## JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction              | n Guide explains how to com   | plete this form. | 1 Filer ID<br>(Ethics Commi<br>00067155 | ,                                 | 2 Total pages      | s filed:<br>7                            |
|------------------------------------|---|------------------|---|-----------------------------------|--------------------|--|
| 3 CANDIDATE /                      | MS / MRS / MR   | FIRST            |   | MI                                |                    | E USE ONLY                               |
| OFFICEHOLDER<br>NAME               | The Honorable   | William D.       |   |                                   | Date Received      |  |
|                                    |   |                  |   |                                   | ELECTRON           | ICALLY FILED                             |
|                                    | NICKNAME  | LAST             |   | SUFFIX                            | 07/11/2023         |  |
|                                    | Bill  | Old              |   | III                               |                    |  |
| 4 CANDIDATE /                      | ADDRESS / PO BOX; AP  | Γ / SUITE #; CI  | TY:                                     | ZIP CODE                          | Date Hand-delivere | ed or Date Postmarked                    |
| OFFICEHOLDER<br>MAILING<br>ADDRESS | P.O. Box 468  |                  | ,                                       |                                   | Receipt #          | Amount                                   |
| Change of Address                  | Seguin, TX 78156-0468   |                  |   |                                   | Date Processed     |  |
|                                    |   |                  |   |                                   | Date Imaged        |  |
| 5 CAMPAIGN                         | MS / MRS / MR   | FIRST            |   |                                   | MI                 |  |
| TREASURER<br>NAME                  | Mrs.  | Sheila L.        |   |                                   |                    |  |
|                                    | NICKNAME  | LAST             |   |                                   | SUFFIX             |  |
|                                    |   | Old              |   |                                   |                    |  |
| 6 CAMPAIGN                         | STREET ADDRESS (NO PO   | D BOX PLEASE);   | AP'                                     | T / SUITE #; CITY;                | S                  | STATE; ZIP CODE                          |
| TREASURER<br>ADDRESS               | 113 S. River St. Ste 102  |                  |   |                                   |                    |  |
| (Residence or Business)            | Seguin, TX 78155  |                  |   |                                   |                    |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHO<br>(830) 303-6900   | NE NUMBER        | EXTENSION                               |                                   |                    |  |
| 8 REPORT<br>TYPE                   | January 15  | 30th day befor   | e election                              | Runoff                            |                    | campaign treasurer<br>officeholder only) |
|                                    | X July 15   | 8th day before   | election                                | Exceeded modified reporting limit |                    | Attach C/OH-FR)                          |
| 9 PERIOD<br>COVERED                | Month Day Year<br>01/01/2023  | т                | HROUGH                                  | Month Day<br>06/30/202            | Year<br>3          |  |
| 10 ELECTION                        | ELECTION DATE<br>Month Day Year   |                  | Primary<br>General                      | ELECTION TYPE Runoff Special      | Other              |  |
| 11 OFFICE                          | OFFICE HELD (if any)<br>District Judge (Multi-cour<br>Gonzales, Guadalupe, La |                  | colorado,                               | 12 OFFICE SOUGHT                  | (if known)         |  |
|                                    |   |                  |   |                                   |                    |  |
|                                    |   |                  | TO PAGE 2                               |                                   |                    |  |
| Forms provided by Te               | exas Ethics Commission  | www.e            | thics.state.tx.u                        | s                                 | Vei                | rsion V3.5.1.a18ea2ca                    |

