# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

	duide explains now	to complete this form.	Description of the second	1 /5/2	Total pages	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR / MR	gel FIRST	j	AI .		E USE ONLY
NAME	NICKNAME	William		BUFFIX	Time 100	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2089 #	106 320	CITY: STATE: 2	ZIP CODE	Ca	2 6 2024 sey Brown as Administrator deputy
Change of Address		/ "/	TURSION X	13/69		9
5 CANDIDATE/ OFFICEHOLDER PHONE	(409 ) 4	PHONE NUMBER	EXTENSION			red or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	FIRST		MI	eceipt #	Amount \$
NAME	NICKNAME	William-	S	BUFFIX	ate Imaged	1350 V
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2089 A	NO PO BOX PLEASE); APT / S	OUTE#; CITY;	TX	STATE:	ZIP CODE
3 CAMPAIGN TREASURER PHONE	AREA CODE (503) 5	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before el	ection Exceed	ed Modified ng Limit	treasurer (Officeho	after campaign r appointment older Only) port (Attach C/OH - FR)
			ection Exceed	ng Limit Month	treasurer (Officeho	r appointment older Only) port (Attach C/OH - FR)
10 PERIOD COVERED	July 15	8th day before el	ection Exceed Reporti	ng Limit Month	treasurer (Officeho	r appointment older Only) port (Attach C/OH - FR)
10 PERIOD COVERED	July 15  Month Feb	8th day before el	ection Exceed Reporti	Month FCb O ECTION TYPE Other	treasurer (Officeho	r appointment older Only) port (Attach C/OH - FR)
10 PERIOD COVERED	July 15  Month  Feb  ELECTION DA	Day Year 2024	Exceed Reportion  THROUGH  EL  Runoff	Month FCL O	treasurer (Officeho	r appointment older Only) port (Attach C/OH - FR)
10 PERIOD COVERED 11 ELECTION	July 15  Month  Feb  ELECTION DA	Day Year 2024 TE Year Primary	Exceed Reportion  THROUGH  EL  Runoff	Month FCL  CECTION TYPE Other Description  JGHT (if known)	treasurer (Officeho	r appointment older Only) port (Attach C/OH - FR) ear
10 PERIOD COVERED  11 ELECTION  12 OFFICE  14 NOTICE FROM POLITICAL	July 15  Month  Feb  ELECTION DA  Month Day  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	Day Year 2024 TE Year Primary	Exceed Reportion  THROUGH  EL  Runoff  Special  13 OFFICE SOL  ACCEPTED OR POLITICAL EX  SIS MAY HAVE BEEN MADE WIT	Month  FCS  COTION TYPE  Other Description  JGHT (if known)  PENDITURES MADE HOUT THE CANDIDA	treasurer (Officeho  Final Rep  Day  YI  BY POLITICAL CITE'S OR OFFICER	port (Attach C/OH - FR)  ear  COMMITTEES TO SUPPO- HOLDER'S KNOWLEDGE
10 PERIOD COVERED  11 ELECTION  12 OFFICE	July 15  Month  Feb  ELECTION DA  Month Day  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	Day Year  Year  Primary  General  General  TE  For Political Contributions  For Political Contributions  For Political Contributions  For Political Contributions	Exceed Reportion  THROUGH  EL  Runoff  Special  13 OFFICE SOL  ACCEPTED OR POLITICAL EX  SIS MAY HAVE BEEN MADE WIT	Month  FCS  COTION TYPE  Other Description  JGHT (if known)  PENDITURES MADE HOUT THE CANDIDA	treasurer (Officeho  Final Rep  Day  YI  BY POLITICAL CITE'S OR OFFICER	port (Attach C/OH - FR)  ear  COMMITTEES TO SUPPO- HOLDER'S KNOWLEDGE
10 PERIOD COVERED  11 ELECTION  12 OFFICE  14 NOTICE FROM POLITICAL	July 15  Month Feb  ELECTION DA  Month Day  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES  COMMITTEE TYPE  GENERAL	Be of Political Contributions Eholder. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED.  COMMITTEE ADDRESS	Exceed Reportion  THROUGH  EL  Runoff  Special  13 OFFICE SOL  ACCEPTED OR POLITICAL 5A ES MAY HAVE BEEN MADE WITHIRED TO REPORT THIS INFORM	Month  FCS  COTION TYPE  Other Description  JGHT (if known)  PENDITURES MADE HOUT THE CANDIDA	treasurer (Officeho  Final Rep  Day  YI  BY POLITICAL CITE'S OR OFFICER	port (Attach C/OH - FR)  ear  COMMITTEES TO SUPPO- HOLDER'S KNOWLEDGE
10 PERIOD COVERED  11 ELECTION  12 OFFICE  14 NOTICE FROM POLITICAL COMMITTEE(S)	July 15  Month Feb  ELECTION DA  Month Day  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE CONSENT. CANDIDATES  COMMITTEE TYPE	TE Year Primary General General AND OFFICEHOLDER: ARE REQUIRED.	Exceed Reportion  THROUGH  EL  Runoff  Special  13 OFFICE SOL  ACCEPTED OR POLITICAL 5A ES MAY HAVE BEEN MADE WITHIRED TO REPORT THIS INFORM	Month  FCS  COTION TYPE  Other Description  JGHT (if known)  PENDITURES MADE HOUT THE CANDIDA	treasurer (Officeho  Final Rep  Day  YI  BY POLITICAL CITE'S OR OFFICER	port (Attach C/OH - FR)  ear  COMMITTEES TO SUPPO- HOLDER'S KNOWLEDGE

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	idadel Williams 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
K.1 C.	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	x \$ ()
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	d correct and includes all information
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Midhael Williams this the FE	26 day of 26
- 1	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR On	des (1864) Crisió e Describir. Transport
My name is Mide	hae williame, and my date of birth is 8	1.5-1965
My address is 2089	0	75763 Anderson
Executed in <u>ANJER</u>	(street) (city) (state)	(zip code) (country) , 20 24. (year)
	Signature of Candidate/C	Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Con	nmission Fi	ilers)
Michael Williams			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			TOTAL OUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <b>(</b>	Ĉ
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ (	0
4. SCHEDULE E: LOANS		\$ (	$\hat{\mathcal{O}}$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	9
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	<u>O</u>
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 FU	INDS	\$ 4	10
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	S	0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ (	2
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0

## **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	l ctions)
	Date	Full name of contributor	out-of-state PAC	(iD#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
				State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	itions)
	Date Full name of contributor out-of-state PAC (iD#:		(ID#:)	Amount of contribution (\$)	
		Contributor address;	City;	State; Zip Code	
_	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.