CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Fil	lers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MA	FIRST	MI R.	OFFICE USE ONLY	
	NICKNAME Billy	Alexande	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #;	FILED FOR RECORD IN MY OFFICE 3 8 27 O'CLOCK P M		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-defivered of Code Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR W. R.	FIRST William	ELEC MI R BY_	LORETTA MASONINI S THOM S ATTUMENT THOM S ATTUMENT TO THE STATE OF THE	
TVAIVIL.	NICKNAME B'lly	Alexande	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	city; Carthage	STATE; ZIP CODE - 75633	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month //	Day Year / 8 / 23		onth Day Year 11 /2 8 / 23	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 3 / 5 / 2 4 General Special				
12 OFFICE	OFFICE HELD (if any)	ONER Prect. #	13 OFFICE SOUGHT (if)	known) er Prect #1	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 TYPE	COMMITTEE NAME			
		4			
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRI	EASURER NAME	Arillitati	

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COI PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S, OF LOANS, OR	\$ 0
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OF		\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	\$ 750	
	4. TOTAL POLITICAL EXPENDITURE	\$ 0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	ST DAY \$ O	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PER		F THE \$ O
	wear, or affirm, under penalty of perjury, that the quired to be reported by me under Title 15, Election		e and correct and includes all information
. • ** ·	• • •	William R.	afanda
		Signature of Co	andidate or Officeholder
		- 4	
		\$ - 8 k	
	Please complete	either option belov	w•
	i iodoo oompioto	oldioi opdoli bolot	•
(4) Affidovit			
(1) Affidavit		•	
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the	, day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer adn	ninistering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is	illiam Alexander	, and my date of birth is	
My address is		Carthage 7	TX 75633 USA
	(street)		state) (zip code) (country)
Executed in Pane	County, State of Texas, on	1 77	vember , 20 23.
		William (month	
		Signature of Candi	late/Officeholder (Declarant)