

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 NAME	MS / MRS / MR	FIRST William	MI C.	OFFICE USE ONLY Date Received 1/16/2024 3:30 Am Vicki Miller Date Hand-delivered or Date Postmarked 1/16/2024 Receipt # Amount \$ Date Processed 1/16/2024 Date Imaged
		NICKNAME	LAST Robertson	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	PO Box 294 Bonham TX 75418			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(903)	227-1871		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jesse	MI D.	
		NICKNAME	LAST Nichols	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	901 US Hwy 82 Bonham TX 75418			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(903)	227-0164		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 07 / 27 / 2023		THROUGH Month Day Year 12 / 31 / 2023	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 03 / 03 / 2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Sheriff		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

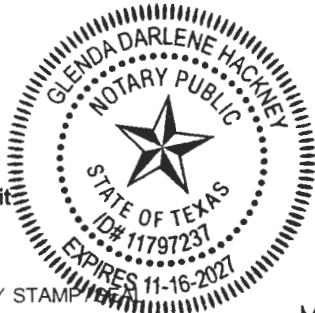
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>William C. Robertson</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>7308.99</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3536.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3772.11</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.

William C. Robertson
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Glenda Pierce-Hally this the 16th day of January 2021
24, to certify which, witness my hand and seal of office.
Glenda Darlene Hackney Notary Public
 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. Robertson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7308.99
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
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	\$ 3250.56
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	\$ 286.32
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: 4
2 FILER NAME William C. Robertson		3 Filer ID (Ethics Commission Filers)
4 Date 8/08/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark L. Johnson	7 Amount of contribution (\$) \$ 1158.⁹⁹
6 Contributor address; City; State; Zip Code PoBox 371 Whitewright TX 75491		
8 Principal occupation / Job title (See Instructions) Sheriff		9 Employer (See Instructions)
Date 8/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Melrose	Amount of contribution (\$) \$ 1000.⁰⁰
Contributor address; City; State; Zip Code 4331 Cotton Belt Lane Prosper TX 75018		
Principal occupation / Job title (See Instructions) Farming		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy Schickedanz	Amount of contribution (\$) \$ 50.⁰⁰
Contributor address; City; State; Zip Code 300 Private Rd 431 Trenton TX 75490		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Felix Saenz	Amount of contribution (\$) \$ 200.⁰⁰
Contributor address; City; State; Zip Code 4474 Carraway Dr Frisco TX 75034		
Principal occupation / Job title (See Instructions) RV Park Owner		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 4
2 FILER NAME William C. Robertson		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy Moore	7 Amount of contribution (\$) \$200.⁰⁰
6 Contributor address; City; State; Zip Code 2126 CR 1450 Bonham TX 75418		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy Schickedanz	Amount of contribution (\$) \$50.⁰⁰
Contributor address; City; State; Zip Code 300 Private Rd 431 Trenton TX 75490		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rubin Pereira	Amount of contribution (\$) \$3000.⁰⁰
Contributor address; City; State; Zip Code 374 Hwy 69 Trenton TX 75490		
Principal occupation / Job title (See Instructions) Cabinets / Countertops		Employer (See Instructions)
Date 12/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwain Kirby	Amount of contribution (\$) \$100.⁰⁰
Contributor address; City; State; Zip Code 1099 CR 2520 Bonham TX 75418		
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 4
2 FILER NAME William C. Robertson		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill McCain	7 Amount of contribution (\$) \$200.⁰⁰
6 Contributor address; City; State; Zip Code 2630 N. Center Bonham TX 75418		
8 Principal occupation / Job title (See Instructions) Autobody / wrecker		9 Employer (See Instructions)
Date 12/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Stapleton	Amount of contribution (\$) \$300.⁰⁰
Contributor address; City; State; Zip Code 1719 Ranch Rd Royce City TX 75189		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions)
Date 12/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) G K Reddy	Amount of contribution (\$) \$150.⁰⁰
Contributor address; City; State; Zip Code 11016K Reddy Ave Bonham TX 75418		
Principal occupation / Job title (See Instructions) Hotel owner		Employer (See Instructions)
Date 12/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joel Moore	Amount of contribution (\$) \$300.⁰⁰
Contributor address; City; State; Zip Code 10155 W Hwy 82 Savoy TX 75479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 4
2 FILER NAME William C. Robertson		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Dockery	7 Amount of contribution (\$) \$100⁰⁰
6 Contributor address; City; State; Zip Code 1323 FM 151 Trenton TX 75490		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doris Bryant	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code P.O. Box 613 Yantis, TX 76497		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnny Neal	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 2021 Pecan St Bonham TX 75418		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken Franklin	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 4683 FM 1553 Leonard TX 75452		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME William C. Robertson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ Ø	
5 Date 8/11/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sign Werks / Jeff Holmes	8 Amount of Contribution \$ \$ 500⁰⁰	9 In-kind contribution description 2 yard signs 8 magnetic car signs
7 Contributor address; City; State; Zip Code 505 E. Mulberry Leonard TX 75452		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Sign business owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Sign Werks	
12 Contributor's principal occupation (FOR JUDICIAL) N/A		13 Contributor's job title (FOR JUDICIAL)(See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME William C. Robertson	3 Filer ID (Ethics Commission Filers)
4 Date 9-26-23	5 Payee name Vista Print	
6 Amount (\$) \$ 112⁷⁹	7 Payee address; City; State; Zip Code 101 Hayden Ave Lexington MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description campaign cards & t-shirts
	(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	Candidate / Officeholder name	Office sought Office held

Date 11/11/23	Payee name Fannin County Republican Party	
Amount (\$) \$ 750⁰⁰	Payee address; City; State; Zip Code PoBox 83 Randolph TX 75475	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing fee
	<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	Candidate / Officeholder name	Office sought Office held

Date 12/11/23	Payee name TX GOP store	
Amount (\$) \$ 2387¹¹	Payee address; City; State; Zip Code 404 IH 45 Huntsville TX 77488	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description campaign signs
	<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	Candidate / Officeholder name	Office sought Office held

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME William C. Robertson	3 Filer ID (Ethics Commission Filers)
4 Date 7/27/23	5 Payee name Fannin Bank	
6 Amount (\$) \$100⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 230 E. 3rd St City: Bonham State: TX Zip Code: 75418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description open campaign account
	(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	Candidate / Officeholder name	Office sought Office held

Date 8/07/23	Payee name us Post Office		
Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 300 N Center St City: Bonham State: TX Zip Code: 75418		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description campaign PObox rental	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 12/18/23	Payee name Northern Tool and Equipment		
Amount (\$) \$25.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 208 N Central Expy City: McKinney State: TX Zip Code: 75070		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description grommets for signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME William C. Robertson	3 Filer ID (Ethics Commission Filers)
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4 Date 12/22/23	5 Payee name Harbor Freight
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6 Amount (\$) \$24.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 3201 N US Hwy 75	City: Sherman	State: TX	Zip Code 75090
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description grommets for signs
	(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	Candidate / Officeholder name	Office sought	Office held
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Date 12/22/23	Payee name Fix N Feed
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Amount (\$) \$18.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2301 Hwy 121	City: Bonham	State: TX	Zip Code 75418
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description straps for signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/29/23	Payee name Crossroads Hardware
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Amount (\$) \$23.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 209 N Hwy 69	City: Leonard	State: TX	Zip Code 75452
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description grommets for signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule G. 3	2 FILER NAME William C. Robertson	3 Filer ID (Ethics Commission Filers)
4 Date 9/24/23	5 Payee name Awards Unlimited	
6 Amount (\$) \$14.⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 1000 N. Trans St Sherman TX 75090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description campaign name tag
	(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	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount (\$)	Payee address; City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

William

C

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Robertson

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(903) 227-1871

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 294 Bonham TX 75418

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Sheriff

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

N/A

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Jesse

D.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Nichols

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CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.


Signature

01-15-2024
Date