CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Robert	мі D	OFFICE USE ONLY	
NAME	NICKNAME	LAST Williams	SUFFIX	Date Received V122004	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST Williams ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 534, Bonham, Texas, 75418 VI2 202 4 3.'50 PM VI2 12 02 4 VI2 12 02				
Change of Address				Vicku "	
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	PHONE NUMBER 505-8028	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	м	Receipt # Amount \$	
NAME	Mr	Robert	D	Date Processed	
	NICKNAME	Williams	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS ((NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
TREASURER	DO Pov 53	34, Bonham, Texas, 7	75.410		
ADDRESS	P.O. BOX 53	94, DOIIIIaiii, Texas, 1	5416		
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(903) 505-8028				
9 REPORT TYPE	X January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	10	/ 11 / 2023	THROUGH 12	/ 31 / 2023	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other		
	, working buy		Description		
	03 / 05 /	2024 General	Special		
			T40		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		
			Fannin County C	onstable PCT 1	
14 NOTICE FROM POLITICAL	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.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Robert D. Williams	16 Filer ID (Ethics Co	ommission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ (0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0		
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,	296.59		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$,180.37		
1	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and inc	ludes all information		
	Land	1	<u> </u>		
	Signature of Ca	ndidate or Officehold	ler		
	Please complete either option below	<i>r</i> :			
i loude complete citilei option below.					
(d) A SSI do vit					
(1) Affidavit					
MELANYE KIM RICHARDS Notary Public, State of Texas My Commission Expires					
NOTARY STAMP	May 11, 2025	. 1	I		
Sworn to and subscribed	before me by KOVEY + WILLIAMS this the	day of U	anuary		
20 24 , to certify which, witness my hand and seal of office.					
Kim Kic	hart Kim Richards	NOTHRY	Public Public		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of office	er administering oath		
OR OR					
(2) Unsworn Declarati	on				
My name is	, and my date of birth is				
	, ,	state) (zip code)	(country)		
Executed in	County, State of , on the day of (month	, 20	<u>-</u> ·		
	Signature of Candid	date/Officeholder (Dec	clarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	19 FILER NAME 20 Filer ID (Ethics Com			ion Filers)
	Robert D. Williams			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	X SCHEDULE E: LOANS		\$	2,180.37
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1,296.59
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
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 FUI	NDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0
-				

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:					
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Robert D). Williams				
			THE SHAPE SHAPE			
4	TOTAL OF UN	IITEMIZED LOANS		\$		
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#)	9 Loan Amount (\$)		
	11/11/23	Robert D. Williams		\$ 350.00		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
		P.O. Box 534, Bonham, TX	. 75418	11 Maturity date		
	YNX			n/a		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	15 Check if personal fund	ds were deposited into political		
	X none		account (See Instruct			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
		Contraction againsts, Stay,				
	not applicable		WHITE SHEET SHEET	and the second		
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)		
		Robert D. Williams		\$20.00		
Г	Is lender	Lender address; City;	State; Zip Code	Interest rate		
	a financial Institution?	P.O. Box 534, Bonham, TX	75418	0 Maturity date		
	YNX			n/a		
Principal occupation / Job title (See Instructions) Emp		Employer (See Instructions)				
-	Description of Coll	ateral		de constant de la con		
	X none		account (See Instruct	ds were deposited into political ions)		
	GUARANTOR	Name of guarantor		Amount Guaranteed (\$)		
	INFORMATION					
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupati	on (See Instructions)	Employer (See Instructions)			
<u></u>		100 Mary 100				
	if le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE			
1	, , ,					

	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Robert D). Williams			
4	TOTAL OF UN	ITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
	12/11/23	Robert D. Williams		\$ 600.00	
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
	Y N X	P.O. Box 534, Bonham, TX	. 75418	11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;	State; Zip Code		
	x not applicable	to cautamor address, city,	olato, Elp oddo		
			24 -		
20	Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)	
	12/21/2023	Robert D Williams		\$1,000.00	
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate 0	
	Institution?	P.O. Box 534, Bonham, TX	. 75410	Maturity date	
_	YNX		Familiana (Can Instructions)	n/a	
	Frincipal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral		ds were deposited into political	
	X none		account (See Instruct		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	Principal Occupation	on (See Instructions)	Employer (See Instructions)		
F		ATTACH ADDITIONAL CODE	ES OF THIS SCHEDULE AC NET	IDED.	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

