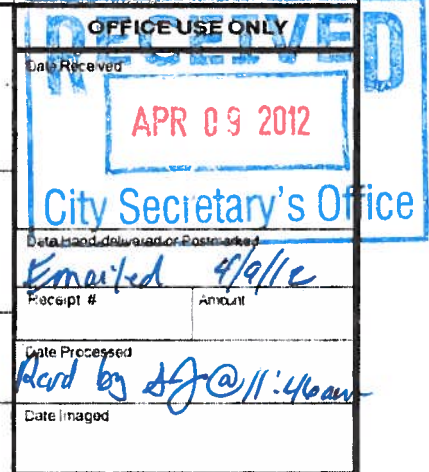


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI D.
	NICKNAME Bill	LAST Mahoney	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 7201 Summitview Dr. Irving, Texas 75063	APT / SUITE #	CITY STATE ZIP CODE
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 910-9150	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Justin	MI S.
	NICKNAME Scott	LAST Hickox	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	2200 Southern Oak Dr. Irving, Texas 75063		
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 281-8783	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 02 / 13 / 2012	THROUGH	Month Day Year 04 / 02 / 2012
11 ELECTION	Month Day Year 05 / 12 / 2012	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) N/A	13 OFFICE SOUGHT (if known) Irving City Council, Place 6	
GOTO PAGE 2			



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **William "Bill" Mahoney**

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ 150.00
---	-----------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,250.00
--	-------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 320.20
---	-----------

4. TOTAL POLITICAL EXPENDITURES	\$ 4,483.15
---------------------------------	-------------

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,036.85
--	-------------

OUTSTANDING LOAN TOTALS

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 9th day of April, 20 12, to certify which witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Susan Gates
Printed name of officer administering oath

Notary Public
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: <i>1 of 7</i>	
2 FILER NAME William "Bill" Mahoney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/13/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William D. Mahoney 6 Contributor address: City; State; Zip Code 7201 Summitview Dr. Irving, TX 75063	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/13/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tanya M. Mahoney Contributor address: City; State; Zip Code 7201 Summitview Dr. Irving, TX 75063	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/13/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justin S. Hickox Contributor address: City; State; Zip Code 2200 Southern Oak Dr. Irving, TX 75063	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cameron Gray Contributor address: City; State; Zip Code 805 Hillcrest Trail Southlake, TX 76092	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonnie Sands Contributor address: City; State; Zip Code 7625 Coley Ave. Las Vegas, NV 89117	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 2 of 7	
2 FILER NAME William "Bill" Mahoney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Sands 6 Contributor address, City, State, Zip Code 7625 Coley Ave. Las Vegas, NV 89117	7 Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/24/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James J. Boteler Contributor address, City, State, Zip Code 6055 Kenwood Dallas, TX 75206	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JoAnn Goin Contributor address, City, State, Zip Code 109 S. Main Street Irving, TX 75060	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Catering
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Hall Contributor address, City, State, Zip Code 6406 Champion Way Colleyville, TX 76034	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/1/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ben Boyle Contributor address, City, State, Zip Code 1405 Oak Lea Dr. Irving, TX 75061	Amount of contribution (\$) \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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 "Bill" Mahoney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/01/12

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

Rebecca Boyle

6 Contributor address; City; State; Zip Code

1405 Oak Lea Dr.
Irving, TX 750617 Amount of
contribution (\$)

\$250.00

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

3/02/12

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

Charles Beach

Contributor address; City; State; Zip Code

1431 Travis Cir. N.
Irving, TX 75038Amount 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)

Date

3/03/12

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

Margaret Hickox

Contributor address; City; State; Zip Code

2200 Southern Oak 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)

Date

3/03/12

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

Charles Cotten

Contributor address; City; State; Zip Code

704 Dove Circle
Coppell, TX 75019Amount 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)

Date

3/03/12

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

Martin Metzler

Contributor address; City; State; Zip Code

562 Continental Dr.
Lewisville, TX 75067Amount 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 4 of 7	
2 FILER NAME William "Bill" Mahoney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/03/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Brennan Johnson 6 Contributor address; City State Zip Code 3335 Ricci Ln. Irving, TX 75062	7 Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Francesca Funk Contributor address; City State Zip Code 1625 Glen Valley Dr. Irving, TX 75061	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Tom Trotter Contributor address; City State Zip Code 2306 Pistachio Dr. Irving, TX 75063	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Charles Hosler Contributor address; City State Zip Code 4269 O'Connor Rd. Irving, TX 75062	Amount of contribution (\$) \$100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Mike Havens Contributor address; City State Zip Code 1706 Bristol Ct. S. Irving, TX 75062	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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:

5 of 7

2 FILER NAME William "Bill" Mahoney		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/06/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Al Zapanta 6 Contributor address; City; State; Zip Code 2516 Clearspring Dr. N. Irving, TX 75063	7 Amount of contribution (\$) \$250.00 (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 3/06/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rochelle Zapanta Contributor address; City; State; Zip Code 2516 Clearspring Dr. N. Irving, TX 75063	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/06/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dale Duboskas Contributor address; City; State; Zip Code 6439 San Saba Irving, TX 75039	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Davis Contributor address; City; State; Zip Code 3801 Cabeza De Vaca Cir. Irving, TX 75062	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin D. Wilbanks Contributor address; City; State; Zip Code 10342 Bel Aire Dallas, TX 75313	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 <i>6 of 7</i>	
2 FILER NAME William "Bill" Mahoney		3 ACCOUNT # (Ethics Commission Fiers)	
4 Date 3/22/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Cook 6 Contributor address: City: State: Zip Code 1107 Waterford Dr. Dallas, TX 75218	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Boleman Contributor address: City: State: Zip Code 305 San Mateo Ct. Irving, TX 75062	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glenn Johnson Contributor address: City: State: Zip Code 2321 Clearspring Dr. S. Irving, TX 75063	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Silverlieb Contributor address: City: State: Zip Code 2104 Raintree Dr. Irving, TX 75063	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Sutherland Contributor address: City: State: Zip Code 1400 FM 586 E. Brownwood, TX 76801	Amount of contribution (\$) \$200.00	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:

7 of 7

2 FILER NAME

William "Bill" Mahoney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/29/12

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

Nina Vogel

6 Contributor address: City State Zip Code

8454 Rambling Rose Dr.
Ooltewah, TN 37363

7 Amount of contribution (\$)

\$250.00

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

3/29/12

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

Rakesh Patel

Contributor address: City State Zip Code

2166 Kimbrough Dr.
Irving, TX 75038

Amount 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)

Date

3/29/12

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

Jeff Youngblood

Contributor address: City State Zip Code

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Sign Printing

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/12

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

Cory Merchant

Contributor address: City State Zip Code

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

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Sign Printing

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/12

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

Karl S. Vogel

Contributor address: City State Zip Code

8454 Rambling Rose Dr.
Ooltewah, TN 37363

Amount 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E
1

2 FILER NAME

William "Bill" Mahoney

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$ N/A

5 Date of loan

02/13/12

7 Name of lender

William "Bill" Mahoney

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$1,000.00

6 Is lender a financial Institution?

Yes No

8 Lender address, City, State, Zip Code

7201 Summitview Dr.
Irving, Texas 75063

10 Interest rate

N/A

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address, City, State, Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial Institution?

Yes No

Lender address, City, State, Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address, City, State, Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 <i>1 of 2</i>	2 FILER NAME William "Bill" Mahoney	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/13/12	5 Payee name Danwal, Inc.	
6 Amount (\$) \$1,382.41	7 Payee address; City: State: Zip Code 12404 Hwy 155 South Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/13/12	Payee name GoDaddy.Com	
Amount (\$) \$166.30	Payee address; City: State: Zip Code 14455 N. Hayden Rd., Ste. 226 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/24/12	Payee name Danwal, Inc.	
Amount (\$) \$285.53	Payee address; City: State: Zip Code 12404 Hwy 155 South Tyler, TX 75703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Candidate Cups
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/27/12	Payee name Glory House Catering	
Amount (\$) \$475.89	Payee address; City: State: Zip Code 109 S. Main Street 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) Fundraiser Catering
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 of 2	2 FILER NAME William "Bill" Mahoney	3 ACCOUNT # (Ethics Commission Filer)
4 Date 3/02/12	5 Payee name Hooker-Ballew Printing Co.	
6 Amount (\$) \$871.41	7 Payee address City, State; Zip Code 133 Manufacturing Street Dallas, TX 75207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Print Mailers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/26/12	Payee name USPS	
Amount (\$) \$331.41	Payee address; City; State; Zip Code 505 Fountain Parkway Arlington, TX 76011	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/02/12	Payee name Irving Hispanic Chamber of Commerce	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 135 South Jefferson St. Irving, TX 75060	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Event Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/30/12	Payee name Sydney Publications	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 190 N. Moore Rd, Ste. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED