CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) 7 The C/OH Instruction Guide explains how to complete this form. FIRST MI MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** H William Mr. NAME Date Received NICKNAME LAST SUFFIX V Will Schneider ZIP CODE ADDRESS / PO BOX; APT / SUITE #; STATE: 4 CANDIDATE / **OFFICEHOLDER** Columbus, TX. 78934 1230 Alleyton Rd. MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (979) 732-7415 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** F Liska Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Pilsner STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN STATE: ZIP CODE TREASURER 1018 Winslow Dr. Alleyton, TX. 78935 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (979) 733-4356 9 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 02 25 2024 THROUGH 04 05 2024 ELECTION TYPE 11 ELECTION **ELECTION DATE** X Primary Runoff Other Month Description General Special 03 05 2024 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Justice of the Peace Pct. 3 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages

SPECIFIC

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME WILLIAM H. SCH	NEIDER V		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECTRICATION		\$ 0.00		
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 1000.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 0.00		
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 1250.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS O G PERIOD	\$ 0.00		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury,	that the accompanying report is tru	e and conject and includes all information		
req	uired to be reported by me under Title 15, I	Election Code.			
		all Vian H.	Ada of la		
		Signature of Ca	Indidate or Officeholder		
		_ J			
	Please com	olete either option belov	v:		
(1) Affidavit					
(1) Allidavit					
NOTATIVE					
NOTARY STAMP/SEA	L				
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 administe	ring oath Printed name of of	ficer administering oath	Title of officer administering oath		
		OR			
(2) Unsworn Declaration	on		•		
My name is WILLIAM	H. SCHNEIDER	, and my date of birth is	05/10/1982		
My address is 1230 AL			TX 78934 USA		
	(street)	(city) (state) (zip code) (country)		
Executed in <u>COLORA</u>	DO County, State of TEXAS	on the <u>5TH</u> day of <u>APR</u>	L , 20 <u>24</u> . (year)		
		William H. St	neigh		
		Signature of Candi	date/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME WILLIAM H. SCHNEIDER V	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 1250.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	UNDS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED \$

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	w to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME WILLI	AM H. SCHNEIDER V			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
	RENSLIP FIRE PROTE	ECTION		\$1000.00
03/01/2024	6 Contributor address;		State; Zip Code	
	4947 HWY 90	ALLEYTO	ON, TX. 78935	
	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City:	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions	.)	Employer (See Instruc	ctions)
				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

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
Accounting/Banking
Consulting Expense
Contributions/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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Df District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V	Vages/Contract Labor Other (e	enter a category not listed above)
	The Instruction Guide explains how to c		
1 Total pages Schedule F1:	2 FILER NAME WILLIAM H. SCHNEIDER V	3 Filer	ID (Ethics Commission Filers)
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·
03/08/2024	SMALL TOWN ADVERTISING LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1217.81	PO BOX 969	COLUMBUS,	TX. 78934
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	ROADSIDE BANNERS	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
- CAPARIAGIO TO DETIENT OFF	WILLIAM H. SCHNEIDER V	JP PCT. 3	
Date	Payee name		
03/13/2024	WILLIAM H. SCHNEIDER V		
Amount (\$)	Payee address;	City;	State; Zip Code
24.19	1230 ALLEYTON RD.	COLUMBUS	TX 78934
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE PEIMPLIPSEMENT PURPOSE PURPOSE PRIMPLIPSEMENT PURPOSE PROMITIES MADE FROM PEI			
OF EXPENDITURE	REIMBURSEMENT	EXPENDITURE MADE FROM PERSONAL FUNDS ON 12/08/2023 et. Check if Austin, TX, officeholder living expense	
}	Check if travel outside of Texas, Complete Schedule T.		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/Oh		JP PCT. 3	
D-4-			
Date	Payee name		
03/13/2024	THE FIRST STATE BANK		
Amount (\$)	Payee address;	City;	State; Zip Code
8.00	420 WALNUT ST.	COLUMBUS	TX 78934
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEE'S	ACCOUNT CLOSING	FEE
}	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	WILLIAM H. SCHNEIDER V	JP PCT. 3	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	•• Complete only if "Report Type" on page 1 is marked "Final Report" •				
		2 Fig. 1D (This Commission Files)			
1	C/OH N	LIAM H. SCHNEIDER V			
_					
3	SIGNA	TURE			
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that sting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gon contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER splete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
	X	I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.			
	В.	ASSETS			
	Chec	k only one:			
	X	I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate			
5		EHOLDER			
	• Con	nplete this section only if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Signature of Officeholder			



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.			Amount \$
		Date Processed	
Filer name WILLIAM H. SCHNEIDER V	Filer ID #	Date Imaged	

- 1. I swear or affirm that I have not accepted more than \$32.810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- report due on 04/05/2024 5. I am filing this affidavit with the FINAL I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL	Signature of F	Signature of Filer		
Sworn to and subscribed before me by	this the	day of,		
20, to certify which, witness my hand and seal of o	ice.			
Signature of officer administering oath Printed n	ne of officer administering oath Ti	itle of officer administering oath		
	OR			
(2) Unsworn Declaration My name is WILLIAM H. SCHNEIDER V	, and my date of birth is MAY 16	OTH, 1982		
My address is 1230 ALLEYTON RD. (street)	COLUMBUS TX 78			
Executed in COLORADO County, State of TEXA	on the <u>5TH</u> day of <u>APRIL</u> (month) (month) (month) Signature of Filer (1	, 20 24 (year)		

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Hand-delivered or Date Postmarked

Date Received