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	MS / MRS / MR FIRST Mrs Gina	MI R	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Williams	-	8 = 7	
4 CANDIDATE / OFFICEHOLDER		CITY; STATE; ZIP CODE	FILED JENN	
MAILING	1521 Bishop St / PO Box 544 R	Robert Lee TX 76945	JAN SNNIF	
ADDRESS Change of Address		JAN COUNT		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER PHONE		y and the following control of		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # S Amount \$	
TREASURER NAME	Mrs Gina	R	Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
	Williams			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE	
ADDRESS	1521 Bishop St / PO Box 544	Robert Lee	TX 76945	
(Residence or Business) 8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER	AREA CODE PROME NOMBER	EXTENSION		
PHONE				
9 REPORT TYPE	January 15 30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	7 / 1 / 24	тнгоидн 12	/ 31 / 24	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	11 / 5 / 24 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	,	
	Tax Assessor-Collector			
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'S OR 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.			
0011	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL COMMITTEE ADDRESS			
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME		
	SPECIFIC COMMITTEE CAMPAIGN TREA			
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2				
	20101	A T TOTAL CO.	,	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

The state of the s	SEC SET STATE OF A PROPERTY OF CONTROL OF PROPERTY OF SECURITIES OF SECU			
15 C/OH NAME		16 Filer ID (Ethi	cs Commission Filers)	
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE	 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	
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00	
	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00	
18 SIGNATURE I SV	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and	includes all information	
req	uired to be reported by me under Title 15, Election Code.			
Ina Williams				
	Signature of Ca	ndidate or Office	holder	
	Please complete either option below	<i>r</i> :		
	SUA INSIAMPORTANIA SONAMPORTANIA CANDINASTANIA INTERNASIA SANTANIA CANDINASTANIA CANDI			
		115111111C	OUN	
(4) A (5) 1 . 1/		THUM!	C	
(1) Affidavit		6:1	VI E	
		ig: A	# =	
NOTARY STAMP/SEAL		111	The same of the sa	
Sworn to and subscribed I	before me by Gina Williams this the	100 days	M. Considere	
	which witness my hand seal of office.		- Jenning of the Control of the Cont	
10nniles	wich 10 novem Kundet	ل ^ا) ۲	ou	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of c	officer administering oath	
Total Commencer Commencer	OR		10000000000000000000000000000000000000	
(2) Unsworn Declaratio	n			
	, and my date of birth is		· · · · · · · · · · · · · · · · · · ·	
My address is		(toto) (========	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Executed in		tate) (zip code	e) (country)	
Executed III	County, State of , on the day of (month) , 20, 20	ear)	
	Signature of Candid	ate/Officeholder ((Declarant)	