÷	T.O. Day 40070		205/2/14 ofm
	n P.O. Box 12070 Austin, Texas 7 FE / OFFICEHOLDER N FINANCE REPORT	78711-2070 (512) 4 6	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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR WILLIAM NICKNAME LAST ED ALLEN	E suffix	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX. APT / SUITE #, CITY, 807 BLUEBONNET DR STE A KELL	STATE, ZIP CODE ER TX 76248	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 817) 898 -1600	ÉXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR WILLIAM NICKNAME LAST ED ALLEN	MIE SUFFIX III	Datè Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. 807 BLUEBONNET DR STE A KELL	city state. ER TX 76248	ZIPCODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 898-1600	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 X Bill day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officehotderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 10 14 THROUGH	Month Day	Year 14
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary 5 / 10 / 14	Runoff X	Géneral Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known) KELLER ISD BO PLACE 4	OARD OF TRUSTEES
	GOTOPAC	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 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	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 28.00		28.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$	1,402.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 49.00			49.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$	0.00
18 AFFIDAVIT			7 77 77	× .
		I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code.)		
SAF Notacy P	RAH GILLILAND ublic, State of Texa	9///		
My Co	mmission Expires oril 04, 2015	Signature of Cano	lidate or Officeho	older
AFFIX NOTARY STAM			· ~ !! -	
		me, by the said William Edward , 20 14, to certify which, witness m		
Signature of officer admi	nistering oath	Sarah Gilliland Printed name of officer administering oath	ofary Title of office	public er administering oath

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redute A:
2 FILER NAME WILL	IAM EDWARD ALLEN III		3 ACCOUNT # (E	Athics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of	8 In-kind contribution
VARIOUS	WILLIAM E ALLEN III 6 Contributor address; City; State; Zip Code 1479 APPLEWOOD DR KELLER TX 7		\$950.00	description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See SELF EMP)	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip Code		(If travel outside	 - of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
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	
Principal occu	pation / 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 occu	pation / Job title (See Instructions)	Employer (See		
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		dif travel outside	
Principal occup	pation / Job title (See Instructions)	Employer (See		
	ATTACH ADDITIONAL COPIES (
lf c	contributor is out-of-state PAC, please see instr	rection guide forade	ditional reporting	requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES F	OR BOX 8(a))	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gill/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cor Solicitation/Fundrais Travel in District Travel Out Of Distri Office Overhead/Re	ntract Labor sing Expense ict	Loan Repayment/R Transportation Equi Contributions/Donal Candidate/Office	pment & Related Expense
	The Instruction Guide	e explains how to c	omplete this fo	rm.	
Total pages Schedule F:	FILER NAME WILLIAM EDWARD A	LLEN III		3 ACCOUNT	# (Ethics Commission Filers
Date :	5 Payee name				
VARIOUS	ION PAUL'S PRINT SH	ЮP			
Amount (\$)		ate; Zip Code		· · · · · · · · · · · · · · · · · · ·	
\$1,250.00	2131 RUFE SNOW DRI	VE KELLER T	X 76248		
PURPOSE (a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texa	s. complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPEN	ISE	SIGNS, CARDS AND BANNERS		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	•	Office sought Office he		
	Davide name				
Date	Payee name FACEBOOK				
VARIOUS					
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$123.00					
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	ADVERTISING EXPEN	NSE	PAGE PROMOTIONS		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	•	Office sough	nt	Office held
Date	Payee name	.			
Amount (\$)	Payee address; City: St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories fisted at the to	p of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sough	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE	Category (See categories listed at the to	p of this schodule)	Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE			-		
EXPENDITORE		I			

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