

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: 6																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">MS / MRS / MR Mr.</td> <td style="width:30%;">FIRST William</td> <td style="width:40%;">MI D</td> </tr> <tr> <td>NICKNAME Bill</td> <td>LAST Greenhill</td> <td>SUFFIX</td> </tr> </table>	MS / MRS / MR Mr.	FIRST William	MI D	NICKNAME Bill	LAST Greenhill	SUFFIX	OFFICE USE ONLY																
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:35%;">ZIP CODE</td> </tr> <tr> <td>1608 Ashland Ave.</td> <td></td> <td>Fort Worth</td> <td>TX</td> <td>76107</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1608 Ashland Ave.		Fort Worth	TX	76107											
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12 OFFICE	OFFICE HELD (if any) Trustee, Dist. 4 Tarrant County College District	13 OFFICE SOUGHT (if known) Trustee, Dist. 4 Tarant County College District																						
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS													
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<input type="checkbox"/> Additional Pages																								

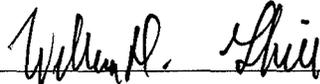
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME William D. Greenhill		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 38,832.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 38,832.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 42,682.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

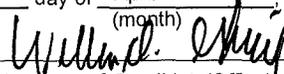
OR

(2) Unsworn Declaration

My name is William D. Greenhill, and my date of birth is August 11, 1946.

My address is 1608 Ashland Ave., Fort Worth, TX, 76107, USA.
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 26th day of April, 2023.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,050
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	\$ 27,500
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 38,892
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 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

If the requested information is not applicable, DO NOT include this page in the report.

Page 1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William D. Greenhill		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard A. Henderson	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1630 Greenview Court Aledo TX 76008		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas J. Harris	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 8040 Valley Drive Norht Richland Hills TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrade C. Heede	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4768 Cambenet Circle Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Estrada	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1705 Ashland Ave Fort Worth TX 76107		
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.		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Page 2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William D. Greenhill		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Crunz <hr/> 6 Contributor address; City; State; Zip Code 3928 Modin Ave. Fort Worth TX 76107	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Evans Chowning <hr/> Contributor address; City; State; Zip Code 3809 Crestline Road Fort Worth TX 76107	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Leonard <hr/> Contributor address; City; State; Zip Code 1411 Shandy Oaks Lane Fort Worth TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam and Norm Robbins <hr/> Contributor address; City; State; Zip Code 6144 Plum Valley Place Fort Worth TX 76116	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

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Page 3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME William D. Greenhill		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Real Estate Council PAC <hr/> 6 Contributor address; City; State; Zip Code 777 Main St., Ste 2100 Fort Worth TX 76102	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian D. Barnard <hr/> Contributor address; City; State; Zip Code 301 Commerce St., Ste. 2600 Fort Worth TX 76102	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 27,500
5 Date of loan 4/24/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) William D. Greenhill	9 Loan Amount (\$) 27,500
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1608Ashland Ave. Fort Worth TX 76107	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(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	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 F1:	2 FILER NAME William D. Greenhill	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/23	5 Payee name Fulcrum Strategy Partners	
6 Amount (\$) \$38,800	7 Payee address; P.O. Box 100511	City; State; Zip Code Fort Worth TX 76107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense, Consulting Expenses, Fees Printing Expenses, Solicitation/Fundraising Expenses	(b) Description Contract labor for campaign services
	(c) <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 Office held
Date 4/26/23	Payee name Anedot	
Amount (\$) \$32.50	Payee address; 1920 McKinney Ave., 7th Floor	City; State; Zip Code Dallas TX 75021
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees for on-line campaign contribution solicitation
	<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 Office held
Date 4/26/23	Payee name Wells Fargo Bank	
Amount (\$) \$57.32	Payee address; 201 Main St.	City; State; Zip Code Fort Worth tX 76102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Banking	Description Checks for Campaign Account
	<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 Office held

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