### OFFICIAL RECORD

# CANDIDATE / OFFICEHOLDERT. WORTH, TX CAMPAIGN FINANCE REPORT

### FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 7								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  Mr Bob  NICKNAME LAST  Willoughby	MI J SUFFIX	Date Received					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  ( 817 ) 446-7056	North TX 76112  EXTENSION	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  Bob  NICKNAME LAST  Willoughby	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  6731 Bridge St 125 Fort Worth TX 76112							
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 446-7056							
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  July 15  X 8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month Day Year 4 / 4 / 17	THROUGH 4	Day Year  24 / 17					
†1 ELECTION		Runoff Other Description  Special						
12 OFFICE	OFFICE HELD (# any)	13 OFFICE SOUGHT (# known City Council Distric						
GO TO PAGE 2								

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	D 1 1450		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	Bob Willoughby  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 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				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 629.94				
EXPENDITURE TOTALS	3. TOTAL I	\$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,516.37		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$629.94				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$		
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.  Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said Bobby Willoughby, this the 27 day of April, 2017, to certify which, witness my hand and seal of office.					
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Bob Willoughby** 7 Amount of contribution (\$)629.24 4 Date 4/27/17 5 Full name of contributor out-of-state PAC (ID#:\_\_ **Bob Willoughby** 6 Contributor address; City; State; Zip Code 6731 Bridge St 125 Fort Worth Tx 76112 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City: State; Zip Code 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.

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	20 Filer ID (Ethics Commission Filers)		
	Bob Willoughby			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 629.94		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COM	ITRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 629.94		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	\$		

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

		Legal Services		Salarie	s/Wages/Contract Labor	Other (enter a category no	ot listed above)	
ľ	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethics Co	mmission Filers)
	3			illoughby				•
4	Date	5 Payee nan						
_	Amount (\$)	7 Payee add	trace:	City; State;	7in Codo			
٥	Amount (\$)	rayee aux	aress,	City, State,	Zip Code			
	Reimbursement from political contributions							
-	intended	(a) Catagony	(C Catagorias li	ated at the ten of thi	s schodula)	(b) Description		
8	PURPOSE	(a) Calegory	(See Gategories in	sted at the top of thi	s scredule)		side of Texas. Complete Schedule T.	
ı	OF EXPENDITURE						TX, officeholder living expense	
Ļ	OI-A- ONLY if disease	04:4	-4- / Officebr	lder neme		Office sought	Off	fice held
9	Complete ONLY if direct expenditure to benefit C/0		ate / Officeho	исет патте		Office sought	Oil	irce rieid
L								
Г	Date 4/24/17	Payee nar	ne					
	**************************************		Home D	epot				
$\vdash$	Amount (\$) 41.27	Payee add		City; State;	Zip Code			
	741.27		,	···,,				
	Reimbursement from							
	political contributions intended		Fort V	/orth				
┝		Category		sted at the top of the	s schedule)	(b) Description		
PURPOSE OF			Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	J 4	Advertising			Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name		Office sought	Of	fice held				
expenditure to benefit C/OH								
ı	Date 4/24/17	Payee nar	ne					
			Signware	ehouse				
Г	Amount (\$) 51.28	Payee add	dress;	City; State;	Zip Code			
		2614 T	exoma Dr	Denison,T	X 75020			
	Reimbursement from							
	political contributions intended							
	PURPOSE	Category	(See Categories li	sted at the top of th	is schedule)	(b) Description		
	OF					=	tside of Texas. Complete Schedule T	
L	EXPENDITURE	Ac	dvertising			Check if Austin	, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/6		late / Officeho	older name		Office sought	Of	fice held
	emportante to borroll On							
F								
		ATTA	CH ADDITIO	ONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

7 Payee address;

Pavee name

Payee address;

Payee name

Payee address;

Advertising

Candidate / Officeholder name

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

The Instruction Guide explains how to complete this form.

City; State; Zip Code

City; State; Zip Code

City; State; Zip Code

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee Credit Card Payment

6 Amount (\$)55.52

PURPOSE

OF EXPENDITURE

Date 4/10/17

intended

**PURPOSE** 

OF EXPENDITURE

Date 4/10/17

Amount (\$) 85.95

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Reimbursement from political contributions intended

Complete ONLY if direct

expenditure to benefit C/OH

Amount (\$) 91.36

Reimbursement from political contributions

9 Complete ONLY if direct

expenditure to benefit C/OH

8

Reimbursement from political contributions

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

(b) Description

Office sought

(b) Description

Office sought

(b) Description

Office sought

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District Travel Out Of District
Other (enter a category not listed above)

1 Total pages Schedule G: 2 FILER NAME Bob willoughby 4 Date 4/4/17 5 Payee name

Home Depot

(a) Category (See Categories listed at the top of this schedule)

Fort Worth

Candidate / Officeholder name

Home Depot

Fort Worth

Signwarehouse

2614 Texoma Dr Denison, TX 75020

Category (See Categories listed at the top of this schedule)

Advertising

Candidate / Officeholder name

Category (See Categories listed at the top of this schedule)

Advertising

plete this form.					
	3 Filer ID (Ethics Commission Filers)				
Description					
Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
fice sought	Office held				
Description  Check if travel outside	le of Texas. Complete Schedule T.				
Check if Austin, TX, officeholder living expense					
fice sought	Office held				
Description					
$\overline{}$	le of Texas. Complete Schedule T.				
Check if Austin, T	X, officeholder living expense				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

С	redit Card Payment	The Instruction Guide explains how to	complete this form.		
1	Total pages Schedule G:	2 FILER NAME	1	3 Filer ID (Ethics Commission Filers)	
	3	Bob willoughby			
4	Date 4/17/17	5 Payee name			
		Home Depot			
6	Amount (\$)180.57	7 Payee address; City; State; Zip Code			
	Reimbursement from political contributions				
	intended	Fort Worth	[# \ _		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	of Texas. Complete Schedule T.	
	OF EXPENDITURE	Advertising		, officeholder living expense	
_					
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
	Date 4/20/17	Payee name			
		Home Depot			
	Amount (\$) 38.75	Payee address; City; State; Zip Code			
	Reimbursement from political contributions				
	intended	Fort Worth			
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE			l []	of Texas. Complete Schedule T.	
Advertising		<u> </u>	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
=	Date 4/19/17	Payee name			
	7/10/1/	Signwarehouse			
	Amount (\$) 85.95	Payee address; City; State; Zip Code			
	741100Ht (4765.95	2614 Texoma Dr Denison,TX 75020			
	( Reimbursement from	2014 10x0ma Di Demson, 1X 73020			
	political contributions intended				
	DUDDOCT	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF		1 -	of Texas. Complete Schedule T.		
EXPENDITURE Advertising Check		Check if Austin, TX	, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
	, , , , , , , , , , , , , , , , , , , ,				
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	