

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST William	MI D
	NICKNAME	LAST Floyd	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 911 Josephine Street Austin, Texas 78704		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 590-1470	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Nicholas	MI P
	NICKNAME	LAST Laurent	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 600 Congress Ave., Suite 2100 Austin, Texas 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 495-6081	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 05 / 28 / 2014    06 / 30 / 2014		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Austin City Council District 5	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME William D. Floyd

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

N/A

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 \$ 425.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,525.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 311.88

4. TOTAL POLITICAL EXPENDITURES \$ 311.88

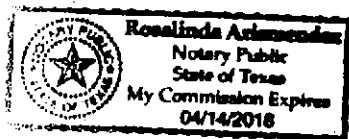
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,213.12

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ N/A

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William D. Floyd, this the 15th day of July, 2014, to certify which, witness my hand and seal of office.

*Rosalinda Arismendez* *Rosalinda Arismendez* *Notary*  
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:

3

2 FILER NAME

William D. Floyd

3 ACCOUNT # (Ethics Commission Filers)

4 Date

05/30/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Lindsey Tyner

6 Contributor address; City; State; Zip Code

3005 S. Lamar D109 #150

Austin, Texas 78704

7 Amount of contribution (\$)

\$300.00

(in-kind)

8 In-kind contribution description (if applicable)

Graphic design services

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Graphic designer

10 Employer (See Instructions)

Alt Creative

Date

6/6/14

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Golden

Contributor address; City; State; Zip Code

130 Frederick Street

Austin, Texas 78704

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)

Attorney

Employer (See Instructions)

Boulette & Golden, LLP

Date

6/6/14

Full name of contributor

☐ out-of-state PAC (ID#)

Luke Ellis

Contributor address; City; State; Zip Code

1303 Lorrain

Austin, Texas 78703

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Johns Marrs Ellis Hodge LLP

Date

6/10/14

Full name of contributor

☐ out-of-state PAC (ID#)

Sara Foskitt

Contributor address; City; State; Zip Code

911 Josephine Street

Austin, Texas 78704

Amount of contribution (\$)

\$350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Foskitt Law Office, PLLC

Date

6/12/14

Full name of contributor

☐ out-of-state PAC (ID#)

James Kaighin

Contributor address; City; State; Zip Code

1409 Hartford Road

Austin, Texas 78703

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)

Financial Advisor

Employer (See Instructions)

Kaighin Team Financial Advisors

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

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1 Total pages Schedule A:  
3

2 FILER NAME

William D. Floyd

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Louis Meyer

6 Contributor address; City; State; Zip Code

4700 W. Guadalupe Street, Apt A341  
Austin, Texas 78751

7 Amount of  
contribution (\$)  
\$75.00

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

6/24/14

Full name of contributor

☐ out-of-state PAC (ID#)

Nicholas P. Laurent

Contributor address; City; State; Zip Code

1115 Kinney Ave., #7  
Austin, Texas 78704

Amount of  
contribution (\$)  
\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
McGinnis, Lochridge & Kilgore, LLP

Date

6/30/14

Full name of contributor

☐ out-of-state PAC (ID#)

Frank King

Contributor address; City; State; Zip Code

5602 Shoal Edge Ct.  
Austin, Texas 78756

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)  
Assistant Attorney General

Employer (See Instructions)  
Texas Attorney General's Office

Date

6/30/14

Full name of contributor

☐ out-of-state PAC (ID#)

Kathleen Hausenfluck

Contributor address; City; State; Zip Code

1501 Barton Springs Road, #209  
Austin, Texas 78704

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)  
Accountant

Employer (See Instructions)  
CRI

Date

6/30/14

Full name of contributor

☐ out-of-state PAC (ID#)

Lance Cawthon

Contributor address; City; State; Zip Code

2515 Wilson  
Austin, Texas 78704

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)  
Attorney

Employer (See Instructions)  
Walsh, Anderson, Gallegos, Green &  
Trevino

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2 FILER NAME

William D. Floyd

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/30/14

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Andrew Denman

7 Amount of  
contribution (\$)  
\$100.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

11402 February Dr.

Austin, Texas 78753

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Information Technology

10 Employer (See Instructions)

Texas Music Educators Association

Date

6/30/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

David Chang

Amount of  
contribution (\$)  
\$100.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1537 Sunswept Terrace

Lewisville, Texas 75077

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Koons Real Estate Law, PC

Date

6/30/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Brad Compere

Amount of  
contribution (\$)  
\$200.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

1605 Barclay Drive

Austin, Texas 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Title insurance/real estate

Employer (See Instructions)

Capstone Title

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

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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