

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) 00090821		2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Bill		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/10/2022		
	NICKNAME LAST SUFFIX Welch				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 10720 River Plantation Dr. Austin, TX 78747			Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ruthie				
	NICKNAME LAST SUFFIX Howard				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4900 Interlachen Lane Austin, TX 78747				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 636-9651				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2022 10/10/2022				
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Council Member, District 5 Place Austin District District 5		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 19

13 C / OH NAME	Welch, Bill	14 Filer ID	(Ethics Commission Filers)
		00090821	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,747.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,632.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,337.36

17 AFFADAVIT

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.

Bill Welch

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 19

18 FILER NAME Welch, Bill		19 Filer ID (Ethics Commission Filers) 00090821
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,775.00
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	\$ 1,305.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,747.37
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<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: Sch: 1/10 Rpt: 4/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 07/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Jeffery (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 8404 Caspian Dr. Austin, TX 78749	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Jeffery L. Bowen & Associates
Date 08/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bushnell, James (Mr.) <hr/> Contributor address; City; State; Zip Code 51040Portmarnock Court Austin, TX 78747	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Bushnell & Company
Date 09/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Stuart (Mr.) <hr/> Contributor address; City; State; Zip Code 203 W Mockingbird Ln Austin, TX 78745	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Texas Home Redevelopment, LLC
Date 09/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jim (Mr.) <hr/> Contributor address; City; State; Zip Code 10525 Bilbrook Place Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Aquila
Date 07/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Becky (Ms.) <hr/> Contributor address; City; State; Zip Code 5013 Prairie Dunes Dr. Austin, TX 78747	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 07/31/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Mark (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 5013 Prairie Dunes Dr Austin, TX 78747	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code 4700 Merion Cricket Dr. Austin, TX 78747	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easty, David (Mr.) <hr/> Contributor address; City; State; Zip Code 9828 Milla Circle Austin, TX 78748	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farelli, Maureen (Ms.) <hr/> Contributor address; City; State; Zip Code 4606 Indian Wells Dr. Austin, TX 78747	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Farelli Enterprises
Date 07/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hambrick, John (Mr.) <hr/> Contributor address; City; State; Zip Code PO Box 2009 Manchaca, TX 78652	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 08/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Kenneth (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 4900 Interlachen Lane Austin, TX 78747	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) General Land Office
Date 08/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireland, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code P.O. Box 63255 Naogdoched, TX 75963	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Timber Farmer
Date 09/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireland, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code P.O. Box 63255 Naogdoched, TX 75963	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Timber Farmer
Date 08/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konieczny, Cory (Mr.) <hr/> Contributor address; City; State; Zip Code 10117 Pinehurst Dr Austin, TX 78747	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Facilities Manager		Employer (See Instructions) University of Texas
Date 08/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaBonte, Dean (Mr.) <hr/> Contributor address; City; State; Zip Code 308 Towhee Drive Buda, TX 78610-2649	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 08/31/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlefield, John (Mr.) 6 Contributor address; City; State; Zip Code 5125 Prairie Dunes Dr. Austin, TX 78747	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) Civil Engineer		9 Employer (See Instructions) Southwest Engineering, Inc.
Date 08/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNabb, John (Mr.) Contributor address; City; State; Zip Code 11036 River Plantation Dr. Austin, TX 78747	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meldrum, David (Mr.) Contributor address; City; State; Zip Code 825 Little Bear Rd Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 08/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milano, Ellis (Ms.) Contributor address; City; State; Zip Code PO Box 1013 American Canyon, CA 94503	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalvo, Elena (Ms.) Contributor address; City; State; Zip Code 2323 Farnswood Cr. Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 07/11/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettles, JoAnn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code 10106 Shinnecock Hills Dr. Austin, TX 78747	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/21/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code 4705 Interlachen Lane Austin, TX 78747	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormand, Johnny (Mr.) <hr/> Contributor address; City; State; Zip Code 1239 East FM 1431 Marble Falls, TX 78654	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner/Partner		Employer (See Instructions) Hill Country Auto Savage and Towing
Date 09/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormand, Rob (Mr.) <hr/> Contributor address; City; State; Zip Code 1239 East FM 1431 Marble Falls , TX 78654	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Owner/Partner		Employer (See Instructions) Hill Country Auto Savage & Towing
Date 09/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paczosa, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code 10813 River Plantation Dr. Austin, TX 78747	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 09/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Bill (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 10501 Pinehurst Dr. Austin, TX 78747	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code 5121 Prairie Dunes Dr. Austin, TX 78747	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Henry (Mr.) <hr/> Contributor address; City; State; Zip Code 1900 Westridge Dr. Austin, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 09/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheftall, Bill (Mr.) <hr/> Contributor address; City; State; Zip Code 2300 Innisbrook Dr Austin, TX 78747	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) McAlister & Associates
Date 07/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Terral (Mr.) <hr/> Contributor address; City; State; Zip Code 6304 Cat Mountain Cove Austin, TX 78730	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 08/18/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, David (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 4514 Pack Saddle Pass Austin, TX 78745	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Fire Protection		9 Employer (See Instructions) Stokes Fire & Safety
Date 08/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidmore, Julia (Ms.) <hr/> Contributor address; City; State; Zip Code 11033 River Plantation Dr Austin, TX 78747	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A
Date 08/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidmore, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code 11033 River Plantation Dr. Austin, TX 78747	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 08/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidmore, Matthew (Mr.) <hr/> Contributor address; City; State; Zip Code 11033 River Plantation Dr Austin, TX 78747	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) ACME Air Conditioning
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez-Welch, Bianelly (Ms.) <hr/> Contributor address; City; State; Zip Code 11816 Easy Street Austin, TX 78748	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions) Express Care DME

