CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		,				
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commiss	ion Filers)	2 Total pages f	îled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS /MR	FIRST William	H H			E USE ONLY
INCUVIL	NICKNAME W. U	Yates	SUF	FIX	Date Received	ounty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;			CODE		0 5 2024 CEIVED
Change of Address	755 Fm	3616 Grope	JandT4.75	:844	•	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER 544 - 0995	EXTENSION		Date Hand-delivere	d or Date Postmarked
PHONE 6 CAMPAIGN	MS/MR9/MR	FIRST	MI		Receipt #	Amount \$
TREASURER NAME		Tracey	L		Date Processed	
	NICKNAME	Vates	SUFI	FIX _	Date Imaged	·
7 CAMPAIGN TREASURER ADDRESS	· ·	(NO PO BOX PLEASE); APT / SL			STATE;	ZIP CODE
(Residence or Business)	755 FM	3016 Gropela	and TO. 7580	44		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(936) 2	04-0765				
9 REPORT TYPE	January 15	30th day before el	lection Runoff			after campaign appointment ler Only)
	July 15	8th day before elec	ection Exceeded M Reporting Li			ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	
		15/2024	THROUGH	3/	5 /20	124
11 ELECTION	ELECTION DA			ION TYPE		
	Month Day	Year	De	her escription		
	03/05/	2014 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT		. 🛰	-H
	Non	ie	Houston (2000 ty	- Comm.	isconer pf1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT	T THE CANDI	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		-		
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	V		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	'		
		- 1				
·		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	"Will" Yates	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 849.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 849.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a puried to be reported by me under Title 15, Election Code.	and correct and includes all information
	Willes 4	30
	Signature of Cand	lidate or Officeholder
	Please complete either option below:	
	CTACVE HAND	
STARY PUR	STACY R. HAND NOTARY PUBLIC	
	STATE OF TEXAS	
(1) Affidavit	ID # 13101567-6 ly Comm. Expires 02-22-2025	
(1)711110011		
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by William Vates this the	th day of February
20 <u>24</u> , to certify	which, witness my hand and seal of office.	0
T PO (0 0	Hand Staces Hand	notaru
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is _	
My address is		;;
		ate) (zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	(month)	(year)
	Signature of Candidat	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 849.88
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ _0-
4. SCHEDULE E: LOANS	\$ - 0 -
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	U \$ 8-19.88
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -6_
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ _ 0 -
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 849,88
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0-0-0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 000

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME William "Will" SATES	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)				
	H Controlling (\$)				
ON 18 20 William Well 5553 6 Contributor address; City; State: Zin Code	8 27 500				
	QQJ				
8 Principal Action / Lot 4140 / See Interest & Congrado TX 75844					
9 Employer (See Instructions)	ctions)				
PASTOR SELF					
Date Full name of contributor OI 20 2024, William Well Gates Contributor address; City; State; Zip Code					
mi 20 204 William Well Unter	Amount of contribution (\$)				
Contributor address; City; State; Zip Code	1424,88				
	737700				
755 Fm 3016 Grapelond TX1584					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)				
taster Seff					
Date / Full name of contributor					
Ol/20/ William "Will" Yates	Amount of contribution (\$)				
Contributor address:					
20 State; Zip Code					
1755 FM 3016 (svopelout).					
Contributor address; City: State: Zip Code 75 FW 30/6 (300 peloutlo). Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)				
Jastor Sett	·				
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)				
Olaco Wille Value	\$11000				
Contributor address; City; State; Zip Code	H TO				
24	•				
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)				
Tostar Self					
· · · · · · · · · · · · · · · · · · ·					
ATTAON ADDITION - CO.					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	VEEDED				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	e Instruction Guide explains how	w to complete thi	is form	1 Total pages Schedule A1:
2 FILER NAME			o svein-	
Wills	Am " Will " STES			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAG	.c (ID#:)	7 Amount of contribution (\$)
Jor / 32	6 Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)		9 Employer (See Instru	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
-	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
· ·	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		• /		
	ATTACH ADDIT	FIONAL COPIES (C, please see Instr	OF THIS SCHEDULE AS Nuction guide for additional	NEEDED reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense salaries/Wages/Contract Labor IOW to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME / Will' 4	'Astes	3 Filer ID (Ethics Commission Filers)
OI 18 2024	5 Payee name KIVY Political	Cohender	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Crockett Tt.	75835	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
OF EXPENDITURE	Fees		. Expanse
<u> </u>	(c) Check if travel outside of Texas. Complete Schedule	Thesix is rectall,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
O1/20/2024	Payee name Teyas Elite Cu:	ston Appare	
Amount (\$) 424,88 Reimbursement from	Payee address;	City;	State; Zip Code
political contributions intended	703 Ethouston AVE	2 Crockett	To 75835
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	
OF EXPENDITURE	Acksev fizing Check if travel outside of exas. Complete Schedule	Political S.	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Olas 2024	Payee name Nied Publishing	co (Messenc	er
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	P.O.BOP 99 Grapel	land to.	75844
PURPOSE	Category (See Categories listed at the top of this schedul	• ****	in Publice
OF EXPENDITURE	Advertising Expense Check if traveloutside of Texas. Complete Schedule	Getten Name	- (1/ 100
	Candidate / Officeholder name	Office sought	TX, officeholder living expense
complete <u>ONLY</u> if direct xpenditure to benefit C/OH		Omoe 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 Accounting/Banking Consulting Expense Contributions/Donations Made By 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 Credit Card Payment	cal Committee	Legal Servi			es/Wages/ContractLab		Other (enter a catego	ry not listed above)
1 Total pages Schedule G:	2 FILER NA	ME	ec Wi	11"1	/Atcs	3	Filer ID (Ethics	Commission Filers)
01/26/2024	5 Payee na	Publ	Shine	Co.	(Mess	ens.	وس	
6 Amount (\$)	7 Payee ad	dress;	3		City		State;	Zip Code
Reimbursement from political contributions intended	P.O.R	3000	29 G	ropelo		7	5844	
8 PURPOSE	(a) Category	(See Categor	ies listed at the top o	of this schedule)	(b) Description	n I	~ 0 \ c	
OF EXPENDITURE	Adve	utisio	15 El	pense	Politic	or	40101 2.	
	\-\ \		utside of Texas. Com	plete Schedule T.	<u> </u>	if Austin, TX	, officeholder living e	
Complete ONLY if direct expenditure to benefit C/OH	Candid	date / Office	eholder name		Office sought			Office held
02/02/2024	Payee na N ucci	me A	.blighi	ns	Co. (M	lessea	nser)	
Amount (\$)	Payee ad	dress;			City	/;	State;	Zip Code
Reimbursement from political contributions intended	POIT	30Y	99	Grape	eland	TX	7584	4
PURPOSE OF EXPENDITURE		(See Categor	ies listed at the top	·	Politica	n .(Д	dels	
		· · · · · · · · · · · · · · · · · · ·	utside of Texas. Com		Check	if Austin, TX	(, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Office	eholder name		Office sought			Office held
Date	Payee na	me						
Amount (\$)	Payee ad	dress;			City;		State;	Zip Code
Reimbursement from political contributions intended			,					
PURPOSE OF	Category	(See Categor	ies listed at the top	of this schedule)	Description	n		
EXPENDITURE		Check if travel o	utside of Texas. Com	plete Schedule T.	Check	if Austin, TX	(, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH			eholder name		Office sought			Office held
	ATTA	ACH ADDI	TIONAL COPI	ES OF THIS	SCHEDULEAS	NEEDED)	

		E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	(MS) MRS / MR	FIRST		MI L	OFFICE	USEONLY
NAME				SUFFIX	Date Received	
	NICKNAME N.//	VATES		301117	Houston Co	unty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; ST.	ATE; ZIP CODE	JAN 1	2 2024
Change of Address	755 FM		ELAN, TS	75844	- HE9	EIAED
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER	ex 5 0915	TENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MR / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		44TES			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	Ì	NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE
(Residence or Business)	755 FM	1 3016 George	MO TX	75844		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 764	EX	TENSION		
9 REPORT TYPE	January 15	30th day before		Runoff		fter campaign ppointment er Only)
	July 15	8th day before el	lection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUG	Month	Day Yea	_
11 ELECTION	ELECTION DA	TE Primary	Runoff	ELECTION TYPE		
•	Month Day	Year General		Description		
40 055105	OFFICE HELD (if any)	6267	13 0	FICE SOUGHT (if know	1)	
12 OFFICE	Nove HELD (II ally)	•	4	P	Consis. 1	4.72
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EE OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURI AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN	MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			A STATE OF THE STA	
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN TI	REASURER ADDRI	ESS		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		
15 C/OH NAME	m "Wil" JATES	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (O PLEDGES, LOANS, OR GUARANTEES OF LOANS, OF CONTRIBUTIONS MADE ELECTRONICALLY)	l G
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	of LOANS) \$ 2,678.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,575.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING L LAST DAY OF THE REPORTING PERIOD	OANS AS OF THE \$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying	report is true and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	Willi	- 41 11
		ature of Candidate or Officeholder
	Sign	active of Canadate of Cincendate
	Please complete either option	on below:
(1) Affidavit	Joni K. Clonts Notary Public, State of Texas Notary without Bond Comm. Expires 10/4/2027 Notary ID 5533452	
NOTARY STAMP/SEA		
	1.1:11: 11 K. L. C	12 T
Sworn to and subscribed		this the 12 day of $9nugy$,
20 <u>29</u> , to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
2.3	OR .	S. S
(2) Unsworn Declarati		
My name is	, and my dat	te of birth is
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the da	y of, 20 (month) (year)
		ure of Condidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19 FILER NAME					
William "Will" JETES					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	ıs	\$ 648.9L			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL	CONTRIBUTIONS	\$ 648.96			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 0 -			
4. SCHEDULE E: LOANS		\$ - 0 -			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FR	ROM POLITICAL CONTRIBUTIONS	\$ 2,575.39			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ _ a -			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	FROM POLITICAL CONTRIBUTIONS	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT C.	ARD	\$ - 0 -			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	OM PERSONAL FUNDS	\$ 1496, 43			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CO	NTRIBUTIONS TO A BUSINESS OF C/OH	\$ _ = -			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE F	ROM POLITICAL CONTRIBUTIONS	\$ _ v _			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUND TO FILER	S, AND CONTRIBUTIONS RETURNED	\$			

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii the reques	ted information is not applica	ible, DO NOT III	clude this page in the	ерог.
The	Instruction Guide explains how	v to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	n " Will" SATES			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC		7 Amount of contribution (\$)
11/2/2013	6 Contributor address;	955		1600.00
	6 Contributor address;	City;	State; Zip Code	1600.
	755 FM 3016	6 rajano	1X 75 844	
8 Principal occup	pation / Job title (See Instructions))	9 Employer (See Instruct	ions)
Date	Full name of contributor	Out-of-state PAG	C (ID#:)	
	1			Amount of contribution (\$)
01/03/2029	Contributor address;	City;	State; Zip Code	350. O
	2672 CR 188		10, TX 75844	
	ation / Job title (See Instructions)	o Bright	Employer (See Instruct	ions)
Drille				
Date	Full name of contributor	•	C (ID#:)	Amount of contribution (\$)
01-09-1014	DEMAYNE N			To TO
	Contributor address;	City;	State; Zip Code	<i>10</i> ·
	KKI	GRAGIAN	9 1 X 13848	
	ration / Job title (See Instructions)	0	Employer (See Instruct	ions)
			77	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
	<u>-</u>			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
in the latest and the				
	ATTACH ADDI		OF THIS SCHEDULE AS Nuction guide for additional r	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME	11,AM "WILL" JATES		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 648.	96
5 Date 9//04/2003	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	In-kind contribution description John Street Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI,	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I I I I I I I
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			,	
	ATTACH ADDITIONAL COPIES OF T			g requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested inf	ormation is not applicable	, שט אטו include ti	nis page in the re	port.	
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Office Over ense Polling Exp	perise ages/fentrage allor	Solicitation/Eurofraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
1 Total pages Schedule F1:	William Wi	11" JATES		3 Filer ID (Ethics	Commission Filers)
4 Date //-/b-2023	5 Payee name	les forty			
6 Amount (\$)	7 Payee address;	<i>y</i>	City;	State;	Zip Code
750. D	412 E. Harso	VAS GOO	CETT, TX	75835	
8	(See Categories liste	ed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Filing Fox	-	Filling A		
EXPENSITORE		fTexas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder	name	Office sought		Office held
Date	Payee name	<i>i</i> - <i>C i a</i>	(0)		
1405/2023 Amount (\$)	'/ EXAS E/if	£ (56)	City;	State;	Zip Code
746.43	703 E. Ha	STON AVE	(Tocket)	一双	15835
	Category (See Categories lister	d at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Political Sq	NS	Tolopiego	Josep 3	SIZALS
		of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder H	name	Office sought		Office held
Date	Payee name	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		1	
1-3-2021	NITOL PUBL	Eshing Co	Messen	ie)	
Amount (\$)	Payee address;		City;	State;	Zip Code
350.00	P.o. box 99	brog	ano, TX	75844	
PURPOSE	Category (See Categories liste	d at the top of this schedule)	Description		
OF EXPENDITURE	Advatising		Politicst	Colsins	K
		of Texas. Complete Schedule T.	<u> </u>	in, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde H	r name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 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 co	omplete this form.	
1 Total pages Schedule F1:	2 FILER, NAME WILLIAM WILLIAM SATES	3 File	r ID (Ethics Commission Filers)
4 Date 0/- 0 4 · 2029	5 Payee name Wild Islishing	MESSENGEX)	
6 Amount (\$) So.	7 Payee address; P.D. Box 94 Bush	city;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Adserising	MUX DA	y
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, offi	iceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	70.0 K	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	ficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Pollii By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME William "Will" Y	ATES	3 Filer ID (Ethics Commission Filers)
4 Date #//6/7023	5 Payee name Abstract Co. Less. 18	nfg	
6 /kmount (\$) 750.00	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	412 E. Sarshal Are	PROCEST	, TX 15835
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Fulling	E
LAFENDITORE	(c) Check if travel outside of Texas. Complete Schedule T	. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1705/7023	Payee name		
Amount (\$) 43	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	703 F. HOUSEN AVE	Cocci	TX 75835
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description 11 Listing	il Signis
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

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 MS/MRS/MR FIRST MI	OFFICE USE ONLY				
NAME MR William H	Filer ID #				
NICKNAME LAST SUFFIX	Date Received County Elections				
Will YAtes	SEP 1 4 2023				
3 CANDIDATE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
Address 755 FM 3016 Gropeland Th	REGEIVED				
75844	Date Hand-delivered or Postmarked				
4 CANDIDATE PHONE PHONE NUMBER EXTENSION PHONE	Receipt# Amount\$				
(936) 687-2215	Date Processed				
5 OFFICE HELD (if any)	Date Imaged				
6 OFFICE SOUGHT (if known) Commissioner Precinct 1					
7 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI NICKNAME MRS Tracey L	LAST SUFFIX Portes				
8 CAMPAIGN TREASURER STREET ADDRESS; APT/SUITE#; CITY; Grapeland	STATE; ZIP CODE				
(residence or business)					
9 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION					
TREASURER PHONE (936) 687-2215					
10 CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.				
I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of				
I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions				
Signature of Candidate	7 / 14 / 23 Date Signed				
GO TO PAGE 2					

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	William H YAtes			
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING			
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••			
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)			
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. •• I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.			
	Year of election(s) or election cycle to which declaration applies			

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

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

Heusten County Elections

SEP 1 4 2023

RECEIVED

Date Hand-delivered or Postmarked
Date Processed
Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	If filing as a candidate, complete boxes 3 - 6, If filing for a p	COMMITTEE political committee, complete the then read and sign page 2.	
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) FIRST MI Wickname Last s Will YAtes	SUFFIX (SR., JR., III, etc.)	
4 TELEPHONE NUMBER OF CANDIDATE (PLEASETYPE OR PRINT)	AREA CODE PHONE NUMBER EXT. (936) 687-225	TENSION	
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	street/POBOX; APT/SUITE#; CITY; STA	TO 75844	
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Commissioner Precinct	4	
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)			
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) FIRST MI MRS. Tracecy NICKNAME LAST S THE STATE OF T	SUFFIX (SR., JR., III, etc.)	
GO TO PAGE 2			

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 untrammeled 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