## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	uide explains how	to complete this	s form.	1 Filer ID (Eth	ics Commission Filers)	<b>2</b> Tot	al pages fil	ed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST			MI J		OFFICE	USE ONLY
	NICKNAME	LAST WILL	LIAMS		SUFFIX	Date Re		EIVEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1113 BAYSHORE DF		SUITE #; (	CITY; STA ROCKWALL TX	ATE; ZIP CODE 75087		9:3 APR 1 : KJ	2 AM ] 3 2025 eagne
Change of Address			-	***				0
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 214 ) 67	PHONE NUMB	SER	. EX	TENSION .	04/0	3/25	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MRS	FIRST KRIST			MI BALLEW	- Receipt		Amount \$
NAME	NICKNAME	LAST			SUFFIX	Date Im	03/25 aged	-
7 CAMPAIGN	CTOFET ADDDESS					04/	03/25	
TREASURER ADDRESS	STREET ADDRESS ( 2150 W NORTHWE		E); APT / SU 1040	JIIE #;	CITY; GRAPEVINE		STAŤE; TX	ZIP CODE 76501
(Residence or Business)			1999 A forward the forward operation of the state of the st					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMB	ER	EXT	ENSION			
	( )							
9 REPORT TYPE	January 15	30tt	h day before e	lection	Runoff		15th day afte treasurer app (Officeholder	pointment
	July 15	8th o	day before ele	ction	Exceeded Modified Reporting Limit		Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year		Month	Day	Year	
COVERED	01	15 2	2025	THROUGH	04	03	2025	
11 ELECTION	ELECTION DAT	TE			ELECTION TYPE			
	Month Day Year Primary Runoff Other Description							
	05 / 03	2025	General	Special	Description			
				Removied *				
12 OFFICE	OFFICE HELD (if any)			13 OFF	FICE SOUGHT (if known	)		
					ALL CITY COUNCIL P			
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NA				The T T Xter When V has		CONTEXPENDITORIES.
Additional Pages	GENERAL	COMMITTEE ADD	DRESS					
, Additional Pages	SPECIFIC	COMMITTEE CAN	MPAIGN TREA	ASURER NAME				
		COMMITTEE CA	MPAIGN TRE	ASURER ADDRESS	S			
GO TO PAGE 2								

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ARENWILLIAMS	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <sub>4786.74</sub>					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ <sub>4786.75</sub>					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ \$600.00					
18 SIGNATURE 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 Signature of Candidate or Officeholder Please complete either option below:							
(1) Affidavit NOTARY STAMP/SE/							
Sworn to and subscribe	d before me by <u>Caren Williams</u> this the	3rd day of April					
Kristy Leagn Signature of officer administ	ering oath Printed name of officer administering oath OR	Title of officer administering oath					
(2) Unsworn Declaration							
	, and my date of birth is,						
	(street) (city) (st	state) (zip code) (country)					
Executed in	County, State of, on theday of(month						
	Signature of Candie	date/Officeholder (Declarant)					

# SUBTOTALS - C/OH

7.

8.

9.

10.

11.

12.

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#### FORM C/OH **COVER SHEET PG 3**

SUBTOTAL AMOUNT

\$1,168.09

\$ 2,214.87

\$

\$

\$

\$

\$

2010(010000							
19	FILER NAME	20 Filer ID (Ethics Commission Filers)					
NIT-0-1-0 04004	CAREN WILLIAMS						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE E: LOANS						
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

TO FILER

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Forms provided by Texas Ethics Commission

