



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Rachel 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 / 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  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ 670 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2100 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2454.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

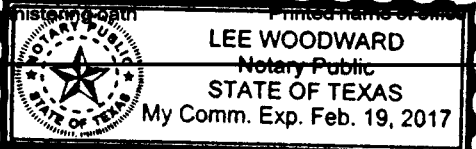
Rachel B. Willeford  
Signature of Candidate or Officeholder

Rachel B. Willeford  
Rachel Willeford

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rachel Willeford, this the 4th day of October, 2013, to certify which, witness my hand and seal of office.

[Signature] Lee Woodward City Secretary  
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: <b>3</b>	
2 FILER NAME <b>Rachel B. Willeford</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/4/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glen M Willeford</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1191 County Rd 2924 Hughes Springs TX 75656</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/29/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sally Nelson</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>70A Sunset Lake Rd Huntsville TX 77340</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/29/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr Genevieve Brown</b>	Amount of contribution (\$) <b>150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>364 Elkins Lake Huntsville TX 77340</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/30/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Thodos</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1197 Elkins Lake Huntsville TX 77340</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/3/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <del>Bar</del> <b>Charlene Foerster</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>235 Willowbend Huntsville TX 77320</b>		(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: <b>3</b>	
2 FILER NAME <b>Rachel B. Willeford</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/5/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William B Byrne</b> 6 Contributor address; City; State; Zip Code <b>737 Elkins Lake Huntsville TX 77340</b>	7 Amount of contribution (\$) <b>250.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>9/2/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Koehl</b> Contributor address; City; State; Zip Code <b>P.O. Box 1424 Huntsville TX 77342</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/9/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George D Miles Jr</b> Contributor address; City; State; Zip Code <b>673 Elkins Lake Huntsville TX 77340</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrea Wise</b> Contributor address; City; State; Zip Code <b>454 Forest Service 200th Huntsville TX 77340</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>9/11/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Diana Barnes</b> Contributor address; City; State; Zip Code <b>357 Forest LN Huntsville TX 77346</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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**

2 FILER NAME  
**Rachel B. Willeford**

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **9/10/13**  
5 Full name of contributor: **Kay Deahl**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code:  
**260 Interstate 455 Ste B  
Huntsville TX 77340**

7 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: **9/11/13**  
Full name of contributor: **Jean Boettner**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**2521 Cross Timbers A-1  
Huntsville TX 77320**

Amount of contribution (\$): **50.00**  
In-kind contribution description (if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Employer (See Instructions)

Date: **9/11/13**  
Full name of contributor: **Mrs Wayne Frosch**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**106 Turtle Creek Circle  
Huntsville TX 77340**

Amount of contribution (\$): **50.00**  
In-kind contribution description (if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Employer (See Instructions)

Date: **9/11/13**  
Full name of contributor: **Mrs. David Knuth**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**109 Wood Forest Ln  
Huntsville TX 77340**

Amount of contribution (\$): **50.00**  
In-kind contribution description (if applicable):  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Employer (See Instructions)

Date: **9/11/13**  
Full name of contributor: **Dee Dee Dretke**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code:  
**96 Dahlia Rd  
Huntsville TX 77320**

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)

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: 1	<b>2</b> FILER NAME Rachel B Willeford	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/19/13	<b>5</b> Payee name Altom Consulting & Marketing INC.
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<b>6</b> Amount (\$) 2454.46 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 690 Huntsville TX 77342
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<b>8</b> 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) signs/cards/t-shirts/magnets <i>car</i>
---------------------------------	---	--

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Rachel B. Willeford	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name Walker Co. Senior Center
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<b>6</b> Amount (\$) \$315.54	<b>7</b> Payee address; City; State; Zip Code 340 E. Hwy 75 North Huntsville, TX 77320
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution / Donation made by candidate	(b) Description (If travel outside of Texas, complete Schedule T) non-profit organization
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
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Complete ONLY 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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES 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" \*\*

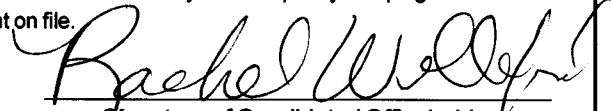
1 C/OH NAME

Rachel B. Willeford

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:



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.

**B. ASSETS**

Check 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 OFFICEHOLDER

\*\* Complete this section *only* 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