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 7

L

| 13 C / OH NAME                                 | Old III, William D. (Th               | e Honorable)   | <b>14</b> Filer ID<br>00067155   | (Ethics Commission Filers) |
|--|---------------------------------------|--|--|----------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.             | oolitical contributions accepted or poli<br>These expenditures may have been i<br>officeholders are required to report t | made without the candidate's or offic  | ceholder's knowledge or    |
| Additional Pages                               | COMMITTEE TYPE                        | COMMITTEE NAME   |  |                            |
|  | GENERAL                               |  |  |                            |
|  |                                       | COMMITTEE ADDRESS  |  |                            |
|  | SPECIFIC                              |  |  |                            |
|  |                                       | COMMITTEE CAMPAIGN TREASU  | RER NAME   |                            |
|  |                                       | COMMITTEE CAMPAIGN TREASU  | RER ADDRESS  |                            |
|  |                                       |  |  |                            |
| 16 CONTRIBUTION<br>TOTALS                      |                                       | LEEE POLITICAL CONTRIBUTIONS(<br>ES OF LOANS, OR CONTRIBUTION  |  | <b>\$</b> 0.00             |
|  |                                       | CAL CONTRIBUTIONS  |  | \$ 0.00                    |
| EXPENDITURE                                    | · · · · · · · · · · · · · · · · · · · | PLEDGES, LOANS, OR GUARANTE<br>ZED POLITICAL EXPENDITURES  | ES OF LOANS)   |                            |
| TOTALS   |                                       |  |  | \$ 0.00                    |
|  | 4. TOTAL POLIT                        | CAL EXPENDITURES   |  | <b>\$</b> 5,612.00         |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE      | AL CONTRIBUTIONS MAINTAINED<br>RIOD  | AS OF THE LAST DAY OF THE  | <b>\$</b> 7,152.65         |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR      | AL AMOUNT OF ALL OUTSTANDIN<br>TING PERIOD   | G LOANS AS OF THE LAST DAY   | <b>\$</b> 26,715.64        |
| 17 AFFIDAVIT                                   |                                       |  |  |                            |
|  |                                       |  | , under penalty of perjury, that the a<br>nd includes all information required<br>ection Code. |                            |
|  |                                       |  | The Honorable William D. Old   | d III                      |
|  |                                       |  | Signature of Candidate or Officeho   | older                      |
| AFFIX NO                                       | TARY STAMP / SEAL AB                  | DVE  |  |                            |
| Sworn to and subs                              | cribed before me, by the s            | aid  | , this the   | day                        |
| of   | , 20, to c                            | rtify which, witness my hand and sea   | I of office.   |                            |
| Signature of offic                             | cer administering oath                | Printed name of officer adminis  | tering oath Title of office  | er administering oath      |
| Forms provided by Te                           | xas Ethics Commissior                 | www.ethics.state.tx.u  | IS   | Version V3.5.1.a18ea2c     |

## FORM JC/OH COVER SHEET PG 3

|                     |   |                                | 3017                       |  |  |
|---------------------|---|--------------------------------|----------------------------|--|--|
| 18 FILER N          |   | <b>19</b> Filer ID<br>00067155 | (Ethics Commission Filers) |  |  |
| Old III, V          |   |                                |                            |  |  |
| 20 SCHEDU<br>NAME O | SUBTOTAL AMOUNT   |                                |                            |  |  |
| 1.                  | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)               |                                | \$                         |  |  |
| 2.                  | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS            |                                |                            |  |  |
| 3.                  | 3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                        |                                |                            |  |  |
| 4.                  | SCHEDULE E(J): LOANS (JUDICIAL)   |                                | \$                         |  |  |
| 5. X                | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | IS                             | <b>\$</b> 212.00           |  |  |
| 6.                  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |                                | \$                         |  |  |
| 7.                  | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI            | IONS                           | \$                         |  |  |
| 8.                  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |                                | \$                         |  |  |
| 9. X                | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                    |                                | \$ 5,400.00                |  |  |
| 10.                 | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH                        | \$                         |  |  |
| 11.                 | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI          | ONS                            | \$                         |  |  |
| 12.                 | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED                       | \$                         |  |  |
|                     |   |                                | -                          |  |  |
|                     |   |                                |                            |  |  |
|                     |   |                                |                            |  |  |
|                     |   |                                |                            |  |  |
|                     |   |                                |                            |  |  |
| 1                   |   |                                |                            |  |  |

SUBTOTALS - JC/OH

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | EXPENDITURE CATEGORIES FOR BOX 8(a)         Event Expense       Loan Repayment/Reimbursement       Solicitation/Fundraising Expense         Fees       Office Overhead/Rental Expense       Transportation Equipment & Related Expense         - Odifl/Awards/Memorials Expense       Polling Expense       Travel out of District         - Odifl/Awards/Memorials Expense       Salaries/Wages/Contract Labor       OTHER (enter a category not listed above)         The Instruction Guide explains how to complete this form.       Travel       Salaries/Wages/Contract Labor |
|---|---|--|
| Ŀ |   |  |
| 1 | Total pages Schedule F1:  |  |
|   | Sch: 1/1 Rpt: 4/7   | Old III, William D. (The Honorable) 00067155   |
| 4 | Date<br>01/13/2023  | 5 Payee name<br>United States Postal Service   |
| 6 | Amount (\$)<br>\$212.00   | 7 Payee address; City; State; Zip Code<br>Court Street<br>Seguin, TX 78155   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>PO Box (b) Description<br>Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Campaign PO Box  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought Office held  |
|   |   |  |

