CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE! MI OFFICE USE ONLY **OFFICEHOLDER** Mrs Gina R NAME Date Received NICKNAME LAST SUFFIX RECORD BURDETT Williams APT / SUITE #: 4 CANDIDATE / ADDRESS / PO BOX; 1521 Bishop St. / PO Box 544 Robert Lee TX 76945 **OFFICEHOLDER** MAILING **ADDRESS** OR Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Hand-del Date **OFFICEHOLDER** PHONE Récept # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Gina Mrs R Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Williams STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE ZIP CODE CAMPAIGN **TREASURER** TX76945 1521 Bishop St. Robert Lee **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Month Day Year COVERED 2 24 24 26 / 24 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 3 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Tax Assessor-Collector Tax Assessor-Collector THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIG	N FIN	ANCE REPORT	COVE	R SHEET PG 2
15 C/OH NAME Gina Williams		10	6 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	\$	252.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
		affirm, under penalty of perjury, that the accompanying report is true as the reported by me under Title 15, Election Code. Signature of Canon	llia	ms

Please complete either option below:

(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by				his the	day of,		
20, to certify which, w	vitness my hand and seal of of	fice.					
Signature of officer administering oath	Printed name	e of officer administeri	ng oath		Title of office	er administering oath	
		OR					
(2) Unsworn Declaration							
My name is		, ar	nd my date of	birth is			
My address is							
	(street)		(city)	(state)	(zip code)	(country)	
Executed in	County, State of	, on the	day of	(month)	, 20 (year)	-	
			Signature o	f Candidate/Of	ficeholder (Dec	clarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 G	FILER NAME ina Williams 20 Filer ID (Ett	nics Commission	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		0.00
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		252.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	ED \$	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 Legal Services 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 (entral category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how	es/Wages/Contract Labor Other	(enter a category not listed above)			
1 Total pages Schedule G: 1 4 Date 01/31/2024	2 FILER NAME Gina Renea Williams 5 Payee name Driven By Graphics	3 File	er ID (Ethics Commission Filers)			
6 Amount (\$) 252.00 Reimbursement from political contributions intended	7 Payee address; 3447 Harrison Ave.	city; Panama City	State; Zip Code FL 32405			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Political Yard signs Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Gina Williams	Office sought Tax Assessor Collector	Office held Tax Assessor Collector			
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code			
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/C	omplete ONLY if direct openditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
2 A CONTROL OF THE STATE OF THE	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				