The I	nstruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
FILER NAME Robert D	3 Filer ID (Ethics Commission Filer		
TOTAL OF UNI	ITEMIZED LOANS		\$
Date of loan 10/15/2023	7 Name of lender □ out-of-state Robert D. Williams	PAC (ID#:)	9 Loan Amount (\$) \$ 15.63
Is lender a financial Institution?	8 Lender address; City; P.O. Box 534, Bonham, TX	State; Zip Code (. 75418	10 Interest rate 0 11 Maturity date n/a
2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla	teral	Check if personal fur account (See Instruc	nds were deposited into political ctions)
INFORMATION	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
Principal Occupation		21 Employer (See Instructions) PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Collat	teral	Check if personal fun	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
x not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	n (See Instructions)	Employer (See Instructions)	
Principal Occupation		NES OF THIS SCHEDULE AS NE	

ii the requested	I IIIomation is not applicable, bo no		port.		
The Instruction Guide explains how to complete this form.			Total pages Schedule E: 4		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
F	Robert D. Williams				
4 TOTAL OF UN	NITEMIZED LOANS		\$ 2,180.37		
5 Date of loan	7 Name of lender out-of-state	PAC (ID#)	9 Loan Amount (\$)		
10/22/23	Robert D. Williams		\$ 69.26		
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate		
a financial Institution?	P.O. Box 534, Bonham, T	X. 75418	0		
YNX	, , , , , , , , , , , , , , , , , , , ,		11 Maturity date N/A		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	15 Check if personal fun	de were denocited into notition!		
X none		account (See Instruc	ds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	40.0				
	18 Guarantor address; City:	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Data efficien			Loan Amount (\$)		
Date of loan	Name of lender out-of-state	PAC (ID#:)			
10/23/23 Robert D. Williams			\$ 125.44		
Is lender	Lender address; City;	State; Zip Code	Interest rate		
a financial Institution?	P.O. Box 534, Bonham,	TX. 75418	Maturity date		
YNX		.,	N/A		
		Employer (See Instructions)			
	,				
Description of Collateral Check if personal fu			ds were deposited into political		
x none		account (See Instruc	tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	EDED		
If le	ender is out-of-state PAC, please see In				

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 complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robert D. Williams 2 4 Date 5 Payee name 10/15/2023 Zazzle 6 Amount (\$) 7 Payee address: City; State: Zip Code \$15.63 1200 Chestnut St, Menlo park CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Advertising Expense Campaign tametag EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 10/23/2023 Vista Print State; Zip Code Amount (\$) City; Payee address; 69.26 275 Wyman St, Waltham, MA 02451 Category (See Categories listed at the top of this schedule) Description **PURPOSE Business Cards** Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/23/2023 Magnets on the Cheap Amount (\$) Payee address; City; State: Zip Code 11525A Stonehollow Dr Ste 100, Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Advertising Expense Vehicle Magnets Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries. ✓ The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Robert D. Williams		
4 Date	5 Payee name		
11/11/2023	Fannin County Republican Party		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 350.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	A-11-
PURPOSE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4, 5 - 5 - 7)	
OF		Dollat Fil	ing Foo
EXPENDITURE	Fees	Ballot Fil	ing ree
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/13/2023	The Texas GOP Store		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 521.22	404 IH S, Huntsville, TX 77340		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Advertising	Political Sig	ns
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/28/2023	Fannin County Leader		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 215.04	224 N Main St, Bonham, TX 75418		
	Category (See Categories listed at the top of this schedule)	Description	ALL THE CONTRACT OF THE CONTRA
PURPOSE			
OF EXPENDITURE	Advertising	Newspap	er Article
	Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Cilido Sougrit	Cilido Hold
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED