

# 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 # <small>(Ethics Commission files)</small>	2 Total pages filed: <div style="text-align: center; font-size: 2em; font-weight: bold;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>William</b>	MI <b>D.</b>
	NICKNAME <b>Bill</b>	LAST <b>Mahoney</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX    APT / SUITE #    CITY    STATE    ZIP CODE <b>7201 Summitview Dr. Irving, Texas 75063</b>		
<input type="checkbox"/> change of address			
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>	FIRST <b>Justin</b>	MI <b>S.</b>
	NICKNAME <b>Scott</b>	LAST <b>Hickox</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (HO PO BOX PLEASE)    APT / SUITE #    CITY    STATE    ZIP CODE <b>2200 Southern Oak Dr. Irving, Texas 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"/> 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 <b>04    03    2012    THROUGH    05    02    2012</b>		
11 ELECTION	ELECTION DATE Month    Day    Year <b>05 / 12 / 2012</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 02 2012

City Secretary's Office

Date Hand-delivered Postmarked  
*Emaded SB/12*

Receipt #    Amount

Date Processed  
*Arwa Grg 5/8/12*

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.

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

additional pages

<b>17 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 145.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,970.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 219.58
	4.	TOTAL POLITICAL EXPENDITURES	\$ 3658.37
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1078.48
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

**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 D. Mahoney*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William D. Mahoney, this the 2nd day of May, 20 12, to certify which, witness my hand and seal of office.

*Susan Gates* Susan Gates Notary Public  
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 2

2 FILER NAME

William "Bill" Mahoney

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
4/05/125 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

D. Christopher Heckman

6 Contributor address; City; State; Zip Code

3800 Wingren Dr.  
Irving, TX 750627 Amount of  
contribution (\$) 100.008 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  
4/09/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Anne Pfaff

Contributor address; City; State; Zip Code

234 Steeplechase Dr.  
Irving, TX 75062Amount of  
contribution (\$) 250.00In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/10/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Lourdes Spinola

Contributor address; City; State; Zip Code

4608 Windsor Ridge Dr.  
Irving, TX 75038Amount of  
contribution (\$) 250.00In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/11/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Brad Taylor

Contributor address; City; State; Zip Code

716 Dove Circle  
Coppell, TX 75019Amount of  
contribution (\$) 250.00In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/17/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Thurman Jones

Contributor address; City; State; Zip Code

1327 Empire Central Dr.  
Dallas, TX 75247Amount of  
contribution (\$) 250.00In-kind contribution  
description (if applicable)

Advertising

(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 2

2 FILER NAME

William "Bill" Mahoney

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
4/18/125 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Denise Cook

6 Contributor address; City; State; Zip Code

2129 Texas Ash Dr.  
Irving, TX 750637 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  
4/23/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Lewis Patrick

Contributor address; City; State; Zip Code

1416 Fulton Dr.  
Irving, TX 75060Amount 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  
4/23/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Nita Patrick

Contributor address; City; State; Zip Code

1416 Fulton Dr.  
Irving, TX 75060Amount 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  
4/25/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Sara Beckelman

Contributor address; City; State; Zip Code

2705 Pennington St.  
Irving, TX 75062Amount of  
contribution (\$)

75.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/25/12Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Suzy Parker

Contributor address; City; State; Zip Code

2624 Brookside Dr.  
Irving, TX 75063Amount of  
contribution (\$)

250.00

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 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: 1 of 2		2 FILER NAME William "Bill" Mahoney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/04/12		5 Payee name Booker Industries			
6 Amount (\$) \$685.42		7 Payee address: City: State: Zip Code 5415 Maple Ave., Suite 230 Dallas, TX 75235			
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) Postage and Handling	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/20/12		Payee name Jolin & Associates, Inc.			
Amount (\$) \$562.79		Payee address: City: State: Zip Code 3217 Stadium Dr. Ft. Worth, TX 76109			
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 T-shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/27/12		Payee name North Dallas Gazette			
Amount (\$) \$500.00		Payee address: City: State: Zip Code P.O. Box 763866 Dallas, TX 75376-3866			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Newspaper Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/30/12		Payee name Sydney Publications			
Amount (\$) \$425.00		Payee address: City: State: Zip Code 190 N. Moore Rd., Suite 7204 Coppell, TX 75019			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Newspaper Ad	
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 <i>2 of 2</i>	<b>2</b> FILER NAME William "Bill" Mahoney	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/26/12	<b>5</b> Payee name Alphagraphics
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<b>6</b> Amount (\$) \$187.06	<b>7</b> Payee address; City; State; Zip Code 3505 N. Belt Line Road Irving, TX 75062
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Print Mailers
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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 4/26/12	Payee name Booker Industries
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Amount (\$) \$728.52	Payee address; City; State; Zip Code 5415 Maple Ave., Suite 230 Dallas, TX 75235
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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) Postage and Handling
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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 4/27/12	Payee name JP Graphics, LLC
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 2004 Shumard Oak Ln 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) Mail Handling
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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	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)
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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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