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### 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	form.	1 Total pages Schedule A1: 2
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
CAREN WILLIAM	/IS			
4 Date 1-21-25	out-of-state PAC (ID#:			) <b>7</b> Amount of contribution (\$) 100.00
		City;	State; Zip Code	
	7207 MORTON DALLAS TX 75209			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See In	structions)
DIRECTOR BOND &	CONSTRUCTION MANAGEMENT		CITY OF DALLAS	
Date 1-22-25	Full name of contributor	out-of-state PAC	; (ID#:	Amount of contribution (\$) 500.00
			State; Zip Code	
	1046 ANNA CADE ROAD ROCKWA	ALL TX 75087		
Principal occu	oation / Job title (See Instructions)		Employer (See In	structions)
RETIRED MEDICAL				
Date 2-10-25	Full name of contributor     []] out-of-state PAC (ID#:		Amount of contribution (\$) \$1500.00	
	Contributor address;		State; Zip Code	
	1046 ANNA CADE ROAD ROCKWA	LL TX 75087		
	pation / Job title (See Instructions)		Employer (See In	structions)
RETIRED MEDICAL				
Date 2-26-25	Full name of contributor CLYDE KELLEY		(ID#:	) Amount of contribution (\$) 100.00
	Contributor address;	City;	State; Zip Code	
	1136 BAYSHORE DR ROCKWALL	TX 75087		
Principal occu	pation / Job title (See Instructions)		Employer (See In:	structions)
RETIRED ENGINEER				
and with a state of the first of the state o	vitro advantes atmenuelles sistements e displacemente a displacemente parte and parte and a displacement advantation or descende a	ar standing to the address of the standing of t	an in a standard and and a standard in the statements of a statement performance we wanted	
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	ATTACH ADDIT		OF THIS SCHEDULE A uction guide for addition	

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	1 Total pages Schedule A1:					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
CAREN WILLIAM	IS						
4 Date 2-10-25	5 Full name of contributor out-of-state PAC LISA WALKER	<b>7</b> Amount of contribution (\$) 100.00					
	6 Contributor address; City;						
	1015 RIDGE RD W ROCKWALL TX 75087						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
RETIRED							
Date 3-19-15	Full name of contributor   DENNIS AND LISA VERLING	(ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
	1119 BAYSHORE DR ROCKWALL TX 75087						
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
RETIRED OPTOMETI	RIST						
Date	Full name of contributor [] out-of-state PAC	(ID#:)	Amount of contribution (\$)				
	Contributor address; City;						
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributorout-of-state PAC	(ID#)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occu	pation / Job title (See Instructions)	ions)					

LOANS			SCHEDULE E					
	If the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E: 1					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
CAREN WILLIAMS								
4 TOTAL OF UN	\$							
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)					
01-17-25	CARENWILLIAMS		\$600.00					
6 Is lender a financial Institution?	8 Lender address; City; 1113 BAYSHORE DR	State; Zip Code ROCKWALL TX 75087	10 Interest rate         0%         11 Maturity date					
Y N								
	on / Job title (See Instructions)	13 Employer (See Instructions)						
RETIRED BUSINESS O		15						
14 Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)						
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)					
	18 Guarantor address; City;	State; Zip Code						
ant applicable	, , , , , , , , , , , , , , , , , , ,							
not applicable								
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)						
Date of loan	Name of lender 🗌 out-of-state	e PAC (ID#:)	Loan Amount (\$)					
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate					
Y N			Maturity date					
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions)	1					
Description of Colla	iteral							
none		Check if personal function account (See Instruction	ls were deposited into political ions)					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)					
	Guarantor address; City;	State; Zip Code						
not applicable								
Principal Occupatio	n (See Instructions)	Employer (See Instructions)						
anna a é s a an an an an an an ann an ann an ann an a		PIES OF THIS SCHEDULE AS NEE						
If	lender is out-of-state PAC, please see	Instruction guide for additional re	porting requirements.					

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### 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 Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor		Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 1	2 FILER NA					3 Filer	ID (Ethics	s Commission Filers)
4 Date	5 Payee na	ame						
01-30-2025	BANKOF							
<b>6</b> Amount (\$) \$36.58	7 Payee address; 1000 W RUSK				City; ROCKWALL		State; TX	Zip Code 75087
8 PURPOSE OF EXPENDITURE	OF				Description CK ORDER			
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	[	Check if Austin	i, TX, offic	eholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		C	Office sought			Office held
Date	Payee n	ame	Talipinita da Santa d	2010/02/2015/6/80	nden bester an den het het het bester han het die verheten eine die die die die seine seine verheten.		NUMERIC I A AND AND AND A CONSTRUCTION OF	and and part of a second second second and an an an and an an an and a second second second second second secon
2-20-25	KEEP	PERS PRESS						
Amount (\$) \$593.21	Payee address; 520 LOMA VISTA			City; ROCKWALL			State; TX	Zip Code 75087
PURPOSE OF	Category	(See Categories listed at the top of this so	hedule)		Description 18 YARD SIGNS			
EXPENDITURE	ADVERTIZI	ING EXPENSE						
		Check if travel outside of Texas. Complete So	chedule T.	[	Check if Austin	, TX, offici	əholder livinç	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	date / Officeholder name	lahun mutan mut	C	Office sought			Office held
Date	Payee r	ame		an ann an tha tha tha	a fa balanta di sub di sub	international and a solar	gala 3 i 6 4 galdele kilden kilden og song	and with the stand the descent interface to open a final standard as a second standard as a second standard as
02-12-25	KEEPERS	PRESS						
Amount (\$) \$773.99	Payee a 520 LOMA			Fach Street and a street of the	City; ROCKWALL		State; TX	Zip Code 75087
PURPOSE OF	Category	(See Categories listed at the top of this sch	hedu		Description 4 SIGNS			
EXPENDITURE	ADVERTIZI	ING EXPENSE						
		Check if travel outside of Texas. Complete Sc	chedule T.	Ĺ	Check if Austin	TX, office	sholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name		C	Office sought			Office held
	A	TTACH ADDITIONAL COPIES	OF THIS S	3CHE	DULE AS NEE	DED	Set a a 16 de Andréa (anter trace tex	n na stand fan fan 1940 en 1940

EXPENDITUR				TA NUMBER		SCHE	DULE <b>F4</b>	
	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Candidate/Officeholder/Po	Accounting/Banking Fees Office Overhead/Rental Expense Transportation Fouriers Paletad Expense							
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME CAREN WILLIAMS						Commission Filers)	
4 TOTAL OF UNITEMIZED EXP	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$							
5 CREDIT CARD ISSUER	Name of financial institution AMERICAN EXPRESS							
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card	Issuer Paid			
	\$ \$112.61	01-20-25		04-02-2025				
7 PAYEE	(a) Payee name	1	(b) Payee add	dress;	City,	State,	Zip Code	
	MINUTE MAN PRESS	UTE MAN PRESS 1104 B-RIDG E ROAD		ROCKWALL	ТХ	75087		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	ule)	(b) Description				
Political	PRINTING EXPENSE		BUSINESS CARDS					
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.	Check if	Austin, TX, officehol	der living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought	Of	fice Held		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card	Issuer Paid			
	\$ 29.00	01-20-25		02-04-25 AND 04-	02-25			
PAYEE	(a) Payee name	1	(b) Payee add	I	City,	State,	Zip Code	
	CAMPAIGN PARTNER		CAMPAI	GNPARTNER.COM	HARVARD	MA		
PURPOSE OF	(a) Category (See Categories lis	ted at the top of this sched	ule)	(b) Description	annon an		allen y den y de la d	
EXPENDITURE Political	ADVERTIZING EXPENSE			CAMPAIGN WEBSITE				
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought	Of	fice Held		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card	Issuer Paid			
	\$ 5.00	01-20-25		02-04-25 AND 04-02-	-25			
PAYEE	(a) Payee name		(b) Payee add	Iress;	City,	State,	Zip Code	
	CAMPAIGN PARTNER		CAMPAI	GNPARTNER.COM	HARVARD	MA		
PURPOSE OF	(a) Category (See Categories lis	ted at the top of this schedu	.ile)	(b) Description	annen einen einen einen einen die Benetlen einen eine einen seinen seinen seinen seinen seinen seinen seinen se		na na mana na m	
EXPENDITURE Political	ADVERTIZING EXPENS	E		CAMPAIGN WEBSI	TE			
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.	Check	if Austin, TX, officeh	older livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought	Of	fice Held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

EXPENDITUE						HEDULE <b>F4</b>
	EXP	ENDITURE CAT	EGORIES	FOR BOX 1	0(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award	erage Expense s/Memorials Expense rices	Office Of	Expense /Wages/Contract	Expense Transportation E Travel In Distric Travel Out Of D	istrict ategory not listed above)
1 TOTAL PAGES	2 FILER NAME			USL A REW I		
SCHEDULE F4:	CAREN WILLIAMS				S FILER ID (E	thics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial institution AMERICAN EXPRESS					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged			
	\$ 29.00	2-20-25		3-4-25		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City, S	tate, Zip Code
	CAMPAIGN PARTNER		CAMPAIGN	PARTNER.CO	OM HARVARD M	
8 PURPOSE OF	(a) Category (See Categories lis	sted at the top of this sched	L	(b) Description		
EXPENDITURE Political	ADVERTIZING EXPENSE			CAMPAIGN W	/EBSITE	
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.	[]	Check if Austin, TX, officeholder	living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder 1	name	Off	ice Sought	Office	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cre	edit Card Issuer Paid	
	<b>\$</b> 199.72	03-12-25		4-2-25		
РАУЕЕ	(a) Payee name		(b) Payee add	dress;	City, S	tate, Zip Code
	LUNAR DESIGNS		216 CALLAGI	HAN DR	ROYCE CITY T	X 75189
PURPOSE OF	(a) Category (See Categories lis	ited at the top of this sched	Jule)	(b) Description	n	
EXPENDITURE	ADVERTIZING EXPENSE			T-SHIRTS		
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp				living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought	Office	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cre	edit Card Issuer Paid	n an
	<b>\$</b> 763.76	03-18-25		4-2-25		
PAYEE	(a) Payee name		(b) Payee add	dress;	City, Si	ate, Zip Code
	LUNAR DESIGNS		216 CALLAGE	HAN DR	ROYCE CITY T	
PURPOSE OF	(a) Category (See Categories lis	ted at the top of this sched	lule)	(b) Description	n	
EXPENDITURE	ADVERTIZING EXPENS	SE .		T-SHIRTS		
Political Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austin, TX, afficehold	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	-		ice Sought	Office	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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EXPENDITUR					he report.	SCHE	DULE F4
	EXP	ENDITURE CAT	regories	FOR BOX	10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit The Instruction	By Gift/Award	rage Expense s/Memorials Expense ices	Office O Polling E Printing B	Expense Wages/Contrac	Expense T T ct Labor O	olicitation/Fundraisi ansportation Equipr avel In District ravel Out Of District ther (enter a categor CH CREDIT CAR	nent & Related Expense
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME CAREN WILLIAMS	*****					Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$							
5 CREDIT CARD ISSUER	Name of financial institut						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cr	redit Card Issuer	Paid	
	\$ 29.00	03-20-25		4-2-25	5		
7 PAYEE	(a) Payee name	<b>A</b> man	(b) Payee add	dress;	City,	State,	Zip Code
	CAMPAIGN PARTNER		CAMPAIGN	PARTNER.C	OM HARVAR	D MA	
8 PURPOSE OF	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Descriptio	on		nin en al en en anna en
EXPENDITURE	ADVERTIZING EXPENSE	CAMPAIGN WEBSITE					
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin, T	X, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Offi	ice Sought	herê	Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cr	redit Card Issuer	Paid	
	\$		-				
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	(a) Category (See Categories lis	ted at the top of this sched	l dule)	(b) Descriptic	on		
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin, 1	X, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Offi	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cr	redit Card Issuer I	Paid	
	\$						
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Descriptio	on		
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	[	Check if Austin	TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r			ice Sought	uncon in Austilli,	Office Held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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POLITICAL EXPENDITURES MADE FROM							
PERSONAL FUNDS SCHEDULE							
If the requested in	formation is not applicable, DO NOT inc	lude this page in the rep	ort.				
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	na anna chunn a bhf a basaig a s na Annanda mach an annan an gun ann ann an duaranga na fuga du dhula a na anna				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/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: 3	2 FILER NAME CAREN WILLIAMS		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
02-16-25	TRACTFONE						
6 Amount (\$) \$16.67 Reimbursement from political contributions intended	7 Payee address; TRACTFONE.COM	State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche OFFICE OVERHEAD/RENTAL EXPENSE      (c) Check if travel outside of Texas. Complete Schere	CAMPAIGN CELL PHONE					
(c)       Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         9       Candidate / Officeholder name       Office sought       Office held         Complete ONLY if direct expenditure to benefit C/OH       Office held       Office held       Office held							
Date	Payee name		an a sanan kara da sanan kara a na anan kana kana kana kana				
2-18-25	THE HOME DEPOT						
Amount (\$) 403.60 Reimbursement from political contributions intended	403.60 THE HOME DEPOT ROCKWALL TX Political contributions						
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	Description				
OF EXPENDITURE	ADVERTISING EXPENSE	POSTS FOR 4'X4' SIGNA	GE				
	Check if travel outside of Texas. Complete Sche	Landarder die Antonio State and an an antonio and an	n, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name		n na				
3-7-25	MINUTEMAN PRESS						
Amount (\$) 420.94 Reimbursement from political contributions intended							
PURPOSE	Category (See Categories listed at the top of this sche	edule) Description					
OF EXPENDITURE	ADVERTISING EXPENSE	COUNTY MAP/PUSH	CARDS				
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				

POLITICAL PERSONAL	EXPENDITURES MADE FI	ROM	SCHEDULE G	
If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po Credit Card Payment	Fees Offic Food/Beverage Expense Polli de By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ng Expense ting Expense rries/Wages/Contract Labor to complete this form.	Solicitation/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)	
	CAREN WILLIAMS		· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Payee name			
03-17-25	KEEPERS PRESS			
6 Amount (\$) \$773.99 Reimbursement from political contributions intended	7 Payee address; KEEPERS PRESS ONLINE	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 4'X4' SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	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			
03-18-25	TRACFONE			
Amount (\$) 16.67 Reimbursement from political contributions intended	Payee address; TRACFONE ONLINE FL	City;	State; Zip Code	
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OFFICE OVERHEAD/RENTAL EXPENSE	CAMPAIGN CELLPHONE		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		n karang karang dalam di sulang ki na kamang kanang dalam karang karang karang karang karang karang karang kara Karang karang dalam di sulang ki na kamang kanang dalam karang karang karang karang karang karang karang karang	
03-21-25	THE HOME DEPOT			
Arnount (\$) 437.08	Payee address; THE HOME DEPOT ROCKWALL TX	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	ADVERTISING EXPENSE	POSTS 4'X4' SIGNS		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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POLITICAL PERSONAL	EXPENDITURES MADE I FUNDS	FROM	SCHEDULE G		
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 Mar Candidate/Officeholder/Pol Credit Card Payment	Fees C Food/Beverage Expense F de By Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense salaries/Wages/Contract Labor ow to complete this form.	Solicitation/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 CAREN WILLIAMS		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
03-28-25	LUNAR DESIGN				
6 Amount (\$) \$145.92	7 Payee address; LUNAR DESIGN LAB RICHARDSON TX	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu ADVERTISING EXPENSE     (c) Check if travel outside of Texas. Complete Schedul	BALLCAPS	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		anta a se anta de la calega en la calega de l		
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description			
	Check if travel outside of Texas. Complete Schedu	ule T Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description			
	Check if travel outside of Texas. Complete Schedu		, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		