

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|   |   |  |  |                        |                                    |            |
|---|---|--|--|------------------------|------------------------------------|------------|
| 1 Filer ID (Ethics Commission Filers)<br>00090442 |   | 2 Total pages filed:<br>8  |  | <b>OFFICE USE ONLY</b> |                                    |            |
| 3 CANDIDATE / OFFICEHOLDER NAME                   | MS / MRS / MR<br>Mr.                              | FIRST<br>William R.  |  | MI                     | ELECTRONICALLY FILED<br>02/23/2026 |            |
|   | NICKNAME<br>Ralph                                 | LAST<br>Patterson  |  | SUFFIX                 |                                    |            |
| 4 ORIGINAL REPORT TYPE                            | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other (specify) |                        |                                    |            |
|   | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded modified reporting limit _____                           |  |                        |                                    |            |
|   | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |                        |                                    |            |
|   | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |  |                        |                                    |            |
| 5 ORIGINAL PERIOD COVERED                         | Month   | Day  | Year                                     | Month                  | Day                                | Year       |
|   |   | 07/01/2025   |  | THROUGH                |                                    | 12/31/2025 |

6 EXPLANATION OF CORRECTION

This report is being amended to include an in-kind contribution from the candidate for the ballot filing fee. The Committee is committed to accurate reporting and will make all attempts to ensure future in-kind contributions are reported.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. William R. Patterson  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00090442 | <b>2</b> Total pages filed:<br>8   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>William R.   | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>02/23/2026 |
|   | NICKNAME<br>Ralph   | LAST<br>Patterson   | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>P.O. Box 20381<br><br>Waco, TX 76702   |   |  | Date Hand-delivered or Date Postmarked   |
|   |   |   |  | Receipt #      Amount  |
|   |   |   |  | Date Processed   |
|   |   |   |  | Date Imaged  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>William R.   | MI   |  |
|   | NICKNAME<br>Ralph   | LAST<br>Patterson   | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 20381<br><br>Waco, TX 76702   |   |  |  |
|   |   |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(254)  | PHONE NUMBER<br>495-2555                                    | EXTENSION  |  |
| <b>8</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>07/01/2025  | THROUGH   | Month    Day    Year<br>12/31/2025   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/03/2026   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 56   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

3 of 8

**13** C / OH NAME      Patterson, William R. (Mr.)      **14** Filer ID      (Ethics Commission Filers)  
00090442

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |    |           |
|-------------------------------|---|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 100.00    |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ | 51,850.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 12,335.63 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 38,764.37 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00      |

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. William R. Patterson  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

4 of 8

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Patterson, William R. (Mr.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00090442 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 51,100.00    |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$ 750.00       |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$              |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$              |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS         | \$ 12,335.63    |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$              |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                   | \$              |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$              |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                              | \$              |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 5/8   |
| <b>2</b> FILER NAME<br>Patterson, William R. (Mr.)                             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090442 |
| <b>4</b> Date<br>12/22/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duke, Devvie<br><hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McGregor, TX 76657 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Business Owner |  | <b>9</b> Employer (See Instructions)<br>Self             |
| Date<br>12/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ekstrom, Christopher<br><hr style="border-top: 1px dotted black;"/><br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205          | Amount of Contribution (\$)<br><br>\$50,000.00           |
| Principal occupation / Job title (See Instructions)<br>Real Estate             |  | Employer (See Instructions)<br>Self                      |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |   |   |  |
|---|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                  |   | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 6/8                                 |  |
| 2 FILER NAME<br>Patterson, William R. (Mr.)                                       |   | 3 Filer ID (Ethics Commission Filers)<br>00090442                               |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                             |   | \$  |  |
| 5 Date<br>12/25/2025  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patterson, Ralph | 8 Amount of contribution (\$)<br>\$750.00                                       | 9 In-kind contribution description<br>Ballot Fee |
|   | 7 Contributor address; City; State; Zip Code<br><br>Waco, TX 76710                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Self |   | 11 Employer (FOR NON-JUDICIAL) (See instructions)<br>Candidate                  |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)                              |   | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                 |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)       |   |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 7/8       | <b>2</b> FILER NAME<br>Patterson, William R. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090442   |
| <b>4</b> Date<br>12/29/2025                                  | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>\$45.20                              | <b>7</b> Payee address; City; State; Zip Code<br>134 Poydras St<br>Ste 770<br>New Orleans, LA 70112  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CC Fees          |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/29/2025   | Payee name<br>Brinkman Media   |  |
| Amount (\$)<br>\$2,500.00                                    | Payee address; City; State; Zip Code<br>2200 N George Mason Dr<br>#7478<br>Arlington, VA 22207       |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Media Consulting |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/31/2025   | Payee name<br>Stauff, William  |  |
| Amount (\$)<br>\$600.00                                      | Payee address; City; State; Zip Code<br><b>REDACTED PER 254.0401, ELEC. CODE</b><br>Dublin, GA 31021 |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad Production    |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 8/8              | <b>2</b> FILER NAME<br>Patterson, William R. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090442  |
| <b>4</b> Date<br>12/16/2025   | <b>5</b> Payee name<br>Texas Trade Graphics  |   |
| <b>6</b> Amount (\$)<br>\$9,190.43                                  | <b>7</b> Payee address; City; State; Zip Code<br>2935 Irving Suite 201<br><br>Dallas, TX 75247 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Signs |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   |
|   |  | Office held   |