

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: 14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Billy Jim
NICKNAME LAST SUFFIX
Jim McNiece

OFFICE USE ONLY

Date Received

Abilene City Secretary

APR 7 - 2016

Filed for Record

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1925 Green Ridge Ct Abilene TX 79602

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 665-2111

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Misti M
NICKNAME LAST SUFFIX
Collier

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
4609 Southwest Drive Abilene TX 79602
(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 692-8660

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
02 / 19 / 2016 THROUGH 04 / 06 / 2016

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 07 / 2016 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Billy Jim McNiece

15 Filer ID (Ethics Commission Filers)

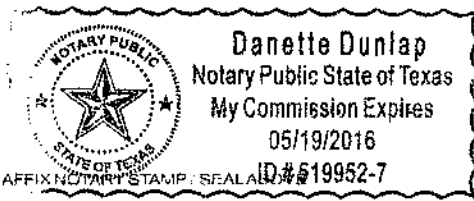
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 595.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,795.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 20.70
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,404.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,390.39
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.



Billy Jim McNiece
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Billy Jim McNiece this the 7 day of April, 2016, to certify which, witness my hand and seal of office.

Danette Dunlap Signature of officer administering oath
Danette Dunlap Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

Billy Jim McNiece

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,200.00
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	\$ 5,383.91
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,922.68
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: **7**

2 FILER NAME

Billy Jim McNiece

3 Filer ID (Ethics Commission Filers)

4 Date

02/23/2016

5 Full name of contributor

Charles W. and Sherri T. Statler

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

804 Highland Ave

City; State; Zip Code

Abilene, TX 79605

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/30/2016

Full name of contributor

Russell C. and Jane Varner Beard

out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

1901 River Oaks Rd

City; State; Zip Code

Abilene, TX 79605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2016

Full name of contributor

Scott Senter

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

3401 Curry Lane

City; State; Zip Code

Abilene, TX 79605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2016

Full name of contributor

Paul Cannon

out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

2217 Shoreline Dr

City; State; Zip Code

Abilene, TX 79602

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **7**

2 FILER NAME

Billy Jim McNiece

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/2016

5 Full name of contributor

Lee and Callie Hampton

out-of-state PAC ID#

6 Contributor address;

City; State; Zip Code

1410 River Oaks Rd Abilene, TX 79605

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/30/2016

Full name of contributor

Sharon P. Wells Paulsen

out-of-state PAC ID#

Contributor address;

City; State; Zip Code

47 Pebble Beach Abilene, TX 79606

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2016

Full name of contributor

David Copeland

out-of-state PAC ID#

Contributor address;

City; State; Zip Code

PO Box 2791 Abilene, TX 79604

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2016

Full name of contributor

Dr. Gary D. Goodnight and Jean M. Goodnight

out-of-state PAC ID#

Contributor address;

City; State; Zip Code

1427 Tanglewood Road Abilene, TX 79605

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME
Billy Jim McNiece

3 Filer ID (Ethics Commission Filers)

4 Date
03/30/2016

5 Full name of contributor out-of-state PAC (ID# _____)
Lee Caldwell
6 Contributor address, City, State, Zip Code
1441 Tanglewood Road Abilene, TX 79605

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Jack Q. Frizzell
Contributor address, City, State, Zip Code
PO Box 1320 Abilene, TX 79604

Amount of contribution (\$)

03/30/2016

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Bob and Peggy Beckham
Contributor address, City, State, Zip Code
1416 Woodland Trail Abilene, TX 79605

Amount of contribution (\$)

03/30/2016

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Clyde N. Morgan Sr.
Contributor address, City, State, Zip Code
1718 Cedar Crest Dr Abilene, TX 79601

Amount of contribution (\$)

03/30/2016

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 7
2 FILER NAME Billy Jim McNiece		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carolyn Barber 6 Contributor address; City; State; Zip Code 1402 Woodland Trl Abilene, TX 79605	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe and Jana Crawford Contributor address; City; State; Zip Code 1910 Campbell Dr Abilene, TX 79602	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) June Estes Contributor address; City; State; Zip Code 2309 Lincoln Dr Abilene, TX 79601	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ted & Laura Dyer Contributor address; City; State; Zip Code 1437 Tanglewood Rd Abilene, TX 79605	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME
Billy Jim McNiece

