

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | |
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| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mr FIRST: William MI: R NICKNAME: _____ LAST: Berry SUFFIX: _____ | <div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0; font-size: 8px;">COUNTY ELECTIONS ADMINISTRATOR</p> <p style="margin: 0; font-size: 8px;">ANGELINA COUNTY, TEXAS</p> </div> <p style="font-size: 8px; margin-top: 5px;">Date Received</p> <hr/> <p style="font-size: 8px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width: 100%; font-size: 8px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding-top: 5px;">Date Processed: FEB 05 2024 <i>MVK</i></td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed: FEB 05 2024 <i>MVK</i> | | Date Imaged | | | |
| Receipt # | Amount \$ | | | | | | | | | | |
| Date Processed: FEB 05 2024 <i>MVK</i> | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2855 FM 842 Lufkin, Tx 75901 | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (936) 676-0858 | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mr FIRST: William MI: R NICKNAME: _____ LAST: Berry SUFFIX: _____ | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 2855 FM 842 Lufkin, Tx 75901 | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (936) 676-0858 | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width: 100%; font-size: 8px;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <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) |
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| <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 | <table style="width: 100%; font-size: 8px;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">12 / 8 / 23</td> <td></td> <td style="text-align: center;">12 / 31 / 23</td> </tr> </table> | | | Month Day Year | THROUGH | Month Day Year | 12 / 8 / 23 | | 12 / 31 / 23 | | |
| Month Day Year | THROUGH | Month Day Year | | | | | | | | | |
| 12 / 8 / 23 | | 12 / 31 / 23 | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 5 / 24 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) N/A | 13 OFFICE SOUGHT (if known) Constable 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 | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | COMMITTEE ADDRESS | | | | | | | | |
| | | 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 | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 375.00 |
| 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.

William Ray Berry

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is William Ray Berry, and my date of birth is 12/14/1969.
 My address is 2955 Fm 842, Lufkin, TX, 75901, U.S.
 (street) (city) (state) (zip code) (country)
 Executed in Angelina County, State of Texas, on the 5 day of February, 2021.
 (month) (year)
William Ray Berry
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
|-------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 375.00 |
| 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 | \$ |

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.

| | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1 Total pages Schedule G: 1 | 2 FILER NAME William R. Berry | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/08/2023 | 5 Payee name Republican Party of Angelina County | |
| 6 Amount (\$) Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1511 S Chestnut Avenue Lufkin, Tx 75901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Filing fees for Republican Party of Angelina County |
| | (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 | 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 |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
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| 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