CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	his form.	Filer ID (Ethics Commission Filer 00032763		2 Total pages file 17			
3 CANDIDATE / OFFICEHOLDER		RST		MI	OFFICE U	SE ONLY		
NAME	Mr. Th	omas D.			Date Received ELECTRONICA	LLY FILED		
	NICKNAME LA	ST		SUFFIX	07/13/2024			
	Tommy Wi	illiams						
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE#; CITY;		ZIP CODE	Date Hand-delivered or I	Date Postmarked		
OFFICEHOLDER MAILING ADDRESS	P.O. Box 591				Receipt #	Amount		
Change of Address	Navasota, TX 77868							
	Navasota, 1X 17000				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR FIR	ST		MI				
TREASURER NAME	Mrs. Ma	rsha K.						
	NICKNAME LAS	 ST		SUFFIX				
		lliams						
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	X DI EΔSE)·	APT / SUIT	E#; CITY;	STAT	TE; ZIP CODE		
TREASURER ADDRESS	P. O. Box 591	KT ELMOL),	711 17 3311	<i>L</i> ",	3171			
(Residence or Business)	Navasota, TX 77868							
7 CAMPAIGN	AREA CODE PHONE N	UMBER EX	TENSION					
TREASURER PHONE	(281) 433-3077		. 2. 10.1011					
8 REPORT TYPE	January 15	30th day before ele	ection Runoff		15th day after cam			
		3th day before elec	ction	ed modified	appointment (office Final Report (Attac			
		our day before elec	reporting	g limit	Fіпаі Кероп (Ашас	II C/On-FR)		
9 PERIOD COVERED	Month Day Year	T. 10.		Month Day	Year			
COVERED	01/01/2024	THRO	DUGH	06/30/2024				
10 ELECTION	ELECTION DATE			CTION TYPE				
	Month Day Year	X Prim	ary	Runoff	Other			
		Gene	eral S	Special				
11 OFFICE	OFFICE HELD (if any)		12 OF	FFICE SOUGHT ((if known)			
	None		No	one				
	1		I					
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Williams, Thomas D.	(Mr.)	14 Filer ID (00032763	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. These expenditures may have been made without the candidate's or officensent. Candidates and officeholders are required to report this information only if they receive					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 30,897.38			
CONTRIBUTION BALANCE	REPORTING PE			\$ 0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Mr. Th	nomas D. Williams				
		Signature of	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 17 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00032763 Williams, Thomas D. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 30,897.38 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		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 complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 4/17	Williams, Thomas D. (Mr.)	00032763
4	Date	5 Payee name	
	02/06/2024	Angie Chen Button Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 832748	
	Reimbursement from political contributions intended	Richardson, TX 75083	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee campaign donati	on
Ļ	0 1, 5, 5, 5, 5		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	02/06/2024	Ben Bumgarner for Texas	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2201 Sprinks Rd. Ste 250	
	Reimbursement from	•	
	political contributions intended	Flower Mound, TX 75022	
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee campaign contril	Check if Austin, TX, officeholder living expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		ee.
Г	Date	Payee name	
	02/06/2024	Briscoe Cain for Texas	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 7	
	Reimbursement from political contributions intended	Deer Park, TX 77536	
Г	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee campaign contril	oution
	expenditure to benefit	Candidate/Officeholder name Office sought	Office held
ldash	C/OH		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	orials Expense Printir	g Expense ng Expense es/Wages/Contract Labor complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	FILER NAME			3 Filer ID (Ethics Commission Filers)
L	Sch: 2/14 Rpt: 5/17	Williams, Thomas D. (M	1r.)		00032763
4	Date	Payee name			
	02/06/2024	Candy Noble Campaigr	1		
6	Amount (\$)	Payee address; City;	State; Zip	Code	
	\$500.00	1105 E Main St. #223			
	Reimbursement from political contributions intended	Allen, TX 75002			
8	PURPOSE OF) Category (See Categories liste	ed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Candidate/Officeholder/		campaign contrib	Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held
	Date	Payee name			
	02/06/2024	Charlie Geren Campaig	jn		
	Amount (\$)	Payee address; City;	State; Zip	Code	
	\$500.00	P. O. Box 1440			
	Reimbursement from political contributions intended	Fort Worth, TX 76101			
	PURPOSE OF	Category (See Categories liste	,	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Candidate/Officeholder/		campaign contrib	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name		Office sought	Office held
	Date	Payee name			
	02/06/2024	Cody Harris for State Re	epresentative		
	Amount (\$)	Payee address; City;	State; Zip	Code	
	\$500.00	1007 N. Mallard St.			
	Reimbursement from political contributions intended	Palestine, TX 75801			
	PURPOSE	Category (See Categories liste	ed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Candidate/Officeholder/		campaign contrib	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing I		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 c	omplete this form.	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 6/17		Williams, Th	nomas D. (Mr.)			00032763
4	Date	5	Payee name				
	03/20/2024			ın Campaign			
6	Amount (\$)	7	Payee addre	ss; City; State	e; Zip C	ode	
	\$5,000.00		P. O. Box 8				
	Reimbursement from						
	political contributions intended		Nederland,	TX 77627			
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the top of this sci	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			ns/Donations Made By	:	L	Check if Austin, TX, officeholder living expense
			Candidate/C	Officeholder/Political Comn	nittee	campaign contrib	oution
9	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officel	holder name		Office sought	Office held
	C/OH						
	Date		Payee name				
	05/16/2024		Dade Phela	ın Campaign			
	Amount (\$)	T	Payee addre	ss; City; State	e; Zip C	ode	
	\$2,500.00		P. O. Box 5	990			
	Reimbursement from						
	political contributions intended		Austin, TX	78763			
	PURPOSE		Category (Se	ee Categories listed at the top of this sci	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE			ns/Donations Made By		L	Check if Austin, TX, officeholder living expense
			Candidate/C	Officeholder/Political Comn	nittee	campaign contrib	oution
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officel	holder name		Office sought	Office held
	C/OH						
	Data	1	_				
	Date		Payee name				
	02/06/2024	L	David Spille	er Campaign			
	Amount (\$)		Payee addre	•	e; Zip C	ode	
	\$500.00		P. O. Box 4	47			
	Reimbursement from						
	political contributions intended		Jacksboro,	TX 76458			
	PURPOSE	Τ	Category (Se	ee Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contribution	ns/Donations Made By			Check if Austin, TX, officeholder living expense
	EXPENDITORE		Candidate/0	Officeholder/Political Comm	nittee	campaign contrib	oution
		Cai	ndidate/Officel	holder name		Office sought	Office held
	expenditure to benefit C/OH						
_							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	T T	ravel in Di ravel Out (
	orean out a tyment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME	≣			3 F	iler ID	(Ethics Commission Filers)
	Sch: 4/14 Rpt: 7/17	Williams, T	homas D. (Mr.)			c	0003276	63
4	Date	5 Payee name				1		
	02/03/2024		Burns for State Representat	tive				
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode			
	\$500.00	703 Stonela	ake Drive					
	Reimbursement from							
	political contributions intended	Cleburne, 1	TX 76033					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contribution	ns/Donations Made By			Che	ck if Austin	, TX, officeholder living expense
	EXI ENDITORE	Candidate/	Officeholder/Political Comm	nittee	campaign contrib	outior	1	
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	C/OH							
	Date	Payee name						
	01/25/2024	Demeris Ca	aatering					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$3,397.38	2911 S. Sh	epherd					
	Reimbursement from		•					
	political contributions intended	Houston, T.	X 77098					
_					l Baradan F	7 a	1.77. 1	
	PURPOSE OF		ee Categories listed at the top of this sch	iedule)	Description _	=		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	EXPENDITURE	Event Expe	ense		In kind contribut			
					III KIIIG CONTINUU	.1011 10	Ji Carrip	Jaigii eveili
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	evnenditure to henefit				State Represe	ontoti	ivo	
	C/OH	DeAyala, Mano	(Rep.)		State Represe	entau	ive	State Representative
	Date	Payee name						
	02/06/2024	l ´	ıl Campaign					
_	Amount (\$)	Payee addre	<u> </u>	; Zip Co	ndo.			
	\$500.00	l ´	rringer Lane	, Zip CC	ode			
		1	illiger Lane					
	Reimbursement from political contributions	Ste E						
	intended	Webster, T	X 77598					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	=		outside of Texas. Complete Schedule T.
	OF EXPENDITURE		ns/Donations Made By	•	L			, TX, officeholder living expense
		Candidate/	Officeholder/Political Comm	nittee	campaign contrib	outior	1	
L								
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
\vdash								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	Sch: 5/14 Rpt: 8/17	Williams, Thomas D. (Mr.) 00032763	
4	Date	5 Payee name	
	02/06/2024	Dr. Brad Buckley Campaign	
٦			
ľ	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code	
	\$500.00	1321 Pershing	
	Reimbursement from political contributions		
	intended	Killeen, TX 76549	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule	ıle T.
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee campaign contribution	
9		Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
L	C/O11		
	Date	Payee name	
	01/29/2024	Drew Darby Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 3824	
	Reimbursement from		
	political contributions intended	San Angelo, TX 76902	
⊢	PURPOSE		JD T
	OF	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Description Check if travel outside of Texas. Complete Schedule Contributions/Donations Made By	I.
	EXPENDITURE	Candidate/Officeholder/Political Committee campaign contribution	
		oanpaign continuation	
⊢	Complete ONLY if direct	L Candidate/Officeholder name Office sought Office held	
	expenditure to benefit	Sandradic Sought Since Sought	
	C/OH		
F	Date	Payee name	
	02/06/2024	Dustin Burrows Campaign	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 2569	
	Reimbursement from political contributions intended	Lubbock, TX 79408	
一	PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedu	ıle T.
	OF	Contributions/Donations Made By	
	EXPENDITURE	Candidate/Officeholder/Political Committee campaign contribution	
	Complete ONLY if direct	Candidate/Officeholder name	
	expenditure to benefit	Since sought Since Hold	
L	C/OH		
L			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract L		Travel Out of District Travel (out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.	
1	Total pages Schedule G:	2 FILER NAME	[3	3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 9/17	Williams, Thomas D. (Mr.)		00032763
4	Date	5 Payee name		
	02/06/2024	Ellen Troxclair for Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$500.00	701 HWY 281		
	Reimbursement from	Ste H #196		
	political contributions intended	Marble Falls, TX 78654		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion 🗖	Check if travel outside of Texas. Complete Schedule T.
ľ	OF	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Candidate/Officeholder/Political Committee campaign	contribu	
		Campaign	COILLIBO	ation .
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ought .	Office held
9	expenditure to benefit	candidate/Officerolder name Office St	Jugrit	Office field
	C/OH			
	Date	Payee name		
	02/06/2024	Frazier for Texas		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	4100 Eldorado Parkway		
	Reimbursement from	Suite 100 PMB 241		
	political contributions intended			
		McKinney, TX 75070		
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Descrip	otion	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	oontribu	
		Candidate/Officeholder/Political Committee campaign	COHLIND	ittori
_	Complete ONLY if direct	Candidate/Officeholder name Office so	ought .	Office held
	expenditure to benefit	candidate/Officerolder name Office Sc	Jugiit	Office field
	C/OH			
	Date	Payee name		
	02/27/2024	Friends of Brandon Creighton		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,000.00	2257 N. Loop 336		
	Reimbursement from	Ste. 140-366		
	political contributions intended	Conroe, TX 77304		
			tion 🗖	Check if travel outside of Texas. Complete Schedule T.
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Contributions / Donations Made Ry		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee campaign	contribu	
		cumpaign	CONTINUE	aton
_	Complete ONLY if direct	Candidate/Officeholder name Office so	nuaht	Office held
	expenditure to benefit	Control of the State of the Sta	Jugiit	Office Held
L	C/OH			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expen y - Gift/Awards/Memorials Expense Printing Expen al Committee Legal Services Salaries/Wage	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
L	aymont	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 10/17	Williams, Thomas D. (Mr.)	00032763
4	Date	5 Payee name	•
	02/06/2024	Gary Van Deaver Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 866	
	Reimbursement from		
	political contributions intended	Boston, TX 75570	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	EXPENDITURE		ampaign contribution
9		Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
	COLL		
	Date	Payee name	
L	02/06/2024	Glenn Rogers Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 11	
	Reimbursement from political contributions		
	intended	Graford, TX 76449	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	L'A LIBITOIL	Candidate/Officeholder/Political Committee ca	ampaign contribution
L			
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
H	Data		
	Date 02/06/2024	Payee name Greg Bonnen Campaign	
_		3 1 3	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 1183	
	Reimbursement from political contributions intended	Friendswood, TX 77459	
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF	Contributions/Donations Made By	Check if Austin, TX, officeholder living expense
	EXPENDITURE	l	ampaign contribution
		Candidate/Officeholder name	Office sought Office held
	expenditure to benefit C/OH		
<u> </u>			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 8/14 Rpt: 11/17	Williams, Thomas D. (Mr.) 00032763	
4	Date	5 Payee name	\neg
	02/06/2024	Hugh Shine Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 793	
	Reimbursement from political contributions intended	Temple, TX 76503	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee campaign contribution	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/06/2024	Jacey Jetton Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	306 Morton St.	
	Reimbursement from political contributions intended	Richmond, TX 77469	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign contribution	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	
	02/06/2024	Jay Dean for Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	3822 Holly Ridge	
	Reimbursement from political contributions intended	Longview, TX 75605	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee campaign contribution	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Polling Ex xpense Printing E Salaries/V	xpense Vages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Gui	de explains how to co	omplete this form.	
1	Total pages Schedule G:	2 FILER NAME		\Box	3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 12/17	Williams, Thomas D. (Mr.)			00032763
4	Date	5 Payee name			
	02/06/2024	Jeff Leach Campaign			
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode	
	\$500.00	P. O.Box 866186			
	Reimbursement from				
	political contributions intended	Plano, TX 75086			
8	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Mac			Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Politi	cal Committee	campaign contribu	ution
9		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
	Date	Payee name			
	02/08/2024	Jill Dutton Campaign			
	Amount (\$)	Payee address; City;	State; Zip Co	ode	
	\$500.00	411 VZCR 4503			
	Reimbursement from political contributions				
	intended	Ben Wheeler, TX 75754			
	PURPOSE	Category (See Categories listed at the	top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Mac			Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Politi	cal Committee	campaign contribu	ution
L					
		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
	Date	Payee name			
	02/02/2024	John Kuempel Campaign			
	Amount (\$)	Payee address; City;	State; Zip Co	ode	
	\$500.00	P.O. Box 177			
	Reimbursement from				
	political contributions intended	Seguin, TX 78156			
	PURPOSE	Category (See Categories listed at the	top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Contributions/Donations Mac			Check if Austin, TX, officeholder living expense
	_/	Candidate/Officeholder/Politi	cal Committee	campaign contribu	ution
L					
		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				
<u> </u>					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule G:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 10/14 Rpt: 13/17	Williams, Thomas D. (Mr.) 00032763	
4	Date	5 Payee name	
	02/06/2024	Justin Holland Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	3125 Ridge Rd.	
	Reimbursement from political contributions intended	Rockwall, TX 75032	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule	Т.
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign contribution	
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held	
	C/OH		
	Date	Payee name	
	02/06/2024	Keith Bell Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 1178	
	Reimbursement from political contributions intended	Forney, TX 75126	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign contribution Check if Austin, TX, officeholder living expense Campaign contribution	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/06/2024	Ken King Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P. O. Box 517	
	Reimbursement from political contributions intended	Canadian, TX 79014	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule	Т.
	OF EXPENDITURE	Contributions/Donations Made By	
	- -	Candidate/Officeholder/Political Committee campaign contribution	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awar mmittee Legal Se	verage Expense rds/Memorials Expense	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Splicitation 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				3 Filer ID (Ethics Commission Filers)	
	Sch: 11/14 Rpt: 14/17		Williams, Thomas	D. (Mr.)			00032763	
4	Date	5	Payee name					
	02/06/2024		Kitzman for Texas	;				
6	Amount (\$)	7	Payee address;	City; State	; Zip C	ode		
	\$500.00		P. O. Box 553	2.5,	,			
	Reimbursement from							
	political contributions intended		Pattison, TX 7746	6		1		
8	PURPOSE OF	(a)	Category (See Catego	ories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Contributions/Don		-:44	L	Check if Austin, TX, officeholder living expense	
			Candidate/Officen	older/Political Comm	ııttee	campaign contril	oution	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder r	name		Office sought	Office held	
	Date		Payee name					
	02/06/2024		Kronda Thimesch	Campaign				
Amount (\$) Payee address; City; State; Zip Code								
	\$500.00							
Reimbursement from political contributions intended			Ste 201-310					
			Lewisville, TX 750	77				
	PURPOSE	Г	Category (See Catego	ories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Contributions/Don Candidate/Officeh	ations Made By older/Political Comm	nittee	campaign contril	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder r	name		Office sought	Office held	
F	Date		Payee name					
	02/06/2024		Lacey Hull for Tex	as				
\vdash	Amount (\$)	\vdash			; Zip C	ode		
	\$500.00		P. O. Box 19231	only, on the	,p o			
	Reimbursement from							
	political contributions intended		Houston, TX 7772	4		_		
	PURPOSE OF			ories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Contributions/Don	•		L	Check if Austin, TX, officeholder living expense	
			Candidate/Officeh	older/Political Comm	ишее	campaign contril	oution	
	Complete ONLY if direct	Car	ndidate/Officeholder r	name		Office sought	Office held	
	expenditure to benefit C/OH	Cal	ididate/Oniceriolider i	шпс		Omce sought	Office field	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Vages/Contract Labor		Travel in Di Travel Out	
The Instruction Guide explains how to complete this form.								
1	Total pages Schedule G:	2 FILER NAME	<u> </u>			3	Filer ID	(Ethics Commission Filers)
	Sch: 12/14 Rpt: 15/17	Williams, Tl	homas D. (Mr.)			(000327	63
4	Date	5 Payee name				1		
-	02/06/2024		y Campaign					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	P. O. Box 4	.64					
	Reimbursement from							
	political contributions intended	Denton, TX	76202					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel	outside of Texas. Complete Schedule T.
	OF	Contribution	ns/Donations Made By			Che	eck if Austin	n, TX, officeholder living expense
	EXPENDITURE		Officeholder/Political Ćomm	nittee	campaign contrib	outio	n	
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Dayes serie						
		Payee name						
	02/06/2024		en Campaign					
	Amount (\$) Payee address; City; State; Zip Code							
	\$500.00	3917 Malto	n Dr.					
	Reimbursement from							
	political contributions intended	Plano, TX 7	75025					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	iedule)	Description	Che	eck if travel	outside of Texas. Complete Schedule T.
	OF		ns/Donations Made By	,		Che	eck if Austin	n, TX, officeholder living expense
	EXPENDITURE		Officeholder/Political Comm	nittee	campaign contrib	– outio	n	
_	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit	Carraidate/Onice	noider name		Office Sought			Office field
	C/OH							
	Date	Payee name						
	02/06/2024	1 *	yer for Texas					
_	Amount (\$)	Payee addre		· Zin Co	ndo.			
	` '	ĺ	•	; Zip Co	oue			
	\$500.00	3838 Oak L	awn, Ste 400					
	Reimbursement from political contributions intended	Dallas TV	75240					
		Dallas, TX						
	PURPOSE OF		ee Categories listed at the top of this sch	edule)	Description	=		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE		ns/Donations Made By	::+	L	_		i, 1A, officerolder living expense
		Canuluale/0	Officeholder/Political Comm	iillee	campaign contrib	outio	n	
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
\vdash	-							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E al Committee Legal Services Salaries/	Expense Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
L	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 13/14 Rpt: 16/17	Williams, Thomas D. (Mr.)		00032763			
4	Date	5 Payee name					
	02/06/2024	Reggie Smith Campaign					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	300 N. Travis St.					
	Reimbursement from political contributions						
	intended	Sherman, TX 75090					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee	campaign contribu	ution			
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						
H	Date	Dayso namo					
	02/06/2024	Payee name Stan Gerdes for State Rep					
	Amount (\$)						
	\$500.00	P. O. Box 1060					
	Reimbursement from political contributions	Overitheritte TV 70057					
	intended	Smithville, TX 78957					
	PURPOSE OF	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			
EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee					
		Sandado, Sinosinodori Sinodo Somilitos	campaign contribu	uuon			
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit	Candidate/Officeriolider Harrie	Onice Sought	Office field			
	C/OH						
	Date	Payee name					
	02/06/2024	Stephanie Klick Campaign					
	Amount (\$)	Payee address; City; State; Zip C	ode				
	\$500.00	P. O. Box 7592					
	Reimbursement from						
	political contributions intended	Fort Worth, TX 76111					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee	campaign contribu	ution			
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Dyernead/Rental Expense Expense Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
L	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 14/14 Rpt: 17/17	Williams, Thomas D. (Mr.)		00032763			
4	Date	5 Payee name					
	02/06/2024	Steve Allison Campaign	9				
6	Amount (\$) 7 Payee address; City; State; Zip Code						
	\$500.00	200 Monrningside Dr.					
	Reimbursement from political contributions intended	San Antonio, TX 78209					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Candidate/Officeholder/Political Committee	campaign contrib	ution			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/06/2024	Todd Hunter Campaign					
\vdash	Amount (\$)	Payee address; City; State; Zip 0	Code				
	\$500.00	445 Cape Henry					
	• • • • • • • • • • • • • • • • • • • •	. To cape Herry					
	Reimbursement from political contributions intended	Corpus Christi, TX 78412					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Contributions/Donations Made By		Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee	campaign contrib	ution			
		Candidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OH						
L							
	Date	Payee name					
	02/06/2024	Tom Oliverson Campaign					
	Amount (\$)	Payee address; City; State; Zip (Code				
	\$500.00	1 Greenway Plaza #225					
	Reimbursement from						
	political contributions intended	Houston, TX 77046					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense			
	ZA LIBITORE	Candidate/Officeholder/Political Committee	campaign contrib	ution			
	expenditure to benefit	Candidate/Officeholder name	Office sought	Office held			
	C/OH						