

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

|   |   |                |           |                        |                               |  |             |
|---|---|----------------|-----------|------------------------|-------------------------------|--|-------------|
| See CTA Instruction Guide for detailed instructions.        |   |                |           |                        |                               | 1 Total pages filed:   |             |
| 2 CANDIDATE NAME  | MS / MRS / MR   | FIRST          | MI        | OFFICE USE ONLY        |                               |  |             |
|   | Mr William C  |                |           | Filer ID #             | FILED                         |  |             |
|   | NICKNAME  | LAST           | SUFFIX    | Date Received          | KELLY RATLIFF<br>COUNTY CLERK |  |             |
|   | Chris Prock   |                |           | OCT 27 2025<br>9:31 AM |                               |  |             |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX;   | APT / SUITE #; | CITY;     | STATE;                 | ZIP CODE                      | HUTCHINSON COUNTY TEXAS<br>BY <u>A. B. [Signature]</u> DEPUTY<br>Date Hand-delivered or Postmarked |             |
|   | [Redacted]  |                |           |                        |                               |  |             |
| 4 CANDIDATE PHONE   | AREA CODE   | PHONE NUMBER   | EXTENSION | Receipt #              | Amount \$                     |  |             |
|   | [Redacted]  |                |           | Date Processed         |                               |  |             |
| 5 OFFICE HELD (if any)                                      | Hutchinson County Commissioner, Pct 4   |                |           |                        |                               |  | Date Imaged |
| 6 OFFICE SOUGHT (if known)                                  | Hutchinson County Judge   |                |           |                        |                               |  |             |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR   | FIRST          | MI        | NICKNAME               | LAST                          | SUFFIX   |             |
|   | Mr William C Chris Prock  |                |           |                        |                               |  |             |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS;   | APT / SUITE #; | CITY;     | STATE;                 | ZIP CODE                      |  |             |
|   | [Redacted]  |                |           |                        |                               |  |             |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE   | PHONE NUMBER   | EXTENSION |                        |                               |  |             |
|   | [Redacted]  |                |           |                        |                               |  |             |
| 10 CANDIDATE SIGNATURE                                      | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>[Signature]</u><br/>Signature of Candidate</p> <p><u>10/22/25</u><br/>Date Signed</p> |                |           |                        |                               |  |             |

GO TO PAGE 2

**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA**  
**PG 1**

1 CANDIDATE  
NAME

Chris Prock

2 FILER ID #

3 Total pages filed:

1

See ACTA Instruction Guide for detailed instructions.

Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE  
NAME

NEW

MS / MRS / MR

FIRST

MI

Mr

William

C

NICKNAME

LAST

SUFFIX

Chris

Prock

5 CANDIDATE  
MAILING  
ADDRESS

NEW

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

6 CANDIDATE  
PHONE

NEW

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

7 OFFICE HELD  
(if any)

NEW

County Commissioner, Pct 4

8 OFFICE  
SOUGHT  
(if known)

NEW

County Commissioner, Pct 4

9 CAMPAIGN  
TREASURER  
NAME

NEW

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr

William C

Chris

Prock

10 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

NEW

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

11 CAMPAIGN  
TREASURER  
PHONE

NEW

AREA CODE

PHONE NUMBER

EXTENSION

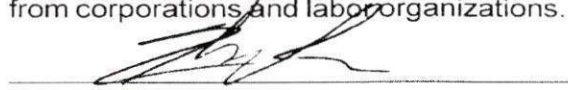
[REDACTED]

12 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.



Signature of Candidate

11/10/25  
Date Signed

**GO TO PAGE 2**

# 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:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr  
Chris

William  
Prock

C

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr

William

C

Chris

Prock

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

11 / 19 / 25

THROUGH

1 / 15 / 26

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 26

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner, Pct 4

13 OFFICE SOUGHT (if known)

County Commissioner, Pct. 4

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 TYPE

COMMITTEE NAME

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |  |
|--|---|--|
| 15 C/OH NAME<br><u>William C Prock</u> |   | 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) | \$ <u>0</u>                            |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>292.80</u>                       |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>3109.19</u>                      |
| CONTRIBUTION BALANCE                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                            |

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.

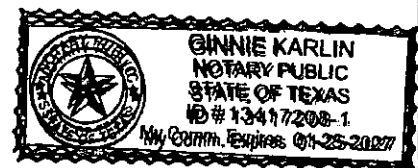
[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Chris Prock this the 14th day of January

20 26, to certify which, witness my hand and seal of office.

