

CANDIDATE / OFFICEHOLDER 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:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS MRS FIRST MI
William H
NICKNAME LAST SUFFIX
WILL Peckham IV

OFFICE USE ONLY

Date Received

RECEIVED
APR 28 2017
BY: M. Spinks

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS PO BOX APT / SUITE # CITY STATE ZIP CODE
2701 Wolkeind Cove
Round Rock, Tx 78681

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 255-4011

Receipt #

Amount \$

6 CAMPAIGN
TREASURER
NAME

MS MRS FIRST MI
Thomas S
NICKNAME LAST SUFFIX
SWINPELL

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
1903 West Creek Loop
Round Rock, Tx 78681

Residence or Business

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 423 1021

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 Month Day Year
03 28 2017 THROUGH 04 25 2017

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 06 2017 General Special

12 OFFICE

OFFICE HELD (if any)
City Council, Place 4
Round Rock, Tx

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
William H Peckham, IV

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	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	\$ ZERO
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 229.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,383.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ ZERO

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 H Peckham IV

Signature of Candidate or Officeholder

GET NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William H. Peckham IV, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

Tina Miller

Tina Miller

Notary Public

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

William H Peckham, IV

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,500. ⁰⁰
<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
<input type="checkbox"/>	SCHEDULE E: LOANS	\$
<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 229.90
<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
54

2 FILER NAME

WILLIAM H Peckham IV

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/17

5 Full name of contributor out-of-state PAC (ID# _____)

Blake Magee

7 Amount of contribution (\$)

500.00

6 Contributor address: City: State: Zip Code

*1409 Kent Lane
Austin, TX 78703*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/17

Full name of contributor out-of-state PAC (ID# _____)

Mike & Susana Robinson

Amount of contribution (\$)

100.00

Contributor address: City: State: Zip Code

*925 Blue Spring Circle
Round Rock, TX 78681*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

Full name of contributor out-of-state PAC (ID# _____)

Charles Glace

Amount of contribution (\$)

250.00

Contributor address: City: State: Zip Code

*P.O. Box 1057
Round Rock, TX 78680*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/17

Full name of contributor out-of-state PAC (ID# _____)

Georgetown Title

Amount of contribution (\$)

250.00

Contributor address: City: State: Zip Code

*1717 N Mays
Round Rock, TX 78664*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

84

2 FILER NAME

WILLIAM H PECKHAM, IV

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/17

5 Full name of contributor out-of-state PAC (ID# _____)

Tim Robbins

7 Amount of contribution (\$)

150.00

6 Contributor address: City: State: Zip Code

7200 Wyoming Springs, #1600
Round Rock, TX 78681

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/2/17

Full name of contributor out-of-state PAC (ID# _____)

Dryen DANIEL

Amount of contribution (\$)

100.00

Contributor address: City: State: Zip Code

401 Thunder bay
Georgetown, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/17

Full name of contributor out-of-state PAC (ID# _____)

Jeffrey Ramez

Amount of contribution (\$)

50.00

Contributor address: City: State: Zip Code

901 Sam Bass Road
Round Rock, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/17

Full name of contributor out-of-state PAC (ID# _____)

CPZY INC PAC

Amount of contribution (\$)

350.00

Contributor address: City: State: Zip Code

11757 Katy Freeway, Ste 1540
Houston, TX 77079

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1
84

2 FILER NAME **WILLIAM H Peckham, IV** 3 Filer ID (Ethics Commission Filers)

4 Date 4/17/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gary & Henny Coe	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 840 Fm 1460 Georgetown, TX 78626	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 4/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CHARLES & BETH Avery	Amount of contribution (\$) 1000.00
	Contributor address; City; State; Zip Code 4029 Suble Oaks Dr. Round Rock, TX 78664	

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

Date 4/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Brian & Suzanne Fell	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 17008 Pagosa Springs Ct Austin, TX 78717	

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

Date 4/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) R MARK BIETZ	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 106 Fennin Avenue Round Rock, TX 78664	

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <i>5 4</i>
2 FILER NAME <i>WILLIAM H Peckham, IV</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>DAVID BOCKWALD</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City: State: Zip Code <i>10821 Range View Drive Austin, TX 78730</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>3/30/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Stephanie Morgan</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City: State: Zip Code <i>2051 Cypress Creek Rd. Cedar Park, TX 78613</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/6/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <i>Lewis Dressing</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City: State: Zip Code <i>1102 Martin Avenue Round Rock, TX 78681</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)
Contributor address; City: State: Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Required Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>one</i>	2 FILER NAME <i>William H Peckham, IV</i>	3 Filer ID (Ethics Commission Filers)
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4 Date: <i>4/25/17</i>	5 Payee name: <i>PayPal</i>
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6 Amount (\$): <i>229.90</i>	7 Payee address: City, State, Zip Code <i>2211 North First Street San Jose, CA 95131</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>FEES</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date:	Payee name:
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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:
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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