

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:
3 CANDIDATE / OFFICEHOLDER NAME	<small>MR / MRS / MR</small> FIRST MI <i>William E.</i> <small>NICKNAME LAST SUFFIX</small> <i>Bill BAYNE</i>	OFFICE USE ONLY	
	<small>Address / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</small> <input type="checkbox"/> Change of Address <i>888 ELKINS LAKE HUNTSVILLE, TX 77340</i>	Date Received <i>BP 10/29/18</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<small>AREA CODE PHONE NUMBER EXTENSION</small> <i>(713) 875-2503</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	<small>MR / MRS / MR FIRST MI</small> <i>DENNIS</i> <small>NICKNAME LAST SUFFIX</small> <i>REED</i>		
6 CAMPAIGN TREASURER NAME	<small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE</small> <i>1518 14th St. HUNTSVILLE, TX. 77340</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<small>AREA CODE PHONE NUMBER EXTENSION</small> <i>(832) 492-2549</i>		
8 CAMPAIGN TREASURER PHONE	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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	10 PERIOD COVERED <small>Month Day Year</small> <i>9 / 28 / 18</i> THROUGH <small>Month Day Year</small> <i>10 / 27 / 18</i>		
10 PERIOD COVERED	<small>ELECTION DATE</small> <small>Month Day Year</small> <i>10 / 6 / 18</i>	<small>ELECTION TYPE</small> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 ELECTION	<small>OFFICE HELD (if any)</small>	13 OFFICE SOUGHT (if known) <i>HUNTSVILLE City Council AT LARGE POSITION 2</i>	
12 OFFICE	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME William Bayne 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	

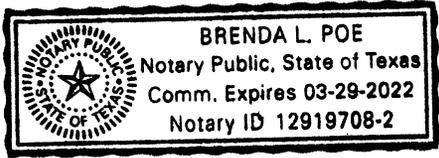
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>400.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>101.77</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>101.77</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Bayne
Signature of Candidate or Officeholder



BRENDA L. POE
Notary Public, State of Texas
Comm. Expires 03-29-2022
Notary ID 12919708-2

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Bayne, this the 29th day of October, 20 18, to certify which, witness my hand and seal of office.

Brenda Poe Brenda Poe Deputy City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>William Bayne</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>400.00</i>
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	\$ <i>101.77</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>101.77</i>
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>William Bayne</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-3-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEMUEL C. GILLIKEN JR.</i> 6 Contributor address; City; State; Zip Code <i>84 SPRING CIRCLE DR. HUNTSVILLE, TX 77340</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>
8 Principal occupation / Job title (See Instructions) <i>INSURANCE SALES</i>		9 Employer (See Instructions) <i>GERMANIA</i>
Date <i>10-4-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DENNIS REED</i> Contributor address; City; State; Zip Code <i>1518 14th ST. HUNTSVILLE, TX 77340</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>10-24-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARY LAURA GIBBS</i> Contributor address; City; State; Zip Code <i>1404 AVE O HUNTSVILLE, TX 77340</i>	Amount of contribution (\$) <i>200.⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE 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:	2 FILER NAME <i>WILLIAM BAYNE</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-30-18</i>	5 Payee name <i>OFFICE DEPOT</i>	
6 Amount (\$) <i>64.71</i>	7 Payee address; City; State; Zip Code <i>I-45 HUNTSVILLE, TX.</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>ENVELOPES</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
10 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
12 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
13 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
14 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
15 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
16 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
17 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
18 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
19 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
20 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
21 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
22 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
23 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
24 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
25 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
26 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
27 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
28 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
29 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
30 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
31 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
32 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
33 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
34 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
35 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
36 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
37 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
38 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
39 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
40 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
41 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
42 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
43 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
44 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
45 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
46 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
47 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
48 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
49 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>
50 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought <i>CITY COUNCIL @ LARGE POSITION 2</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME <i>WILLIAM BAYNE</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>9-30-18</i>	6 Payee name <i>OFFICE DEPOT</i>	
7 Amount (\$) <i>64.71</i>	8 Payee address; City; State; Zip Code <i>I-45 HUNTSVILLE, TX.</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i> <i>ENVELOPES</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought Office held <i>CITY COUNCIL @ LARGE POSITION 2</i>
Date <i>10-4-18</i>	Payee name <i>HOME DEPOT</i>	
Amount (\$) <i>37.06</i>	Payee address; City; State; Zip Code <i>I-45 HUNTSVILLE, TX.</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i> <i>SIGN POSTS</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <i>WILLIAM BAYNE</i>	Office sought Office held <i>CITY COUNCIL @ LARGE POSITION 2</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED