

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Gerald W.  
NICKNAME LAST SUFFIX  
N/A Williamson

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1567 Carrell Road, Lufkin, Texas 75901

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 936 ) 414-3421

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mrs. Mary Lynn N/A  
NICKNAME LAST SUFFIX  
N/A Williamson

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1567 Carrell Road, Lufkin, Texas 75901

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 936 ) 635-9992

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 Month Day Year  
11 / 3 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary Runoff Other Description  
3 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Angelina County Commissioner Pct. 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

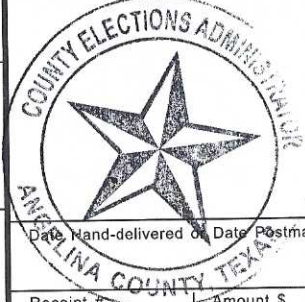
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

IAN 17 2023

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME**  
Gerald W. Williamson

**16 Filer ID** (Ethics Commission Filers)

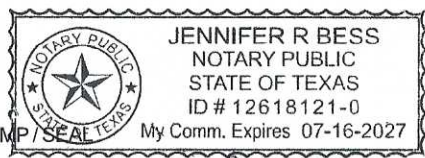
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,135.93
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,000.00
<b>OUTSTANDING LOAN TOTALS</b>	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.

*G. Williamson*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



Sworn to and subscribed before me by Gerald Williamson this the 15<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

*Jennifer R Bess*                      Jennifer R Bess                      Notary Public State of Texas  
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> Gerald W. Williamson		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 2,135.93
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: <b>1</b>
2 FILER NAME <b>Gerald W. Williamson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/06/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Benjamin D. Winston</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 3261, Lufkin, Texas 75903-3261</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</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)
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.

**BENJAMIN D. WINSTON**  
P.O. BOX 3261  
LUFKIN, TX 75903-3261

COMMERCIAL BANK OF TEXAS, N.A.  
NACOGDOCHES - LUFKIN - DIBOLL  
NACOGDOCHES, TEXAS 75963  
88-271-1131

11/6/2023

PAY TO THE ORDER OF Gerad Williamson for County Commissioner

\$ \*\*1,000.00

One Thousand and 00/100\*\*\*\*\*

DOLLARS

Gerald Williamson for County Commissioner

  
AUTHORIZED SIGNATURE

MEMO

⑈006114⑈ ⑆113102714⑆ 3000005678⑈

Federal Credit Union  
311990029  
(254) 775-9550

**BENJAMIN D. WINSTON**

Gerad Williamson for County Commissioner

Date	Type	Reference	Original Amt.	Balance Due	11/6/2023 Discount	Payment
11/6/2023	Bill	110623 Winston, D	1,000.00	1,000.00	Check Amount	1,000.00

Deposited on 11-10-2023

# 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: 2	<b>2</b> FILER NAME Gerald W. Williamson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/06/2023	<b>5</b> Payee name Republican Party of Angelina County	
<b>6</b> Amount (\$) 753.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1511 S. Chestnut Avenue, Lufkin, Texas 75901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Filing fees for Republican Party of Angelina County
	<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	Office sought <span style="float:right">Office held</span>
Date 11/04/2023	Payee name Harland Clarke/Genco FCU	
Amount (\$) 32.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1402 S. John Reddit Drive, Lufkin, Texas 75904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting Banking	Description Checks for payment of miscellaneous campaign expenses
	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 <span style="float:right">Office held</span>
Date 11/22/2023	Payee name Anchor V Solutions, LLC	
Amount (\$) 625.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1408 N. Broadmoor, Lufkin, Texas 75904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting on: Photograph for Facebook and marketing purposes, Facebook, Instagram, & social media; logo & slogan designs
	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 <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# GENCO

FEDERAL CREDIT UNION  
*My Money, My Future, My Credit Union*

DATE	TELLER	TRANSACTION DESCRIPTION	ACCOUNT NO.	PREVIOUS BALANCE	TRANSACTION AMT.	NEW BALANCE
06NOV23	319-222	Cashier's Check Sal	****346-9		753.00	
MINIMUM PERIODIC PAYMENT	PAYMENT DUE DATE	FREQUENCY OF PAYMENT	DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE		

Payee: REPUBLICAN PARTY OF ANGELINA COUNTY  
 \* Miscellaneous Fee: \$3.00

Check No. 154838

Processed by: 319-222

GENCO Federal Credit Union  
P.O. BOX 7246  
WACO, TX 76714

254-776-9550

Phone inquiries to: 254-776-9550

GERALD W WILLIAMSON  
1567 CARRELL RD  
LUFKIN TX 75901

ACCOUNT NUMBER		PAGE
1974346		1
	06NOV23	30NOV23
SOCIAL SECURITY NO.	FROM	TO
	STATEMENT PERIOD	

2 E-STMT

Waco Offices 254-776-9550  
Lufkin Office 936-637-7710  
www.gencofcu.org

You've got dreams  
We're ready  
GENCO FCU  
My Money, My Future  
My Credit Union

SAVINGS  
ACCOUNT  
Suffix 0

Your balance at the beginning of the period.....\$ 0.00  
06NOV Deposit 5.00 = 5.00  
Transfer 'STS' 5.00 from acct: \*\*\*\*872-9  
Your new balance on 30NOV23.....\$ 5.00

KASASA  
CASH BACK  
Suffix 9

No. 1001974346. Balance at the beginning of the period.....\$ 0.00  
Additions and miscellaneous withdrawals:  
06NOV Deposit 1000.00  
Transfer 'STS' 1000.00 from acct: \*\*\*\*872-9  
06NOV Withdrawal -753.00  
10NOV Deposit 1000.00  
14NOV Withdrawal-ACH-A-CHECKS -32.93  
HarlandClarke-Li (CHK ORDER)  
22NOV Withdrawal -625.00  
TX LUFKIN 1408, N. BROADMOOR USIN ANCHOR V SOL Trace  
#935013  
3 Withdrawals = 1410.93 2 Deposits = 2000.00 0 Checks Cleared  
Your new balance on 30NOV23.....\$ 589.07

	Total for this period	Total year-to-date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

Balances for the period: Low: 0.00 High: 1247.00  
Statement period average: 839.61

Your  
Financial  
Summary

Your total Checking balances.....\$ 589.07  
Your total Savings balances.....\$ 5.00

YTD Tax  
Summary

YEAR-TO-DATE INFORMATION FOR TAX PURPOSES:  
Total non-IRA dividends earned  
(May be reported to IRS as interest for this calendar year)..\$ 0.00





Gerald <geraldforcommissioner@gmail.com>

**Payment confirmation: Invoice #2074-(Anchor V Solutions, LLC)**

2 messages

**QuickBooks Payments** <quickbooks@notification.intuit.com>  
To: Geraldforcommissioner@gmail.com

Wed, Nov 22, 2023 at 12:28 PM



[Manage payment](#)



**You paid \$625.00**

to **Anchor V Solutions, LLC** on 11/22/2023

**Payment details**

Invoice no.	2074
Invoice amount	\$625.00
<b>Total amount</b>	<b>\$625.00</b>

Status	Paid
Payment method	MASTERCARD ****4608

Authorization ID

MQ0201982530

Please don't reply to this email, if you need any help regarding this message, please contact the business directly.

Thank you,



Anchor V Solutions, LLC

+1 9366352875

<https://anchorvsolutions.com/> | [Valena@AnchorVsolutions.com](mailto:Valena@AnchorVsolutions.com)

1408 N Broadmoor Dr, Lufkin, TX, 75904, US

No additional transfer fees or taxes apply.

Intuit Payments Inc(IPI) process payments as an agent of the business. Payments processed by IPI constitutes payment to the business and satisfies your obligation to pay the business, including in connection with any dispute or case, in law or equity. Money movement services are provided by IPI pursuant to IPI's licenses (NMLS #1098819, <https://www.intuit.com/legal/licenses/payment-licenses>). IPI is located at 2700 Coast Avenue, Mountain View, CA 94043, 1-888-536-4801.

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2800 E. Commerce Center Place, Tucson, AZ 85706



powering prosperity



turbotax



quickbooks



proconnect



mint

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME Gerald W. Williamson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/22/2023	<b>5</b> Payee name Anchor V Solutions LLC	
<b>6</b> Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1408 N. Broadmoor, Lufkin, Texas 75904	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Fee for attending social and networking events with candidate. Updating social media.
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 12/22/2023	Payee name Anchor V Solutions, LLC	
Amount (\$) 224.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1408 N. Broadmoor, Lufkin, Texas 75904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Candidate business cards for campaign \$75.00; Thank you cards for donors and supporters \$149.00.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 12/22/2023	Payee name Genco FCU	
Amount (\$) 1.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1402 S. John Redditt Drive, Lufkin, Texas 75904	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Banking fee for transfer of funds from Savings to Checking Account.
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INVOICE

**Anchor V Solutions, LLC**  
1408 Broadmoor Dr  
Lufkin, TX 75904

Valena@AnchorVsolutions.com  
+1 (936) 635-2875  
<https://anchorvsolutions.com/>



**Gerald Williamson**

**Bill to**  
Gerald Williamson  
1567 Carrell Rd  
Lufkin, Tx 75904

**Ship to**  
Gerald Williamson  
1567 Carrell Rd  
Lufkin, Tx 75904

### Invoice details

Invoice no.: 2075  
Terms: Net 30  
Invoice date: 12/21/2023  
Due date: 01/20/2024

#	Date	Product or service	SKU	Qty	Rate	Amount
1.	12/21/2023	<b>Creative Services</b> Services for the Month of December		1	\$500.00	\$500.00
2.	12/21/2023	<b>Printing</b> 100 Folded Note Cards		1	\$149.00	\$149.00
3.	12/21/2023	<b>Printing</b> 500 Business Cards		1	\$75.00	\$75.00

**Total** **\$724.00**

### Ways to pay



Payment -\$724.00

**Balance due** **\$0.00**

**Paid in Full**

# INVOICE

**Anchor V Solutions, LLC**  
1408 Broadmoor Dr  
Lufkin, TX 75904

Valena@AnchorVsolutions.com  
+1 (936) 635-2875  
<https://anchorvsolutions.com/>



## Gerald Williamson

### Bill to

Gerald Williamson  
1567 Carrell Rd  
Lufkin, Tx 75904

### Ship to

Gerald Williamson  
1567 Carrell Rd  
Lufkin, Tx 75904

### Invoice details

Invoice no.: 2075  
Terms: Net 30  
Invoice date: 12/21/2023  
Due date: 01/20/2024

#	Date	Product or service	SKU	Qty	Rate	Amount
1.	12/21/2023	<b>Creative Services</b> Services for the Month of December		1	\$500.00	\$500.00
2.	12/21/2023	<b>Printing</b> 100 Folded Note Cards		1	\$149.00	\$149.00
3.	12/21/2023	<b>Printing</b> 500 Business Cards		1	\$75.00	\$75.00

**Total** **\$724.00**

### Ways to pay



Payment -\$724.00

**Balance due** **\$0.00**

**Paid in Full**



# Tax Invoice

**Invoice Date**

December 21, 2023

**Invoice no.**

04006-70557582

**To**

Valena Spradley

Valena@AnchorVsolutions.com

Valena Spradley's team

**Shipping Address**

1408 North Broadmoor Drive

Lufkin

Texas 75904

United States

**Print items**

**100 Folded Cards**

**\$149.00**



iAF3pTZg\_bg

December 21, 2023

Paid with MasterCard •••• 4674

Shipping fee

Free

**Total**

**\$149.00**

Includes tax

\$11.35

Total charged

**\$149.00**

Please retain for your records.

Canva US Inc.

3212 E. Cesar Chavez Street, Building 1, Suite 1300 Austin Texas 78702 United States

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GENCO Federal Credit Union  
P.O. BOX 7246  
WACO, TX 76714

254-776-9550

Phone inquiries to: 254-776-9550

GERALD W WILLIAMSON  
1567 CARRELL RD  
LUFKIN TX 75901

ACCOUNT NUMBER		PAGE
1974346		1
01DEC23		31DEC23
SOCIAL SECURITY NO.		STATEMENT PERIOD

Waco Offices 254-776-9550  
Lufkin Office 936-637-7710  
www.gencofcu.org

You've got dreams  
We're ready  
GENCO FCU  
My Money, My Future  
My Credit Union

SAVINGS  
ACCOUNT  
Suffix 0

Your balance at the beginning of the period.....\$ 5.00  
22DEC Deposit 1500.00 = 1505.00  
Transfer 'STS' 1500.00 from acct: \*\*\*\*313-0  
22DEC Withdrawal -128.93 = 1376.07  
Overdraft transfer to \*\*\*\*346-S9  
22DEC Withdrawal -1.00 = 1375.07  
Overdraft transfer to \*\*\*\*346-S9  
Your new balance on 31DEC23.....\$ 1375.07  
Dividends to be paid on 01JAN24 \$ 0.13

KASASA  
CASH BACK  
Suffix 9

No. 1001974346. Balance at the beginning of the period.....\$ 589.07  
Additions and miscellaneous withdrawals:  
01DEC Deposit-ACH-16084 (Reward CB) 6.00  
22DEC Withdrawal -724.00  
TX LUFKIN 1408, N. BROADMOOR USIN ANCHOR V SOL Trace  
#779652 128.93  
22DEC Deposit 128.93  
Overdraft transfer from \*\*\*\*346-S0  
22DEC Withdrawal -1.00  
ATM AUTO OVERDRAFT TRANSFER FEE  
22DEC Deposit 1.00  
Overdraft transfer from \*\*\*\*346-S0  
2 Withdrawals = 725.00 3 Deposits = 135.93 0 Checks Cleared  
Your new balance on 31DEC23.....\$ 0.00

	Total for this period	Total year-to-date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

Balances for the period: Low: -128.93 High: 595.07  
Statement period average: 403.11

Your  
Financial  
Summary

Your total Checking balances.....\$ 0.00  
Your total Savings balances.....\$ 1,375.07

YTD Tax  
Summary

YEAR-TO-DATE INFORMATION FOR TAX PURPOSES:  
Total non-IRA dividends earned  
(May be reported to IRS as interest for this calendar year)...\$ 0.00



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

Gerald W. Williamson

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder