

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |                                    |
|---|---|--|------------------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed:        |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST  | MI                                 |
|   | NICKNAME  | LAST   | SUFFIX                             |
| Mr Billy Williams   |   | D  |                                    |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small> | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |                                    |
|   | 1521 Bishop St / PO Box 544 Robert Lee TX 76945   |  |                                    |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER  |  | EXTENSION                          |
|   | [REDACTED]  |  |                                    |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST  | MI                                 |
|   | NICKNAME  | LAST   | SUFFIX                             |
| Mr Billy Williams   |   | D  |                                    |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;   |  | STATE; ZIP CODE                    |
|   | 1521 Bishop St / PO Box 544 Robert Lee TX   |  | 76945                              |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER  |  | EXTENSION                          |
|   | [REDACTED]  |  |                                    |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  |  |                                    |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)  |  |                                    |
| <b>10</b> PERIOD COVERED  | Month Day Year  |  | Month Day Year                     |
|   | 7 / 1 / 24  |  | THROUGH 12 / 31 / 24               |
| <b>11</b> ELECTION  | ELECTION DATE   |  | ELECTION TYPE                      |
|   | Month Day Year  | Primary                                      | Runoff Other Description           |
| 11 / 5 / 24   |   | <input checked="" type="checkbox"/> General  | Special                            |
| <b>12</b> OFFICE  | OFFICE HELD (if any)  |  | <b>13</b> OFFICE SOUGHT (if known) |
|   | Sheriff   |  |                                    |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><small>Additional Pages</small>   | 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 TYPE  | COMMITTEE NAME                               |                                    |
|   | GENERAL   | COMMITTEE ADDRESS                            |                                    |
|   | SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME            |                                    |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS         |                                    |

**OFFICE USE ONLY**

Date Received

FILED FOR RECORD

TIME: \_\_\_\_\_

JAN 10 2025

COKE COUNTY DIST. CLERK

JENNIFER FURDET

---

Date Hand-delivered or Date Postmarked

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_

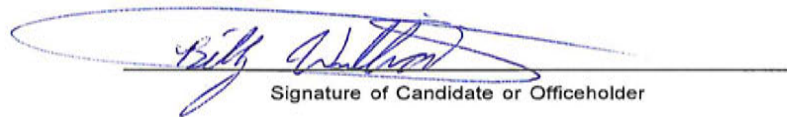
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                       |   |   |      |
|---------------------------------------|---|---|------|
| <b>15 C/OH NAME</b><br>Billy Williams |   | <b>16 Filer ID (Ethics Commission Filers)</b> |      |
| <b>17 CONTRIBUTION TOTALS</b>         | 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 |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  | 0.00 |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$  | 0.00 |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  | 0.00 |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  | 0.00 |

**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 Billy Williams this the 10 day of January 2025, 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)