

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX <b>MR.      WILLIAM      S</b> <b>BILLY      HICKMAN</b>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b>                      OFFICE USE ONLY                      Date Received  <b>APR 10 2014</b>                      City Secretary's Office                 </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX      APT / SUITE #      CITY      STATE      ZIP CODE <b>2804 CIBOLA DR.      IRVING      TX      75062</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972)      951-0949</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX <b>MR.      WILLIAM      S</b> <b>BILLY      HICKMAN</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #      CITY      STATE      ZIP CODE <b>2804 CIBOLA DR.      IRVING      TX      75062</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(972)      951-0949</b>		
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 checked="" 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>2 / 28 / 14      4 / 10 / 14</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>5 / 10 / 14</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)	13 OFFICE SOUGHT (if known) <b>CITY COUNCIL - PLACE 3</b>		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME WILLIAM S. HICKMAN

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 \$ 133.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,183.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 680.00

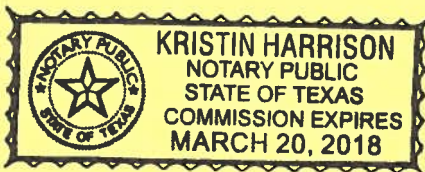
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 503.00

OUTSTANDING LOAN TOTALS

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

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.

Billy Hickman  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy Hickman, this the 10 day of April, 20 14, to certify which, witness my hand and seal of office.

Kristin Harrison  
Signature of officer administering oath

Kristin Harrison  
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:

2

2 FILER NAME

WILLIAM S. HICKMAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3.11.14

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

KRISTI PENA

6 Contributor address; City; State; Zip Code

408 W. 6<sup>th</sup> ST., IRVING, TX 75060

7 Amount of contribution (\$)

298.76

8 In-kind contribution description (if applicable)

FOOD/BEVERAGE FOR MEET AND GREET

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3.14.14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

KRISTI PENA

Contributor address; City; State; Zip Code

408 W. 6<sup>th</sup> ST., IRVING, TX 75060

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

3.14.14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

JACQUALEA COOLEY

Contributor address; City; State; Zip Code

511 CAMPBELL CT., IRVING, TX 75061

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

3.11.14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MARVIN RANDLE

Contributor address; City; State; Zip Code

500 FARINE, IRVING, TX 75062

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)

Date

3.15.14

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

ROSEMARY ROBBINS

Contributor address; City; State; Zip Code

3105 CORONADO ST., IRVING, TX 75062

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)

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**

2 FILER NAME **WILLIAM S. HICKMAN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **3.28.14** 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**NANCY WILSON**

7 Amount of contribution (\$) **100.00** 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**2911 BAYN MAWR,  
IRVING, TX 75062**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **3.28.14** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**JOE MAPES**

Amount of contribution (\$) **200.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**P.O. BOX 141864  
IRVING, TX**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3.28.14** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**BRAD WOODS**

Amount of contribution (\$) **50.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**715 S. BRITAIN, IRVING, TX  
75060**

(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# \_\_\_\_\_)

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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# \_\_\_\_\_)

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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: <b>1</b>	2 FILER NAME <b>WILLIAM S. HICKMAN</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date <b>3.11.14</b>	5 Payee name <b>LOS LUPES</b>
--------------------------	----------------------------------

6 Amount (\$) <b>298.76</b>	7 Payee address; City; State; Zip Code <b>3644 IRVING MALL, IRVING, TX 75062</b>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MEETING WITH CONSTITUENTS</b>
--------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>3.21.14</b>	Payee name <b>FINISHLINE PRINTS</b>
------------------------	--

Amount (\$) <b>680.00</b>	Payee address; City; State; Zip Code <b>2700 N. O'CONNOR Rd. #116, IRVING, TX 75062</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>YARD SIGNS</b>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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**