CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mr.	FIRST Gerald	W.	OFFICE USE ONLY	
1 V/ VVIII	NICKNAME N/A	LAST Williamson	SUFFIX	Date Repeiver CTIONS ADMINISTRA	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	X; APT / SUITE #;	city; state; zip code Lufkin, Texas 75901		
Change of Address				ARCE	
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER 414-3421	EXTENSION	Date Nanagdelivered or trate hestmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs.	FIRST Mary Lynn	MI N/A	Receipt # Amount \$	
NAME	NICKNAME N/A	Mary Lynn ^{LAST} Williamson	SUFFIX	Date Processed FEB 0 5 2024 Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / 8	SUITE #; CITY;	STATE; ZIP CODE	
ADDRESS (Residence or Business)	1567 Carrel	I Road	Lufkin	Texas 79501	
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 635-9992	EXTENSION		
9 REPORT TYPE	January 15	X 30th day before a	lection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Reporting Limit		
COVERED	Month Day Year Month Day Year 01 01 2024 THROUGH 01 25 2024				
11 ELECTION	ELECTION DATE Month Day Year X Primary Runoff Other Description 03 05 2024 General Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Angelina County Co	mmissioner Precinct 3	
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 NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRI	REASURER ADDRESS		
		GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

IS C/OH NAME Ger	rald W. Williamson	Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,913.88
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 74.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
8 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	99/	
	J. Lines	
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
~~~		
1) Affidavit	LAURA FLORES Notary Public State of Texas ID # 12816463-5 My Comm. Expires 01-29-2026	
NOTARY STAMP/SEAL		
worn to and subscribed	before me by Gerald Williamson this the 5	th day of February.
Laurast	which, witness my hand and seal of office.  Love Aura Flores Notar	y Public, State of Te
gnature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
松上生	OR	
) Unsworn Declaration	on	
	, and my date of birth is	
y address is		
		(zip code) (country)
ecuted in	County, State of, on the day of(month)	, 20
	(monut)	(year)
	Signature of Candidate/O	fficeholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER N	IAME d W. Williamson	20 Filer ID (Ethics Cor	mmission Filers)
21		ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,600.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,500.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS			\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,525.88	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$2,388.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

### 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 th	is form.		1 Total pages Schedule A1: 1
2 FILER NAME Gerald W	. Williamson	A STATE OF THE STA			3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2024	TREPAC/Texas Association of Realtors Political Action Committee			1	
	6 Contributor address; P.O. Box 2246	City; Austin	State; Texas	Zip Code 78768-2246	\$1,500.00
8 Principal occu N/A	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	itions)
Date 1/19/2024	Full name of contributor  Robert Samford			)	Amount of contribution (\$)
171972024	Contributor address; 401 Brentwood	City; Lufkin	State; Texas	Zip Code <b>75901</b>	\$100.00
Principal occup N/A	ation / Job title (See Instructions)		Emplo N/A	oyer (See Instruct	tions)
Date 1/19/2024	Full name of contributor out-of-state PAC (ID#:			Amount of contribution (\$)	
1/19/2024	Contributor address; P.O. Box 153220	City;	State; Texas	Zip Code 75915	\$1,000.00
Principal occupa	ation / Job title (See Instructions)		Emplo N/A	yer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occupa	ation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)

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

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

	ne Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:			
² FILER NAM Gerald W	/. Williamson		3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2,500.0	00		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: Mark Hicks	)	8 Amount of Contribution \$ 2,500.00	9 In-kind contribution description Political advertising,		
01/22/2024	7 Contributor address; City; State;	Zip Code	2,300.00	Billboards		
	T.O. Box 10 Luikin Texas	75902	Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ Presiden	supation / Job title (FOR NON-JUDICIAL)(See Instructions) ${f t}$		er (FOR NON-JUDICI Sociates, Inc.	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)			DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	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)					
Date	Full name of contributor	Zip Code	Amount of Contribution \$  Check if travel outside	In-kind contribution description de of Texas, Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME Gerald W. Williamson		3 Filer ID (Ethics	Commission Filers)
4 Date 01/10/2024	5 Payee name AAA Trophy			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,905.00	305 E. Denman Lufkin	Texas	75901	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	100000000000000000000000000000000000000	
PURPOSE OF EXPENDITURE	Advertising Expense	Political signs,	, yard size and	d 4' x 8' size
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/16/2024	Tractor Supply Co.			
Amount (\$)	Payee address;	City;	State;	Zip Code
305.80	511 North Brentwood	Lufkin	Texas	75904
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	T posts for mounting signs, one t post driver for installing posts for campaign signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought	1	Office held
Date	Payee name			
01/17/2024	Pineywoods Printing			
Amount (\$)	Payee address;	City;	State;	Zip Code
81.03	2409 E. Lufkin Avenue	Lufkin	Texas	75901
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Name tags for o	candidate	
1	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	9	Office held

## 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)

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) Gerald W. Williamson 4 Date 5 Payee name 01/17/2024 Lufkin Printing Company 6 Amount (\$) 7 Payee address; City; State: Zip Code 1030 N. First Street 1,234.05 Lufkin Texas 75901 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **PURPOSE** Political signs, yard size and 4' x 4' size OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

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 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

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	² FILER NAME Gerald W. Williamson		3 Filer ID (Ethics Commission Filers)		
4 Date 01/22/2024	J. M. Outdoor Billboards				
6 Amount (\$) 750.00  Reimbursement from political contributions intended	7 Payee address; P.O. Box 1403	c _{ity;} Lufkin	State; Zip Code Texas 75902		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Vinyl for two bi	llboards		
	(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 01/22/2024	Payee name Huntington Herald Newspaper	17-18-18-18-18-18-18-18-18-18-18-18-18-18-			
Amount (\$) 490.00  Reimbursement from political contributions intended	Payee address; P.O. Box 1154	c _{ity:} Huntington	State; Zip Code Texas 75949		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper adv	vertisement		
	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		Office sought	Office held		
Date	Payee name	VII			
01/25/2024	Falco Media				
Amount (\$)  1,148.00  Reimbursement from political contributions intended	Payee address; 113 Gaslight Blvd.	city; Lufkin	State; Zip Code Texas 75904		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Video shoot for	campaign		
	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/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	:D		