

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

8910

FILED FOR RECORD

FORM C/OH  
COVER SHEET PG 1

2016 JUL 15 PM 3:41

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

Darla DeLeon  
County Clerk  
Travis County, Texas

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr

William

P

NICKNAME

LAST

SUFFIX

Pat

McCord

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

603 Rolling Meadow Dr  
Pflugerville Tx 78660

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 922-0999

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr

William

P

NICKNAME

LAST

SUFFIX

Pat

McCord

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

603 Rolling Meadow Dr  
Pflugerville TX 78660

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 922-0999

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

06 / 30 / 2016

THROUGH

Month Day Year

07 / 15 / 2016

11 ELECTION

ELECTION DATE

Month Day Year

11 / 08 / 2016

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Travis County  
Commissioner Pct 1

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME William P McCord 15 Filer ID (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  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 501.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

William P McCord  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William P McCord, this the 15 day of July, 20 16, 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

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>William P McCord</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>501.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

William P McCord

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 501.00

5 Date of loan

7/14/16

7 Name of lender

William P + Cindy McCord

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

9 Loan Amount (\$)

501.00

6 Is lender a financial institution?

Y  N

8 Lender address;

603 Rolling Meadows Dr  
Pflugerville TX 78660

City; State; Zip Code

10 Interest rate

0

11 Maturity date

None

12 Principal occupation / Job title (See Instructions)

Photographer

13 Employer (See Instructions)

Self

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.