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 Comm			1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		MI	OFFICE	USE ONLY		
NAME	NICKNAME	LAST (J. Gon)	SUFFIX	Date Received	eived		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	269 Setay	LOW 8	CITY: STATE; ZIP CODE TX 78618		3 2022		
Change of Address		WALL I	<u> </u>		Onice		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PE	HONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI		Amount \$		
NAME	NICKNAME	LAST	SUFFIX	Date Processed			
		(Mt.		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Same or als	•	SUITE #; CITY;	STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE P	HONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C(OH - FR))						
	July 15	8th day before el	Reporting Limit	Final Repor	(Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / (/ 20) THROUGH 1 / 1 / 20)			20			
11 ELECTION	Month Day Year Primary Runoff Special ELECTION TYPE General Special			None			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)			
14 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(S)	COMMITTEE TYPE COM	MMITTEE NAME					
Additional Pages	GENERAL	MITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
	COM	MMITTEE CAMPAIGN TR	REASURER ADDRESS				
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Paul Williams 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$140
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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.

The	Instruction Guide explains how	1 Total pages Schedule A1:			
2 FILER NAME	Paul Williams			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor 6 Contributor address;	□ out-of-state PA City;	State; Zip Code	7 Amount of contribution (\$)	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)	
Date	Full name of contributor	out-of-state PA	PAC (ID#:) Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code		
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	ctions)	
Date	Full name of contributor	☐ out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	in I Williams	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$12-8					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$188					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$30					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$					
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information					
	Signature of Ca	andidate or Officeholder					
Please complete either option below:							
(1) Affidavit	JENNIFER ANDERSON Notary Public, State of Texas Comm. Expires 10-01-2024 Notary ID 11208551						
NOTARY STAMP/SEAL							
Sworn to and subscribed		13 day of January					
20 CZ, to certify	which, witness my hand and seal of office.	1724011					
Signature of officer administe	Printed name of officer administering oath	Title of officer administering oath					
OR							
(2) Unsworn Declarati	on						
My name is	, and my date of birth is						
	, and my date of billing						
m, address is		state) (zip code) (country)					
Executed in	County, State of, on the day of(mont	, 20					
	Signature of Candi	date/Officeholder (Declarant)					