style="font-size: 12pt; margin-top: 5px;">                     Date Hand-delivered or Postmarked  <span style="font-size: 18pt; font-weight: bold; color: blue;">HD 7-15-15 EV 9:30 a.m.</span> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 10pt;">Receipt #</td> <td style="width:50%; font-size: 10pt;">Amount</td> </tr> <tr> <td colspan="2" style="font-size: 10pt;">Date Processed <span style="font-size: 14pt; color: blue;">Prvd by SA 7/15/15</span></td> </tr> <tr> <td colspan="2" style="font-size: 10pt;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed <span style="font-size: 14pt; color: blue;">Prvd by SA 7/15/15</span>		Date Imaged		
Receipt #	Amount									
Date Processed <span style="font-size: 14pt; color: blue;">Prvd by SA 7/15/15</span>										
Date Imaged										
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1705 Colony Drive      Irving, TX 75061									
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (972 )      861-0112									
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI Mrs.      Mary <hr style="border-top: 1px dashed black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 18pt; font-weight: bold;">Oberlin</div>									
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 4743 Byron Cirle Irving, TX 75038									
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (972)      717-3881									
<b>9 REPORT TYPE</b>	<table style="width:100%; font-size: 10pt;"> <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 checked="" type="checkbox"/> July 15</td> <td><input 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 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)
<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)							
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 04 / 30 / 15      06 / 30 / 15									
<b>11 ELECTION</b>	<table style="width:100%; font-size: 10pt;"> <tr> <td style="width:30%;">                             ELECTION DATE                              Month      Day      Year                              05 / 09 / 15                         </td> <td style="width:70%;">                             ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special                         </td> </tr> </table>		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						
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									
<b>12 OFFICE</b>	OFFICE HELD (if any)  City Council Place 8	<b>13 OFFICE SOUGHT (if known)</b>  City Council Place 8								
GO TO PAGE 2										

RECEIVED

JUL 15 2015

City Secretary's Office

Date Hand-delivered or Postmarked  
HD 7-15-15 EV 9:30 a.m.

Receipt #	Amount
-----------	--------

Date Processed  
Prvd by SA 7/15/15

Date Imaged

NICKNAME      LAST      SUFFIX  

Oberlin

STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
 4743 Byron Cirle  
 Irving, TX 75038

AREA CODE      PHONE NUMBER      EXTENSION  
 (972)      717-3881

ELECTION DATE  
 Month      Day      Year  
 05 / 09 / 15

ELECTION TYPE  
 Primary       Runoff       General       Special

OFFICE HELD (if any)  
  
 City Council Place 8

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** William David Palmer **15 ACCOUNT #** (Ethics Commission Filers)

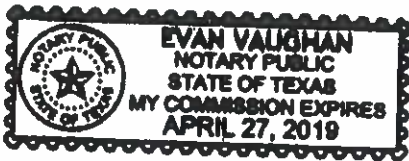
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 248.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,647.80
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,120.08
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,456.75
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Wm. David Palmer*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Evan Vaughan*      Evan Vaughan      Notary  
Signature of officer administering oath      Printed name of officer administering oath      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 3

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
5-11-15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
David Carstens

6 Contributor address; City; State; Zip Code  
Plano, TX 75093

7 Amount of  
contribution (\$)   
500.00

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  
5-6-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Carol Lucas

Contributor address; City; State; Zip Code  
Irving, TX 75060

Amount of  
contribution (\$)   
30.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-25-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Terry Penn

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

Amount of  
contribution (\$)   
350.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4-30-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Chris Allen

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

Amount of  
contribution (\$)   
1,494.80

In-kind contribution  
description (if applicable)

Advertising Expense

(If travel outside of Texas, complete Schedule T) <sup>+</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4-30-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mir Mataal

Contributor address; City; State; Zip Code  
Euless, TX 76040

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 3

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
4-30-15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Pat Rotan

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

7 Amount of contribution (\$)  
25.00

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  
5-1-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tofayal Feroz

Contributor address; City; State; Zip Code  
Irving, 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  
5-1-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Dan Niemeier

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

Amount of contribution (\$)  
150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
5-1-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jill & Robert Martinez

Contributor address; City; State; Zip Code  
Irving, TX 75039

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  
4-30-15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Frank Broyles

Contributor address; City; State; Zip Code  
Dallas, TX 75270

Amount of contribution (\$)  
300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:  
3 of 3

2 FILER NAME

William David Palmer

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
4-30-15

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

Mark Dyer

6 Contributor address; City; State; Zip Code

Irving, TX 75063

7 Amount of contribution (\$)

500.00

(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  
5-2-15

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

Dan Schmidt

Contributor address; City; State; Zip Code

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 (\$)

(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 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: 1 of 2	<b>2</b> FILER NAME William David Palmer	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5-2-15	<b>5</b> Payee name Kustom Kwik Print, Inc
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<b>6</b> Amount (\$) 450.00	<b>7</b> Payee address; City; State; Zip Code 212 W. Irving Blvd. Irving, TX 75060
--------------------------------	---

<b>8</b> 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
---------------------------------	---	--

<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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Date 5-6-15	Payee name Valentine Direct Marketing
----------------	--

Amount (\$) 2,143.08	Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	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
--	-------------------------------	---------------	-------------

Date 5-5-15	Payee name Rambler Newspaper
----------------	---------------------------------

Amount (\$) 1,871.28	Payee address; City; State; Zip Code P.O. Box 177731 Irving, TX 75060
-------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Newspaper Ads <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 5-7-15	Payee name U.S. Postmaster
----------------	-------------------------------

Amount (\$) 147.00	Payee address; City; State; Zip Code 2300 Story Road W. Irving, TX 75038
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Postage	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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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.

<b>1</b> Total pages Schedule F: 2 of 2	<b>2</b> FILER NAME William David Palmer	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5-7-15	<b>5</b> Payee name Dollar Tree Stores
-------------------------	---

<b>6</b> Amount (\$) 10.83	<b>7</b> Payee address; City; State; Zip Code 3542 W. Airport Frwy. Irving, TX 75061
-------------------------------	---

<b>8</b> 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) 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 5-5-15	Payee name U. S. Postmaster
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Amount (\$) 88.20	Payee address; City; State; Zip Code 2300 Story Road W. Irving, TX 75038
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T) 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 6-24-15	Payee name William David Palmer
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Amount (\$) 2,724.08	Payee address; City; State; Zip Code Irving, TX 75061
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Expenses paid by Candidate	Description (If travel outside of Texas, complete Schedule T) Personal Funds Reimbursement <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	Payee name
------	------------

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
------------------------	--	--

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.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>William David Palmer</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>5-31-15</b>	<b>5</b> Payee name <b>Facebook</b>
---------------------------------	--

<b>6</b> Amount (\$) <b>771.72</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1601 S. California Avenue Palo Alto, CA 94304</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)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	--

Date <b>4-30-15</b>	Payee name <b>National Student Clearing House</b>
------------------------	--

Amount (\$) <b>12.39</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2300 Dulles Station Blvd Herndon, VA 20171</b>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Research Expense</b>	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Date <b>5-2-15</b>	Payee name <b>Subway</b>
-----------------------	-----------------------------

Amount (\$) <b>9.74</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Irving, TX 75060</b>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Polling Food Expense</b>	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Date <b>5-9-15</b>	Payee name <b>Fuzzy's Tacos</b>
-----------------------	------------------------------------

Amount (\$) <b>892.48</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>110 W. John Carpenter Frwy. Irving, TX 75039</b>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Victory Party</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED