CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mrs Gina R NAME Date Received SUFFIX ER NICKNAME LAST Williams 上国 ರ RECOR 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX: STATE: ZIP CODE **OFFICEHOLDER** RD 1521 Bishop St. / PO Box 544 Robert Lee TX 76945 MAILING ADDRESS & □ B U Change of Address or 9 AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-deliv or Prate Pr **OFFICEHOLDER** Щ PHONE Receip MS / MRS / MR FIRST 6 CAMPAIGN MI Ш шш TREASURER Gina Mrs R Date NAME ō LAST NICKNAME SUFFIX Date Imaged Williams STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE ZIP CODE CAMPAIGN TREASURER 1521 Bishop St. / PO Box 544 76945 Robert Lee TX **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 25 1 24 1 24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description General Special 3 5 24 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Tax Assessor-Collector Tax Assessor-Collector 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR POLITICAL CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

IDATE / OFFICE USI DEF

		DFFICEHOLDER IANCE REPORT	СО	annament and the	ORM C/OH SHEET PG 2
15 C/OH NAME Gina Williams			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)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	263.60
CONTRIBUTION BALANCE	5.	OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00
		affirm, under penalty of perjury, that the accompanying report is true be reported by me under Title 15, Election Code. Live Title 15, Election Code. Signature of Car	Óle	Orm	D

	Please	e complete eith	er option b	elow:		
	d before me by 7100 fy which, witness my hand and seal Control Printed		Burd	s the <u>31</u>	day of Title of office	Cun Lagray r administering oath
My name is			and my date of b	oirth is		
My address is				_,,	,	
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the _	day of	(month)	, 20 (year)	
		_	Signature of	Candidate/Of	ficeholder (Dec	larant)
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx	us			Revised 8/17/202

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 G	FILER NAME ina Williams	(Ethics Commissio	n Filers)
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ıs \$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	ions \$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9,	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	263.60
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	RNED \$	0.00

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Politi- Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how to		er (enter a category	not listed above)	
1 Total pages Schedule G:	² FILER NAME Gina Renea Williams	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	·			
01/06/2024	VistaPrint				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
27.60 Reimbursement from political contributions intended	275 Wyman St.	Waltham	MA	02451	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Political Cards			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	iceholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held	
expenditure to benefit C/OH	Gina Williams	Tax Assessor Collector	Tax Asse	ssor Collector	
Date	Payee name				
01/18/2024	Driven By Graphics				
Amount (\$)	Payee address;	City;	State;	Zip Code	
236.00 Reimbursement from political contributions intended	3447 Harrison Ave.	Panama City	FL	32405	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Advertising Expense Political Banne				
N	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held	
expenditure to benefit C/C	он Gina Williams	Tax Assessor Collector	Tax Asse	ssor Collector	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas, Complete Schedule T.	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			