

# 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:

9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	Mr.	Randall	D			
	NICKNAME	LAST	SUFFIX	Date Received		
	Randy	Williams		<b>FILED FOR RECORD</b> 3 O'Clock 28 Min PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	FEB 26 2024
	[REDACTED]					Date Handled
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Handled		
	( 325 )	665-0775		FREDARAGAN Election Administrator Taylor County, Texas		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt	Amount	Signature
	Mrs.	Gaye	L.	Carole Gaye Williams		
	NICKNAME	LAST	SUFFIX	Date Processed		
		Williams		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)					STATE
	[REDACTED]					ZIP CODE
	[REDACTED]					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 325 )	320-4309				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day
	1	26	24		2	24
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	5	24	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Taylor Co. Commissioner Pct. 1			Taylor Co. Commissioner Pct. 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.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Randall David Williams		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,112.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,112.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

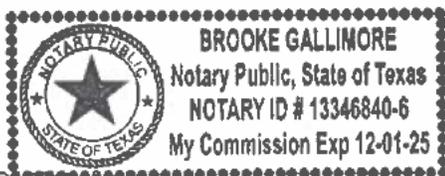
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Randall David Williams*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP SEAL

Sworn to and subscribed before me by Randall D. Williams this the 26<sup>th</sup> day of February

20 24, to certify which, witness my hand and seal of office.

Brooke Gallimore Brooke Gallimore Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Randall David Williams		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 550.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 234.41
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,562.30
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 this form.		1 Total pages Schedule A1: 1
2 FILER NAME <b>Randall David Williams</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/05/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Larry Wellhausen</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Abilene Tx 79604</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Self-Employed</b>
Date <b>02/07/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bobbie Lee Wolfe</b> Contributor address; City; State; Zip Code [REDACTED] <b>Abilene, Tx 79605</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>CPA</b>		Employer (See Instructions) <b>Self-Employed</b>
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Randall David Williams	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/01/2024	<b>5</b> Payee name Krazer Marketing	
<b>6</b> Amount (\$) 550.00	<b>7</b> Payee address; P.O. Box 5315	City; State; Zip Code Abilene TX 79608
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Push Cards, Yard Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Randall David Williams	Office sought Taylor Co. Commissioner Pct. 1
		Office held Taylor Co. Commissioner Pct. 1
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <b>3</b>	2 FILER NAME <b>Randall David Williams</b>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>234.41</b>
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5 CREDIT CARD ISSUER	Name of financial institution <b>U.S. Bank Visa</b>
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6 PAYMENT	(a) Amount Charged \$ <b>8.00</b>	(b) Date Expenditure Charged <b>01/26/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>02/05/24</b>
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7 PAYEE	(a) Payee name <b>Office Depot</b>	(b) Payee address; City, State, Zip Code <b>4141 Buffalo Gap Rd. Abilene Tx 79605</b>
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Staples</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Randall David Williams</b>	Office Sought Taylor Co. Commissioner Pct. 1	Office Held Taylor Co. Commissioner Pct. 1
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PAYMENT	(a) Amount Charged \$ <b>24.88</b>	(b) Date Expenditure Charged <b>01/26/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>02/05/24</b>
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PAYEE	(a) Payee name <b>Lowe's</b>	(b) Payee address; City, State, Zip Code <b>4134 Ridgemont Abilene Tx 79606</b>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Paint</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Randall David Williams</b>	Office Sought Taylor Co. Commissioner Pct. 1	Office Held Taylor Co. Commissioner Pct. 1
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PAYMENT	(a) Amount Charged \$ <b>12.44</b>	(b) Date Expenditure Charged <b>01/27/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>02/05/24</b>
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PAYEE	(a) Payee name <b>Office Depot</b>	(b) Payee address; City, State, Zip Code <b>4141 Buffalo Gap Rd. Abilene Tx 79605</b>
-------	---------------------------------------	--

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead</b>	(b) Description <b>Notebook</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Randall David Williams</b>	Office Sought Taylor Co. Commissioner Pct. 1	Office Held Taylor Co. Commissioner Pct. 1
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b> 3	<b>2 FILER NAME</b> Randall David Williams		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			\$ 234.41
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution U.S. Bank Visa		
<b>6 PAYMENT</b>	(a) Amount Charged \$ 10.60	(b) Date Expenditure Charged 01/29/2024	(c) Date(s) Credit Card Issuer Paid 02/05/24
<b>7 PAYEE</b>	(a) Payee name Bible Hardware	(b) Payee address; 333 Walnut St.	City, State, Zip Code Abilene Tx 79601
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Screws
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Randall David Williams		Office Sought Taylor Co. Commissioner Pct. 1
	Office Held Taylor Co. Commissioner Pct. 1		
<b>PAYMENT</b>	(a) Amount Charged \$ 41.68	(b) Date Expenditure Charged 02/05/2024	(c) Date(s) Credit Card Issuer Paid 02/05/24
<b>PAYEE</b>	(a) Payee name Office Depot	(b) Payee address; 4141 Buffalo Gap Rd.	City, State, Zip Code Abilene Tx 79605
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Bio, Platform, Info.
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Randall David Williams		Office Sought Taylor Co. Commissioner Pct. 1
	Office Held Taylor Co. Commissioner Pct. 1		
<b>PAYMENT</b>	(a) Amount Charged \$ 38.97	(b) Date Expenditure Charged 02/05/2024	(c) Date(s) Credit Card Issuer Paid 02/05/24
<b>PAYEE</b>	(a) Payee name Office Depot	(b) Payee address; 4141 Buffalo Gap Rd.	City, State, Zip Code Abilene Tx 79605
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Candidate Info.
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Randall David Williams		Office Sought Taylor Co. Commissioner Pct. 1
	Office Held Taylor Co. Commissioner Pct. 1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b> 3	<b>2 FILER NAME</b> Randall David Williams	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$ 234.41
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution U.S. Bank Visa	
<b>6 PAYMENT</b>	(a) Amount Charged \$ 143.16	(b) Date Expenditure Charged 02/07/2024
<b>7 PAYEE</b>	(a) Payee name McCoy's	(b) Payee address; City, State, Zip Code 550 N. Clack Abilene Tx 79603
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Posts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Randall David Williams	Office Sought Taylor Co. Commissioner Pct. 1
	Office Held Taylor Co. Commissioner Pct. 1	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought
	Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought
	Office Held	

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Randall David Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/01/2024</b>	<b>5</b> Payee name <b>Krazer Marketing</b>	
<b>6</b> Amount (\$) <b>2,562.30</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>P.O. Box 5315</b>	City; <b>Abilene</b> State; <b>Tx</b> Zip Code <b>79608</b>
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Push Cards, Yard Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Randall David Williams</b>	Office sought Taylor Co. Commissioner Pct. 1
		Office held Taylor Co. Commissioner Pct. 1
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED**