

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:

4

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

RECEIVED

JAN 09 2018

Per S. Mills

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
2701 Wolkin 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 · MR MR FIRST MI
Thomas S
NICKNAME LAST SUFFIX
SWINDELL

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
07 / 01 2017 THROUGH 12 31 2017

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 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) \$ ZERO

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ ZERO

4. TOTAL POLITICAL EXPENDITURES \$ 1066.26

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 12,749.18

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

ATTACH NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *William H. Peckham IV*, this the *8th* day of *January*, 20*18*, to certify which, witness my hand and seal of office.

Tina Miller

Signature of officer administering oath

Tina Miller

Printed name of officer administering oath

Notary Public

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

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 type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1066.26
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	\$

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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1** 2 FILER NAME: **William H Peckham, IV** 3 Filer ID (Ethics Commission Filers):

4 Date: **10/17/17** 5 Payee name: **Thomas Graphics**

6 Amount (\$): 7 Payee address; City; State; Zip Code
9501 N. IH 35
Austin, TX 78753

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 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

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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED