

# 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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr. William

J

NICKNAME

LAST

SUFFIX

Koch

III

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX,

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 772 Kingsland TX 78639

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 932 - 2039

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr. William

J

NICKNAME

LAST

SUFFIX

Koch

III

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS AND PO BOX #

ITE #;

CITY;

STATE;

ZIP CODE

Kingsland, TX 78639

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 932 - 2039

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

1 / 1 / 2024 THROUGH 11 / 1 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 5 / 2024

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Llano County Constable Pci. 3

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME *William D. Koch* <sup>EST</sup> 20 Filer ID (Ethics Commission Filers)

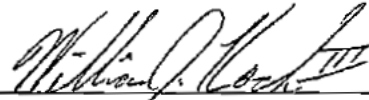
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input 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	\$ 2,298.63
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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,298,63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

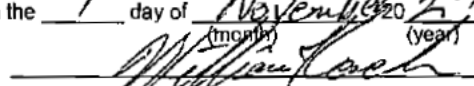
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is William Koch and my date of birth is 02/21/1967  
 My address is \_\_\_\_\_, Kingsland, TX 78659 Uano  
(street) (city) (state) (zip code) (country)

Executed in Uano County, State of Texas, on the 1 day of November 2024  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# 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.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>William J. Koch III</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>09/06/2024</u>	<b>5</b> Payee name <del>William Koch</del> <u>Vista Print</u>	
<b>6</b> Amount (\$) <u>218.64</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: _____ City: _____ State: _____ Zip Code: _____ <u>275 Wyman St. Watson, Ma. 02451</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <u>Cards</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>Date</b> <u>10/03/24</u>	<b>Payee name</b> <del>William Koch</del> <u>ACE Hardware</u>	
<b>Amount (\$)</b> <u>526.76</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address:</b> _____ City: _____ State: _____ Zip Code: _____ <u>1400 97th St Marble Falls, TX 78654</u>	
<b>10</b> PURPOSE OF EXPENDITURE	<b>Category</b> (See Categories listed at the top of this schedule) <u>Gift (Door Prizes)</u>	<b>Description</b> <u>Gifts (Door Prizes)</u>
	<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 held
<b>Date</b> <u>10/08/2024</u>	<b>Payee name</b> <u>Signs Across Texas LLC</u>	
<b>Amount (\$)</b> <u>1553.23</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address:</b> _____ City: _____ State: _____ Zip Code: _____ <u>P.O. Box 1653 Kingsland TX 78639</u>	
<b>11</b> PURPOSE OF EXPENDITURE	<b>Category</b> (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>Description</b> <u>Campaign Signs</u>
	<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 held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORD AND CREW HOME AND HARDWARE  
 1400 9TH ST  
 MARBLE FALLS, TX 78654

*Item 2*

PHONE: (830) 693-5566

CUST NO: 1078	JOB NO: 000	PURCHASE ORDER: JANICE	REFERENCE: PO # JANICE	TERMS: CASH/CHECK/BANKCARD	CLERK: LUCY	DATE / TIME: 10/3/24 2:07
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SOLD TO:  
 EMPLOYEE ACCOMODATION ACCT  
 STORE EMPLOYEE  
 MARBLE FALLS TX 78654

SHIP TO:  
 KOCH/WILLIAM

TERMINAL: 557

TAX: 001 STATE TAX

**INVOICE: C36948/1**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	1	1	EA	8060197	WEBER GRILL TRVLR PRTBLE	399.00	1	305.38 /EA	305.38
2					PER JOHN				
					DebitNetId:40				
					HostRef#	Ref#:122282	AUTH#:001288		

**REPRINT**  
*2082*  
 TOTAL 526.76

Debit	330.57	** PAID IN FULL **	330.57	TAXABLE	305.38
		(JANICE)		NON-TAXABLE	0.00
				SUBTOTAL	305.38

TAX AMOUNT 25.19

DEBITCARD PAYMENT  
 DEBIT# XXXXXXXXXXXXX1407

330.57 **TOTAL 330.57**

TOT WT: 50.00

X  
 Received By \_\_\_\_\_

Signs Across Texas LLC  
P.O. Box 1653  
Kingsland, TX 78639 US  
+1 3253889258  
sataccounting@signsacrosstexas.com

*Item 3*

# Statement

TO  
William Koch  
William Koch

STATEMENT NO. 1001  
DATE 10/25/2024  
TOTAL DUE \$ -0.87  
ENCLOSED

DATE	DESCRIPTION	AMOUNT	BALANCE
12/31/2023	Balance Forward		0.00
07/22/2024	Invoice #2301	214.13	214.13
07/22/2024	Payment #Visa 1826 Rec#vzuU	-215.00	-0.87
08/09/2024	Invoice #2339	38.25	37.38
08/09/2024	Payment #Visa 1826	-38.25	-0.87
08/19/2024	Invoice #2367	329.38	328.51
08/20/2024	Invoice #2374	116.88	445.39
08/21/2024	Payment #Visa 1826 Rec#vnMY	-329.38	116.01
08/22/2024	Payment	-116.88	-0.87
08/22/2024	Invoice #2379	8.00	7.13
08/22/2024	Payment	-8.00	-0.87
09/24/2024	Invoice #2449	377.72	376.85
09/24/2024	Payment #vISA 1826 rEC#Xg9R	-377.72	-0.87
10/08/2024	Invoice #2476	476.00	475.13
10/11/2024	Payment #Visa 1407 rec#bIEA	-476.00	-0.87

*\$1553.23*

Current Due	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	90+ Days Past Due	Amount Due
0.00	0.00	0.00	0.00	-0.87	\$-0.87

# Order summary



Standard Postcards

\$161.99

Quantity: 2500

Expected delivery: Fri, September 6

Subtotal	\$161.99
Shipping: Express	\$39.99
Tax	\$16.66
<b>Total</b>	<b>\$218.64</b>

Order # VP-2Q7715MX

Vista Print

275 Wyman St.

~~Waltham~~

Waltham Ma. 02451

FORD AND CREW HOME AND HARDWARE  
 1400 9TH ST  
 MARBLE FALLS, TX 78654

*Item 2*

PHONE: (830) 693-5566

CUST NO: 1015	JOB NO: 000	PURCHASE ORDER:	REFERENCE:	TERMS: NET 10TH	CLERK: LUCY	DATE / TIME: 10/3/24 2:09
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TERMINAL: 557

SOLD TO:  
 MFAH DONATIONS  
 1400 9TH ST  
 MARBLE FALLS TX 78654

SHIP TO:

830-693-5566

TAX: 007 TAX EXEMPT DONATIONS

**INVOICE: 24263 /1**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	2	2	EA	8112404	RAMBLER 30OZ TRVL MUG PC	42.00	2	28.34 /EA	56.68 N
2	2	2	EA	8032496	FLDNG CHAIR CNNMN 34.8"H	89.99	2	56.28 /EA	112.56 N
3	1	1	EA	99100186	POLARBOX SMALL 13QT	59.95	1	26.95 /EA	26.95 N

REPRINT

*1 of 2*

*TOTAL 526.76*

TAXABLE 0.00  
 NON-TAXABLE 196.19  
 SUBTOTAL 196.19

(JOHN)  
 \*\* AMOUNT CHARGED TO STORE ACCOUNT \*\* 196.19

TAX AMOUNT 0.00  
**TOTAL 196.19**

TOT WT: 0.00

*x Lucy*

Received By