

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00090821		2 Total pages filed: 20		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	ELECTRONICALLY FILED	
				10/22/2022	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Receipt #	Amount
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
	07/01/2022		09/29/2022		

6 EXPLANATION OF CORRECTION

The report period on the previous report was inadvertently changed from 09/29/22 to the date of submission 10/10/22. This created a situation where we could not properly enter data into the next due report. This correction establishes the correct reporting period for the 30 day report. No other changes were necessary.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Bill		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/22/2022		
	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    09/29/2022				
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		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (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. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 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**

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<b>18 FILER NAME</b> Welch, Bill		<b>19 Filer ID</b> (Ethics Commission Filers) 00090821
<b>20 SCHEDULE SUBTOTALS</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/10 Rpt: 5/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 07/26/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Jeffery (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 8404 Caspian Dr.  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/10 Rpt: 6/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 07/31/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Mark (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 5013 Prairie Dunes Dr  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/10 Rpt: 7/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 08/01/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Kenneth (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 4900 Interlachen Lane  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/10 Rpt: 8/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 08/31/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlefield, John (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 5125 Prairie Dunes Dr.  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$450.00
<b>8</b> Principal occupation / Job title (See Instructions) Civil Engineer		<b>9</b> 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.) <hr/> 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.) <hr/> 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.) <hr/> 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.) <hr/> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/10 Rpt: 9/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 07/11/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettles, JoAnn (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 10106 Shinnecock Hills Dr.  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/10 Rpt: 10/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 09/01/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Bill (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 10501 Pinehurst Dr.  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/10 Rpt: 11/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 08/18/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, David (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 4514 Pack Saddle Pass  Austin, TX 78745	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Fire Protection		<b>9</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/10 Rpt: 12/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 07/19/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Sicklen, Pamela (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 10722 River Plantation Drive Austin, TX 78747	<b>7</b> Amount of Contribution (\$) \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/10 Rpt: 13/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 09/03/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Haesoon (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 10720 River Plantation Dr  Austin, TX 78747	<b>7</b> Amount of Contribution (\$)  \$450.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/10 Rpt: 14/20
<b>2</b> FILER NAME Welch, Bill		<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 09/28/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Donald (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code 10901 Enchanted Rock  Austin, TX 78726	<b>7</b> Amount of Contribution (\$)  \$450.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> 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

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

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 16/20	<b>2</b> FILER NAME Welch, Bill	<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 07/30/2022	<b>5</b> Payee name Cathy Miller Communications-Onion Creek HOA	
<b>6</b> Amount (\$) \$562.50	<b>7</b> Payee address; City; State; Zip Code 10816 Crown Colony Drive Suite 105 Austin, TX 78747	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/25/2022	Candidate/Officeholder 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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		
Date 08/22/2022	Candidate/Officeholder 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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		



# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 17/20	<b>2</b> FILER NAME Welch, Bill	<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 09/19/2022	<b>5</b> Payee name Direct Texas	
<b>6</b> Amount (\$) \$1,796.87	<b>7</b> Payee address; City; State; Zip Code 1260 S Business IH 35  New Braunfels, TX 78130-5717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 18/20	<b>2</b> FILER NAME Welch, Bill	<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 08/10/2022	<b>5</b> Payee name Ireland, Shaun (Mr.)	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 8604 Winter Haven Drive  Austin, TX 78747	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 19/20	<b>2</b> FILER NAME Welch, Bill	<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 08/29/2022	<b>5</b> Payee name Nine Flags, LLC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 8604 Winter Haven Drive  Austin, TX 78747	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 20/20	<b>2</b> FILER NAME Welch, Bill	<b>3</b> Filer ID (Ethics Commission Filers) 00090821
<b>4</b> Date 09/19/2022	<b>5</b> Payee name The Data Group, LLC	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 3208 E. Colonial Drive #118  Orlando, FL 32083	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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