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 07/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Sicklen, Pamela (Ms.) <hr/> 6 Contributor address; City; State; Zip Code 10722 River Plantation Drive Austin, TX 78747	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jim (Mr.) <hr/> Contributor address; City; State; Zip Code 1712 Drake Ave Austin, TX 78704	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Benjamin (Major) <hr/> Contributor address; City; State; Zip Code 11816 Easy Street Austin, TX 78748	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Major USAF		Employer (See Instructions) USAF
Date 08/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Carlton (Mr.) <hr/> Contributor address; City; State; Zip Code 4 Anchor Lane Mount Sinai, NY 11766	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Longwood Public Library
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Gabriella (Ms.) <hr/> Contributor address; City; State; Zip Code 11816 Easy Street Austin, TX 78748	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 09/03/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Haesoon (Ms.) <hr/> 6 Contributor address; City; State; Zip Code 10720 River Plantation Dr Austin, TX 78747	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Isabella <hr/> Contributor address; City; State; Zip Code 11816 Easy Street Austin, TX 78748	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) n/a
Date 09/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Sebastian (Mr.) <hr/> Contributor address; City; State; Zip Code 11816 Easy Street Austin, TX 78748	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A
Date 09/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Victoria (Ms.) <hr/> Contributor address; City; State; Zip Code 3845 RR 2222 #36 Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Ascension-Seton Medical Center
Date 08/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Meg (Ms.) <hr/> Contributor address; City; State; Zip Code 2005 Arthur Lane Austin, TX 78704	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 Date 09/28/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Donald (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 10901 Enchanted Rock Austin, TX 78726	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) ZimWin Enterprises, LLC
Date 09/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Jennifer (Mrs.) <hr/> Contributor address; City; State; Zip Code 10901 Enchanted Rock Austin, TX 78726	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Teacher/Executive Director		Employer (See Instructions) Innovative Teachers of Texas

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 14/19
2 FILER NAME Welch, Bill		3 Filer ID (Ethics Commission Filers) 00090821
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 09/14/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Bill (General)	9 Loan Amount (\$) \$1,155.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 10720 River Plantation Drive Austin, TX 78747	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions) Self
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 09/19/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Bill (General)	Loan Amount (\$) \$150.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 10720 River Plantation Drive Austin, TX 78747	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 15/19	2 FILER NAME Welch, Bill	3 Filer ID (Ethics Commission Filers) 00090821
4 Date 07/30/2022	5 Payee name Cathy Miller Communications-Onion Creek HOA	
6 Amount (\$) \$562.50	7 Payee address; City; State; Zip Code 10816 Crown Colony Drive Suite 105 Austin, TX 78747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Onion Creek HOA Ad
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2022	Payee name City Of Austin - Austin City Hall	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 301 W. Second Street Suite 2030 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing to be placed on the November ballot
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2022	Payee name Direct Texas	
Amount (\$) \$3,473.00	Payee address; City; State; Zip Code 1260 S Business IH 35 New Braunfels, TX 78130-5717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials, design, production, & delivery
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 16/19	2 FILER NAME Welch, Bill	3 Filer ID (Ethics Commission Filers) 00090821
4 Date 09/19/2022	5 Payee name Direct Texas	
6 Amount (\$) \$1,796.87	7 Payee address; City; State; Zip Code 1260 S Business IH 35 New Braunfels, TX 78130-5717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Materials design, production, & delivery
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2022	Payee name Hanes, Eva (Ms.)	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 12113 Coyote Call Way Austin, TX 78725	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2022	Payee name Hanes, Eva (Ms.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 12113 Coyote Call Way Austin, TX 78725	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting/social media management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 17/19	2 FILER NAME Welch, Bill	3 Filer ID (Ethics Commission Filers) 00090821
4 Date 08/10/2022	5 Payee name Ireland, Shaun (Mr.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 8604 Winter Haven Drive Austin, TX 78747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting and Management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2022	Payee name JG Media/Community Impact Newspaper	
Amount (\$) \$2,405.00	Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd Box #3 Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2022	Payee name JG Media/Community Impact Newspaper	
Amount (\$) \$2,405.00	Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd Box #3 Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 18/19	2 FILER NAME Welch, Bill	3 Filer ID (Ethics Commission Filers) 00090821
4 Date 08/29/2022	5 Payee name Nine Flags, LLC	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 8604 Winter Haven Drive Austin, TX 78747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting & Management Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2022	Payee name Nine Flags, LLC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 8604 Winter Haven Drive Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting and management services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2022	Payee name The Data Group, LLC	
Amount (\$) \$1,155.00	Payee address; City; State; Zip Code 3208 E. Colonial Drive #118 Orlando, FL 32083	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Canvassing data
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 19/19	2 FILER NAME Welch, Bill	3 Filer ID (Ethics Commission Filers) 00090821
4 Date 09/19/2022	5 Payee name The Data Group, LLC	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 3208 E. Colonial Drive #118 Orlando, FL 32083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Additional Voter Data
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2022	Payee name Vera, Bobby (Mr.)	
Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 130 Niven Path Jarrell, TX 76537	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Installing Campaign Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held