

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: <u>2</u> | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Luke | MI A | OFFICE USE ONLY | | |
| | NICKNAME | LAST Williams | SUFFIX | Date Received RECEIVED CITY OF WEATHERFORD, TX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE | |
| Change of Address | Weatherford, TX 76086 | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE [REDACTED] | PHONE NUMBER | EXTENSION | | | |
| 6 CAMPAIN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Sharee | MI M | Date Hand-delivered or Date Postmarked | | |
| | NICKNAME | LAST Williams | SUFFIX | Receipt # <input type="text"/> Amount \$ <input type="text"/> | | |
| 7 CAMPAIN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: [REDACTED] | | | CITY: Weatherford, TX 76086 | STATE; ZIP CODE | |
| 8 CAMPAIN TREASURER PHONE | AREA CODE [REDACTED] | PHONE NUMBER | EXTENSION | | | |
| 9 REPORT TYPE | <input checked="" 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 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 1 | Day 22 | Year 24 | Month 4 | Day 4 | Year 27 |
| 11 ELECTION | ELECTION DATE Month 5 Day 4 Year 24 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description Election Cancelled | | | | |
| 12 OFFICE | OFFICE HELD (if any) None | 13 OFFICE SOUGHT (if known) Weatherford City Council, Place 4 | | | | |
| 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 <input type="checkbox"/> GENERAL | COMMITTEE NAME | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

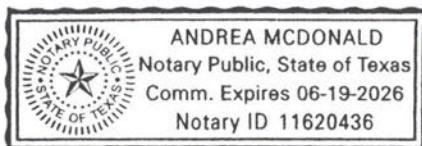
| | |
|----------------------------------|---|
| 15 C/OH NAME Luke A. Williams | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 500.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 500.00 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 255.00 4. TOTAL POLITICAL EXPENDITURES \$ 255.00 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 245.00 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00 |
| EXPENDITURE TOTALS | |
| CONTRIBUTION BALANCE | |
| OUTSTANDING LOAN TOTALS | |

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 / SEAL

Sworn to and subscribed before me by Luke Williams this the 14 day of January
20 20, to certify which, witness my hand and seal of office.

Andrea McDonald Signature of officer administering oath

Andrea McDonald Printed name of officer administering oath

City Secretary 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)

