

# 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: <span style="font-size: 24px; font-weight: bold;">13</span>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <span style="font-weight: bold; color: blue;">MRS</span>	FIRST <span style="font-weight: bold; color: blue;">CAREN</span>	MI <span style="font-weight: bold; color: blue;">J</span>
	NICKNAME	LAST <span style="font-weight: bold; color: blue;">WILLIAMS</span>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <span style="font-weight: bold; color: blue;">1113 BAYSHORE DR</span>	APT / SUITE #;	CITY; STATE; ZIP CODE <span style="font-weight: bold; color: blue;">ROCKWALL TX 75087</span>
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <span style="font-weight: bold; color: blue;">( 214 )</span>	PHONE NUMBER <span style="font-weight: bold; color: blue;">679 7577</span>	EXTENSION
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <span style="font-weight: bold; color: blue;">MRS</span>	FIRST <span style="font-weight: bold; color: blue;">KRISTIE</span>	MI <span style="font-weight: bold; color: blue;">BALLEW</span>
	NICKNAME	LAST	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <span style="font-weight: bold; color: blue;">2150 W NORTHWEST HWY</span>	APT / SUITE #; <span style="font-weight: bold; color: blue;">1040</span>	CITY; STATE; ZIP CODE <span style="font-weight: bold; color: blue;">GRAPEVINE TX 76501</span>
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <span style="font-weight: bold; color: blue;">( 817 )</span>	PHONE NUMBER <span style="font-weight: bold; color: blue;">709 5300</span>	EXTENSION
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <span style="font-weight: bold; color: blue;">01 / 15 / 2025</span> <span style="font-weight: bold; color: blue;">04 / 03 / 2025</span>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <span style="font-weight: bold; color: blue;">05 / 03 / 2025</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <span style="font-weight: bold; color: blue;">ROCKWALL CITY COUNCIL PLACE 5</span>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>			

**OFFICE USE ONLY**

Date Received

RECEIVED  
 9:32 AM  
 APR 03 2025  
 BY: K Seagne

Date Hand-delivered or Date Postmarked  
04/03/25

Receipt #      Amount \$

Date Processed  
04/03/25

Date Imaged  
04/03/25



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>CAREN WILLIAMS</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2900.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 600.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,403.78
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,168.09
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,214.87
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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# 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: 2
2 FILER NAME CAREN WILLIAMS		3 Filer ID (Ethics Commission Filers)
4 Date 1-21-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER NICEWANDER	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 7207 MORTON DALLAS TX 75209		
8 Principal occupation / Job title (See Instructions) DIRECTOR BOND & CONSTRUCTION MANAGEMENT		9 Employer (See Instructions) CITY OF DALLAS
Date 1-22-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA C BANTA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1046 ANNA CADE ROAD ROCKWALL TX 75087		
Principal occupation / Job title (See Instructions) RETIRED MEDICAL		Employer (See Instructions)
Date 2-10-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA C BANTA	Amount of contribution (\$) \$1500.00
Contributor address; City; State; Zip Code 1046 ANNA CADE ROAD ROCKWALL TX 75087		
Principal occupation / Job title (See Instructions) RETIRED MEDICAL		Employer (See Instructions)
Date 2-26-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLYDE KELLEY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1136 BAYSHORE DR ROCKWALL TX 75087		
Principal occupation / Job title (See Instructions) RETIRED ENGINEER		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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:
2 FILER NAME CAREN WILLIAMS		3 Filer ID (Ethics Commission Filers)
4 Date 2-10-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA WALKER	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1015 RIDGE RD W ROCKWALL TX 75087		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 3-19-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS AND LISA VERLING	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1119 BAYSHORE DR ROCKWALL TX 75087		
Principal occupation / Job title (See Instructions) RETIRED OPTOMETRIST		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# LOANS

# SCHEDULE E

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 E: 1
2 FILER NAME CAREN WILLIAMS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01-17-25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CAREN WILLIAMS	9 Loan Amount (\$) \$600.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 1113 BAYSHORE DR ROCKWALL TX 75087	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions) RETIRED BUSINESS OWNER		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

If lender 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: <b>1</b>	<b>2</b> FILER NAME CAREN WILLIAMS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01-30-2025	<b>5</b> Payee name BANK OF AMERICA	
<b>6</b> Amount (\$) \$36.58	<b>7</b> Payee address; 1000 W RUSK	City; State; Zip Code ROCKWALL TX 75087
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ACCOUNTING /BANKING	<b>(b)</b> Description CHECK ORDER
	<b>(c)</b> <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	Office sought Office held
Date 2-20-25	Payee name KEEPERS PRESS	
Amount (\$) \$593.21	Payee address; 520 LOMA VISTA	City; State; Zip Code ROCKWALL TX 75087
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE	Description 24X18 YARD SIGNS
	<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 02-12-25	Payee name KEEPERS PRESS	
Amount (\$) \$773.99	Payee address; 520 LOMA VISTA	City; State; Zip Code ROCKWALL TX 75087
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedu ADVERTIZING EXPENSE	Description 4X4 SIGNS
	<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

