CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST William	мі Р	OFFICE USE ONLY
I ACIONE	NICKNAME	LAST Bernsen	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 71 Plum, TX 78	,	CITY; STATE; ZIP CODE	FILED gran
Change of Address				JUL 15 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	(979)	242-2824	EXTENSION	Date Hand-delivered or Date Postmarked Texas B. Affirm TERRIP HETALER
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mrs.	FIRST Kimberley	MI	REGELÉCTIONS ADMINISTRATOR FAYETTE COUNTY, TEXAS Date Processed
	NICKNAME	LAST Rutledge	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S Ch Rd, Smithville, 7	•	STATE; ZIP CODE
-	ABEA CODE	PHONE ANIMPED	EVIGNOLON	
8 CAMPAIGN TREASURER PHONE	(214)	507-9922	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THROUGH 6	Day Year / 30 / 24
11 ELECTION	ELECTION DA	JE	ELECTION TYPE	
1	Month Day	Year Primary General	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Fayette County Ju	·
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
•		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME William P. Bernsen		1	6 Filer	ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	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
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	379.84
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	400.31
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE	\$	9,069.29
40.01011471/05		· · · · · · · · · · · · · · · · · · ·			- 1

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 Bener

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	d seal of office.			
Signature of officer administering oath P	rinted name of officer administerir	g oath	Title of offi	cer administering oath
	OR	1 10 11	:	
(2) Unsworn Declaration				
My name is William P Bernsen	, an	d my date of birth is _	4/25/19	76 .
My address is PO Box 71	Plum	TX		USA
(street) Executed in Fayette County, State of	Texas , on the 15	(city) (st th day of July (month)	ate) (zip code) 20 24 (year	(country)
		Signature of Candida	ate/Officeholder (De	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME William P. Bernsen 20 Filer ID (Ethics Con			sion Filers)	
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1. se	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2. S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. S(CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. m S0	4. SCHEDULE E: LOANS			600.00	
5. s	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			379.84	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$.	0.00	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00	
9. SC	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	0.00	
11. SC	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00	
12. SC	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	0.00	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME 20 Filer ID (Ethics Con			ion Filers)
VVII	lliam P. Bernsen		,	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	■ SCHEDULE E: LOANS		\$	600.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			379.84
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0.00

SCHEDULE E **LOANS**

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

			·
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
William P. Be	rnsen		
William 1 . DC			
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
02/13/2024	William P. Bernsen		300.00
6 is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	PO Box 71, Plum, TX 78952		0.00
☐ Y ■ N	1 0 Box 71, 1 lum, 17. 70002		11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fundanceount (See Instruct	ds were deposited into political
■ none		adddant (Odd menad	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
■ not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	<u> </u>
20 Principal Occupat	ion (See mandions)	2. Employer (See mandedons)	
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
06/27/2024	William P. Bernsen		300.00
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?	•	•	0.00
T Y N	PO Box 71, Plum, TX 78952		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla none	ateral · · · · · · · · · · · · · · · · · · ·	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)

	Guarantor address; City;	State; Zip Code	
■ not applicable			
	on (See Instructions)	Employer (See Instructions)	1
	ATTACH I DOMINIA CO.	IFO OFTHE COURSE FACALE	TOED
if is	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see ins	IES OF THIS SCHEDULE AS NEI	

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/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	al 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: 3	2 FILER NAME William P. Bernsen		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
01/12/2024	Facebook				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
25.00	1 Hacker Way, Menlo Park,	CA 94025	: :		
8	(a) Category (See Categories listed at the top of the	his schedule) (b) Description			
PURPOSE	Advertising expense	social media	•		
OF EXPENDITURE	_	0001011110010			
	(c) Check if travel outside of Texas, Complete	e Schedule T. Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/12/2024	Facebook				
Amount (\$)	Payee address;	City;	State; Zip Code		
125.00	1 Hacker Way, Menlo Park, (CA 94025	-		
	Category (See Categories listed at the top of thi	is schedule) Description			
PURPOSE	Advertising expense	social media			
OF EXPENDITURE	<u>-</u> .		·		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
03/11/2024	Facebook	•	*.		
Amount (\$)	Payee address;	City;	State; Zip Code		
58.41	1 Hacker Way, Menlo Park, C	CA 94025			
	Category (See Categories listed at the top of this	s schedule) Description			
PURPOSE OF EXPENDITURE	Advertising expense	social media			
	Check if travel outside of Texas, Complete	Schedule T. Check if Austin	ı, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEE	DED		

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/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Fcod/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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1: 3	2 FILER NAME William P. Bernsen		3 Filer ID (Ethio	s Commission Filers)
4 Date 01/12/2024	5 Payee name Facebook	*		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
25.00	1 Hacker Way, Menlo Park, CA 9402	25		· :
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	social media		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/12/2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
125.00	1 Hacker Way, Menlo Park, CA 9402	25		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	social media		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/11/2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
58.41	1 Hacker Way, Menlo Park, CA 9402	25		
	Category (See Categories listed at the top of this schedule)	Description	•	
PURPOSE OF EXPENDITURE	Advertising expense	social media		·
	Check if travel outside of Texas. Complete Schedule T,	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense 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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category no	t listed above)	
1 Total pages Schedule F1:	2 FILER NAME	, ,	3 Filer ID (Ethics Co	mmission Filers)	
3	William P. Bernsen				
4 Date	5 Payee name				
06/12/2024	Facebook				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
23.53	1 Hacker Way, Menlo Park, CA 9402	25	•		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•		
PURPOSE OF EXPENDITURE	Advertising expense	social media			
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offi	ce held	
Date	Payee name				
06/12/2024	Facebook				
Amount (\$)	Payee address;	City;	State; 2	Zip Code	
1.47	1 Hacker Way, Menlo Park, CA 9402	25			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising expense	social media			
OF EXPENDITURE		, and an			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	ense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Offic	ce held	
expenditure to benefit C/OF		J			
	Payee name				
Date	rayee name				
Amount (\$)	Payee address;	City;	State; 2	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Off	ice held	
expenditure to benefit C/Ol-				- 211 - 12	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		