Ginnie Karlin Ginnie Karlin Branch manager  
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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

William C Prock

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |            |
|-----|-------------------------------------|--|------------|
| 1.  | <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0       |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0       |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0       |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$ 0       |
| 5.  | <input type="checkbox"/>            | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0       |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0       |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0       |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0       |
| 9.  | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 2816.39 |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0       |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0       |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0       |

# 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  
Credit Card Payment

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |   |   |                                       |                                    |
|--|--|---|---|---------------------------------------|------------------------------------|
| 1 Total pages Schedule G:<br><b>2</b>  |  | 2 FILER NAME<br><b>William C Prock</b>                |   | 3 Filer ID (Ethics Commission Filers) |                                    |
| 4 Date<br><b>11/19/25</b>  |  | 5 Payee name<br><b>Hutchinson County Primary Fund</b> |   |                                       |                                    |
| 6 Amount (\$)<br><b>\$750</b><br><input type="checkbox"/> Reimbursement from political contributions intended  |  | 7 Payee address;<br><b>327 N. Main</b>                |   | City:<br><b>Burger TX</b>             | State: Zip Code<br><b>79007</b>    |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><b>Fees</b>            |   | (b) Description<br><b>Filing fee for ballot place</b>                     |                                       |                                    |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                                    |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |   |   |                                       |                                    |
| Date<br><b>12/27/25</b>  |  | Payee name<br><b>VALR Tech LLC</b>                    |   |                                       |                                    |
| Amount (\$)<br><b>\$1,622</b><br><input type="checkbox"/> Reimbursement from political contributions intended  |  | Payee address;<br><b>804 Squire Ct</b>                |   | City:<br><b>Allen</b>                 | State: Zip Code<br><b>TX 75002</b> |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |   | Description<br><b>Website Design/Hosting</b>                              |                                       |                                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                                    |
| Candidate / Officeholder name Office sought Office held  |  |   |   |                                       |                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |   |   |                                       |                                    |
| Date<br><b>1/10/26</b>   |  | Payee name<br><b>Banners on the Cheap</b>             |   |                                       |                                    |
| Amount (\$)<br><b>\$173.04</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | Payee address;<br><b>11525a Stonehollow Dr</b>        |   | City:<br><b>Austin</b>                | State: Zip Code<br><b>TX 78758</b> |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |   | Description<br><b>Vinyl Banners</b>                                       |                                       |                                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                                    |
| Candidate / Officeholder name Office sought Office held  |  |   |   |                                       |                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |   |   |                                       |                                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
Credit Card Payment

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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |                                       |
|---|--|---------------------------------------|
| 1 Total pages Schedule G:<br><div style="text-align: center; font-size: 1.5em;">2</div>   | 2 FILER NAME<br><div style="text-align: center; font-size: 1.2em;">William C Prock</div>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><div style="text-align: center; font-size: 1.2em;">1/13/26</div>  | 5 Payee name<br><div style="text-align: center; font-size: 1.2em;">Vistaprint</div>  |                                       |
| 6 Amount (\$)<br><div style="text-align: center; font-size: 1.2em;">\$ 271.35</div><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><div style="text-align: center; font-size: 1.2em;">95 Hayden Ave Lexington MA 02421</div>              |                                       |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><div style="text-align: center; font-size: 1.2em;">Advertising Expense</div> |                                       |
|   | (b) Description<br><div style="text-align: center; font-size: 1.2em;">Postcards / Business Cards</div>   |                                       |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense       |  |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held  |  |                                       |
| Date Payee name   |  |                                       |
| Amount (\$)<br><input type="checkbox"/> 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  |                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense           |  |                                       |
| Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held  |  |                                       |
| Date Payee name   |  |                                       |
| Amount (\$)<br><input type="checkbox"/> 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  |                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense           |  |                                       |
| Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held  |  |                                       |
| Date Payee name   |  |                                       |
| Amount (\$)<br><input type="checkbox"/> 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  |                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense           |  |                                       |
| Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held  |  |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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

## OFFICE USE ONLY

FILED

Date Received  
KELLY RATLIFF  
COUNTY CLERK

JAN 28 2026

12:59 PM

HUTCHINSON COUNTY TEXAS  
BY [Signature] DEPUTY

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr William

NICKNAME

LAST

SUFFIX

Chris Prock

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[Redacted Address]

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[Redacted Phone Number]

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr William

NICKNAME

LAST

SUFFIX

Chris Prock

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[Redacted Address]

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[Redacted Phone Number]

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1 / 15 / 26

THROUGH

Month

Day

Year

1 / 29 / 26

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner, Pet 4

13 OFFICE SOUGHT (if known)

County Commissioner, Pet 4

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 TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |  |
|--|---|--|
| 15 C/OH NAME<br><u>William C Prock</u> |   | 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) | \$ <u>0</u>                            |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0</u>                            |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u>                            |
| CONTRIBUTION BALANCE                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                            |

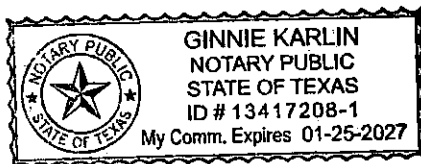
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chris Prock this the 27 day of January, 2024, to certify which, witness my hand and seal of office.

Ginnie Karlin Ginnie Karlin Branch manager  
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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>William C Prock</i>   |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0                                   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0                                   |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0                                   |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0                                   |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0                                   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0                                   |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0                                   |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0                                   |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0                                   |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0                                   |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                                   |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                                   |

# 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 to complete this form.  |  | 1 Total pages Schedule A1:            |
| 2 FILER NAME   |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)         |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)           |
|  |  |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                                       |