3 Filer ID (Ethics Commission Filers)

4 Date
04/01/2016

5 Full name of contributor out-of-state PAC (ID#)
Tucker Bridwell
6 Contributor address; City; State; Zip Code
PO Box 1616 Abilene, TX 79604

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)
Dewayne & Virginia Chitwood
Contributor address; City; State; Zip Code
95 Hedges Rd Abilene, TX 79605

Amount of contribution (\$)
\$200.00

04/01/2016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)
Dr. & Ms. Royce Money
Contributor address; City; State; Zip Code
1209 S. Saddle Lakes Abilene, TX 79602

Amount of contribution (\$)
\$100.00

04/01/2016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)
F. Scott Dueser
Contributor address; City; State; Zip Code
PO Box 701 Abilene, TX 79604

Amount of contribution (\$)
\$200.00

04/04/2016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 7
2 FILER NAME Billy Jim McNiece		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. C. Bruce & Charlotte Davis 6 Contributor address; City; State; Zip Code 1071 N. Judge Ely Abilene, TX 79601	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve & Cindy Strain Contributor address; City; State; Zip Code 1424 Woodland Trl Abilene, TX 79605	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Billye Proctor Shaw Contributor address; City; State; Zip Code 1760 River Oaks Rd Abilene, TX 79605	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronny & Teresa Bryant Contributor address; City; State; Zip Code 2151 Oldham Ln Abilene, TX 79602	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 7
2 FILER NAME Billy Jim McNiece		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim & Regina Lancaster 6 Contributor address; City; State; Zip Code 2727 Oldham Lane Abilene, TX 79602	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dan T. & Donna B. Garrett Contributor address; City; State; Zip Code ACU Box 29200 Abilene, TX 79699	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. J.J. Matthews Contributor address; City; State; Zip Code PO Box 176 Abilene, TX 79604	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. & Mrs. Joseph Edwin Canon Contributor address; City; State; Zip Code 102 Tiquewood Abilene, TX 79605	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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/Officer/holder/Political Committee Credit Card Payment	Event Expense Fees Food/Drink Expense Gift/Awards/Memorabilia Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Billy Jim McNiece	3 Filer ID (Ethics Commission Filers)
----------------------------------------	------------------------------------------	---------------------------------------

4 Date 04/06/2016	5 Payee name Jim McNiece
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6 Amount (\$) \$4,530.48	7 Payee address; City; State; Zip Code 1925 Green Ridge Ct Abilene, TX 79602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense Reimbursement for Political Expenditures made from personal funds
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/06/2016	Payee name Signature Direct Mail Services
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Amount (\$) \$853.43	Payee address; City; State; Zip Code PO Box 6066 Abilene, TX 79608
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fund-raising	Description Mailing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 Food Food/Beverage Expense Gift/Awards/Memorial's Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME Billy Jim McNiece		3 Filer ID (Ethics Commission Filer)	
4 Date 03/25/2016		5 Payee name Double Diamond Signs			
6 Amount (\$) \$211.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3241 S. 1st St. Suite 10 Abilene, TX 79605			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Magnetic Car Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 03/24/2016		Payee name Craft Design			
Amount (\$) \$126.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2842 S. 7th Abilene, TX 79605			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Name Badges <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 03/09/2016		Payee name DANWAL, INC.			
Amount (\$) \$4,076.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Substitution Fundraising Expense |
| Accounting/Billing | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Billy Jim McNiece	3 Filer ID (Ethics Commission Filers)
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4 Date 03/10/2016	5 Payee name DANWAL, INC.
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6 Amount (\$) \$373.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Shipping Charge for Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 03/10/2016	Payee name DANWAL, INC
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Amount (\$) \$80.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Grommets <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/19/2016	Payee name Southern Hills
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Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2501 Buffalo Gap Rd Abilene, TX 79605
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Post Office Box Charge <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	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Salutiation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Billy Jim McNiece	3 Filer ID (Ethics Commission Filers)
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4 Date 03/22/2016	5 Payee name Lowe's Home Centers, LLC
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6 Amount (\$) \$19.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1634 E Musgrave Blvd Abilene, TX 79601
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Cables for Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED