CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

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	NICKNAME KACHE!	B. SUFFIX	OFFICE USE ONLY Date Received
	Willeford		I WATIS GW
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS /POBOX: APT/SUITE#: CITY: 3011 HNY 30N Ste 101-162 HUM	STATE: ZIPCODE 7-7340 1-150ille, TX	Date Hand-delivered or Postmarked Receipt * Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed 10 4 13
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Cecilia NICKNAME LAST Cortez	MI	Date Infleged 13 11 12 1
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEASE); APT/SUITE #; 1526 Dogwood Huntsville, 7x	CITY; STATE; J DR 77340	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 577 - 244	extension 9	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 10 / 4 /	/ Year / / 3
11 ELECTION	Month ELECTION DATE Year Primary		General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (# Known) HUNTSÜÍ Position	lle City Council 1 At Large
	GO TO PAG		ηι μω γ

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Bache	1 B.	Willeford	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 OF 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	
	GENERAL		PM to
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
:		COMMITTEE CAMPAIGN TREASURER ADDRESS	- 1867 to
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2100 -
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	EMIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2454.46
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT	•		
			of perjury, that the accompanying report all information required to be reported by
		me under Title 15, Election Code	B. 111, Olo La
Signafure of gardidate or Office Militar			
AFFIX NOTARY STAM		me by the said Rachol Will of	this the
1146	~ 1	12	my hand and seal of office.
Ya (a)_		Localinder	CitySocoton
Signature of officer adn	nistanna aatn	Printed name of silver administering oath LEE WOODWARD	Title of officer administering oath
		Notary Public	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 3
2 FILER NAME	rel B. Willefor	اح	3 ACCOUNT# (E	thics Commission Filers)
4 Date 8413	5 Full name of contributor out-of-state PAC(ID#_6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	Hughes Springs TX ation / Job title (See Instructions)	75656 10 Employer (See I	(If travel outside o	of Texas, complete Schedule T)
, ,	, , , , , , , , , , , , , , , , , , , ,		,	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/29/13	Contributed address; City; State; Zip Code 70 A Sun Set Lake Rd		500,00	
	Huntsville TX 17340		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8 29 13	Contributor address; City; State; Zip Code 364 EIKINS Lake	(0)	150,00	
	Huntsville 11/1/10	10	L	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ May 1		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/30/13			200.00	!
	Huntsville IX 7	1340	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	+00	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/3/13	Contributor address; City; State; Zip Code 235 Will Owberd) [H	100,00	
	Hentsville TX 773	320	(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	Instructions)	
···				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	achel B. Willefi	ord	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_WILLIAM B BYTHE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/5/13	6 Contributor address; City; State; Zip Code 737 Elking Lake		250.00	<u> </u>
	Huntsville TX 7734	40	(If travel outside	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/13	Contributor address; City; State; Zip Code P, O, BOX 1424		100,00	
	Huntsville TX 77.	342	(If travel outside (of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		7 Toxas, will plot Series
Date	Full name of contributor out-of-state PAC (ID#_CONTRIBUTED Out	Jr	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/9/13	Contributor address; City; State; Zip Code 673 Elkins Lake		50,00	
	Huntsville TX 77	340	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/11/13	Contributor address; City; State; Zip Code 454 FORLST Serv	ice 200Rd	100.00	
	Huntsville TX 1773	540	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/11/13	Contributor address; City; State; Zip Code 357 TOTEST LN		100,00	1
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			1100000113)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.			1 Total pages Sch	nedule A: 3
2 FILER NAME	chel B. Willefor	d	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/10/13	6 Contributor address; City; State; Zip Code 260 Interstate 4	55 SteB	100.00	
	Huntsv/le 11/1/13	140	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor		Amount of	In-kind contribution
	Jean Boettner		contribution (\$)	description (if applicable)
9/11/13	Contributor address; City; State; Zip Code 2521 Cross Himber	5 A-1	50.00	
	1	7320	/If trough outside /	Towns assertate Schoolule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	MMs Wayne From	5ch	contribution (\$)	description (if applicable)
9/11/13	Contributor address; Clay; State; Zip Code	irde	50.00	
	Huntsville, TX75	7340	/If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or lexas, complete scriedule 1)
Date	Full name of contributor put-of-state PAC (ID#:		Amount of	In-kind contribution
, ,	Mrs. David Knutt	۱	contribution (\$)	description (if applicable)
9/11/13	Mrs. David Enuly Contributor address; City; State; Zip Code 109 Wood Forest L		50.00	
,	Huntsville TX 7734	/n	/if toward outside (of Towns assemblets Schedule T
Principal occur	pation / Job title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
	Dee Deo. Dretke		contribution (\$)	description (if applicable)
1/ 1-	Contributor address; City: State; Zip Code		15000	
9/11/13	96 Danua Ra	_	100,	
	Huntsville TX7/132	6	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/reneward Travel In District Travel Out Of District Overhead/Rental Solicitation/Fundraising Expense

Office Overhead/Rental Expense OTHER (enter a category not listed above)

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

	ine instruction Guide explains now to co	omplete this form.
1 Total pages Schedule G:	2 FILER NAME Rachel B (1) illofor	3 ACCOUNT # (Ethics Commission Filers)
4 Data	- nounce of connection	4
9/19/13	5 Payee name Altom Consulting	Marketing INC.
6 Amount (\$) 245446 Reimbursement from political contributions	7 Payee address; City; State; Zip Code PO BOX 690	7110
intended 8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Signs/Cards/teeshirts/magn
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sali Legal Services Soli Food/Beverage Expense Trai Polling Expense Trai	TEGORIES FOR BOX 8(a aries/Wages/Contract Labor citation/Fundraising Expense vel In District vel Out Of District ce Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 000	- '	lains how to complete this fo	OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME D	110 ford	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	Senier Cen	ler
6 Amount (\$) \$3/5.54	7 Payee address; City; State; 340 F. Huy HUNGSVILLE	Zip Code 75 North Tx 7732	ler O
8 PURPOSE	(a) Category (See categories listed at the top of this	schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		n made non-	profit organization
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	s schedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this	s schedule) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ht 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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ↔					
1	C/OH N	AME achel B. Willeford 2 ACCOUNT # (Ethics Commission Filers)					
3	SIGNA	ATURE					
	report a	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a s a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder					
4		ER WHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
	7	I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate					
5		CEHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Signature of Officeholder					