| POLITI                                      | CAL EX  | PENDITURES FROM PERSON  | AL FUNDS                        | SCHEDULE G  |  |
|---|---|---|---------------------------------|---|--|
|   |   | EXPENDITURE CATEGORIES FO   | R BOX 8(a)                      |   |  |
|   | nking<br>Jense<br>Donations Made B<br>Officeholder/Politica | Fees Office Ov<br>Food/Beverage Expense Polling E<br>y - Gift/Awards/Memorials Expense Printing f | Expense<br>Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |
| 1 Total pages<br>Sch: 1/2 Rp                |   | 2 FILER NAME<br>Old III, William D. (The Honorable)   |                                 | 3 Filer ID (Ethics Commission Filers)<br>00067155   |  |
| 4 Date<br>01/02/2023                        | 1   | 5 Payee name<br>Old, Carole (Mrs.)  |                                 |   |  |
| 6 Amount (\$)                               | \$900.00  | 7 Payee address; City; State; Zip Code<br>106 Bikeway   |                                 |   |  |
|   | ement from<br>ntributions                                   | San Antonio, TX 78231   |                                 |   |  |
| 8 PURPOS<br>OF<br>EXPENDIT                  |   | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement  | (b) Description                 | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense  |  |
| 9 Complete <u>OI</u><br>expenditure<br>C/OH |   | Candidate/Officeholder name   | Office sought                   | Office held   |  |
| Date  |   | Payee name  |                                 |   |  |
| 02/01/2023                                  |   | Old, Carole (Mrs.)  |                                 |   |  |
| Amount (\$)                                 | \$900.00  | Payee address; City; State; Zip C<br>106 Bikeway  | ode                             |   |  |
|   | ement from<br>Intributions                                  | San Antonio, TX 78231   |                                 |   |  |
| PURPOS<br>OF<br>EXPENDIT                    |   | Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement      | Description                     | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>crest   |  |
| Complete <u>OI</u><br>expenditure<br>C/OH   |   | Candidate/Officeholder name   | Office sought                   | Office held   |  |
| Date  |   | Payee name  |                                 |   |  |
| 03/01/2023                                  |   | Old, Carole (Mrs.)  |                                 |   |  |
| Amount (\$)                                 | \$900.00  | Payee address; City; State; Zip C<br>106 Bikeway  | ode                             |   |  |
|   | ement from<br>Intributions                                  | San Antonio, TX 78231   |                                 |   |  |
| PURPOS<br>OF<br>EXPENDIT                    |   | Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement      | Description                     | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>crest   |  |
| Complete <u>Of</u><br>expenditure<br>C/OH   |   | Candidate/Officeholder name   | Office sought                   | Office held   |  |
|   |   |   |                                 |   |  |

| POLITICAL E   | XPENDITURES FROM PERSON  | IAL FUNDS SCHEDULE G   |  |  |  |
|---|--|--|--|--|--|
|   | EXPENDITURE CATEGORIES FO  | PR BOX 8(a)  |  |  |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Mar<br>Candidate/Officeholder/Po<br>Credit Card Payment | Event Expense Loan Re<br>Fees Office O<br>Food/Beverage Expense Polling E<br>e By - Gift/Awards/Memorials Expense Printing f | payment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       xpense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above) |  |  |  |
| 1 Total pages Schedule C<br>Sch: 2/2 Rpt: 6/7   | : 2 FILER NAME<br>Old III, William D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00067155  |  |  |  |
| 4 Date<br>04/02/2023  | 5 Payee name<br>Old, Carole (Mrs.)   |  |  |  |  |
| 6 Amount (\$)<br>\$900.<br>Reimbursement from   |  |  |  |  |  |
| political contributions<br>intended   | San Antonio, TX 78231  |  |  |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement                             | (b) Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Principal and Interest   |  |  |  |
| <ul> <li>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</li> </ul>  | Candidate/Officeholder name  | Office sought Office held  |  |  |  |
| Date  | Payee name   |  |  |  |  |
| 05/01/2023  | Old, Carole (Mrs.)   |  |  |  |  |
| Amount (\$)<br>\$900.   | Payee address; City; State; Zip C<br>106 Bikeway   | ode  |  |  |  |
| Reimbursement from<br>political contributions<br>intended   | San Antonio, TX 78231  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement                                 | Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Principal and Interest   |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name  | Office sought Office held  |  |  |  |
| Date  | Payee name   |  |  |  |  |
| 06/01/2023  | Old, Carole (Mrs.)   |  |  |  |  |
| Amount (\$)<br>\$900.   | Payee address; City; State; Zip C<br>00 106 Bikeway  | ode  |  |  |  |
| Reimbursement from<br>political contributions<br>intended   | San Antonio, TX 78231  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement                                 | Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Principal and Interest   |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |  |  |  |
|   |  |  |  |  |  |

| The Instruction Guide explains now to complete this form. Sch: 1  | ages Schedule L:<br>./1 Rpt: 7/7<br>0 (Ethics Commission Filers)<br>155 |
|---|---|
| Old III, William D. (The Honorable)       00067         LENDER<br>INFORMATION       4 Name of lender<br>Old, Carole (Mrs.)  |   |
| INFORMATION       Old, Carole (Mrs.)         5       Lender address; City; State; Zip Code         San Antonio, TX 78231         GUARANTOR<br>INFORMATION       6         Mame of guarantor |   |
| GUARANTOR INFORMATION   |   |
|   |   |
| X not applicable <b>7</b> Guarantor address; City; State; Zip Code  |   |
|   |   |
|   |   |