# 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>	<b>2 FILER NAME</b> CAREN WILLIAMS		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			\$
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution AMERICAN EXPRESS		
<b>6 PAYMENT</b>	(a) Amount Charged \$ 112.61	(b) Date Expenditure Charged 01-20-25	(c) Date(s) Credit Card Issuer Paid 04-02-2025
<b>7 PAYEE</b>	(a) Payee name MINUTE MAN PRESS	(b) Payee address; City, State, Zip Code 1104 B-RIDG E ROAD ROCKWALL TX 75087	
<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) PRINTING EXPENSE		(b) Description BUSINESS CARDS
	(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	Office Sought	Office Held
<b>PAYMENT</b>	(a) Amount Charged \$ 29.00	(b) Date Expenditure Charged 01-20-25	(c) Date(s) Credit Card Issuer Paid 02-04-25 AND 04-02-25
<b>PAYEE</b>	(a) Payee name CAMPAIGN PARTNER	(b) Payee address; City, State, Zip Code CAMPAIGNPARTNER.COM HARVARD MA	
<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) ADVERTIZING EXPENSE		(b) Description CAMPAIGN WEBSITE
	(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 \$ 5.00	(b) Date Expenditure Charged 01-20-25	(c) Date(s) Credit Card Issuer Paid 02-04-25 AND 04-02-25
<b>PAYEE</b>	(a) Payee name CAMPAIGN PARTNER	(b) Payee address; City, State, Zip Code CAMPAIGNPARTNER.COM HARVARD MA	
<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) ADVERTIZING EXPENSE		(b) Description CAMPAIGN WEBSITE
	(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

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# 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>		<b>2 FILER NAME</b> CAREN WILLIAMS		<b>3 FILER ID (Ethics Commission Filers)</b>	
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>					\$
<b>5 CREDIT CARD ISSUER</b>		Name of financial institution AMERICAN EXPRESS			
<b>6 PAYMENT</b>		(a) Amount Charged \$ 29.00	(b) Date Expenditure Charged 2-20-25	3-4-25	
<b>7 PAYEE</b>		(a) Payee name CAMPAIGN PARTNER	(b) Payee address; City, State, Zip Code CAMPAIGNPARTNER.COM HARVARD MA		
<b>8 PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE		(b) Description CAMPAIGN WEBSITE	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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		Office Sought	Office Held
<b>PAYMENT</b>		(a) Amount Charged \$ 199.72	(b) Date Expenditure Charged 03-12-25	(c) Date(s) Credit Card Issuer Paid 4-2-25	
<b>PAYEE</b>		(a) Payee name LUNAR DESIGNS	(b) Payee address; City, State, Zip Code 216 CALLAGHAN DR ROYCE CITY TX 75189		
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE		(b) Description T-SHIRTS	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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 \$ 763.76	(b) Date Expenditure Charged 03-18-25	(c) Date(s) Credit Card Issuer Paid 4-2-25	
<b>PAYEE</b>		(a) Payee name LUNAR DESIGNS	(b) Payee address; City, State, Zip Code 216 CALLAGHAN DR ROYCE CITY TX 75189		
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE		(b) Description T-SHIRTS	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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

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# 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>	<b>2 FILER NAME</b> CAREN WILLIAMS	<b>3 FILER ID (Ethics Commission Filers)</b>
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<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	\$
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<b>5 CREDIT CARD ISSUER</b>	Name of financial institution AMERICAN EXPRESS
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<b>6 PAYMENT</b>	(a) Amount Charged \$ 29.00	(b) Date Expenditure Charged 03-20-25	(c) Date(s) Credit Card Issuer Paid 4-2-25
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<b>7 PAYEE</b>	(a) Payee name CAMPAIGN PARTNER	(b) Payee address; City, State, Zip Code CAMPAIGNPARTNER.COM HARVARD MA
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<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) ADVERTIZING EXPENSE	(b) Description CAMPAIGN WEBSITE
	(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	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
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<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)	(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
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<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
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<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)	(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
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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 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: 3	<b>2</b> FILER NAME CAREN WILLIAMS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02-16-25	<b>5</b> Payee name TRACTFONE	
<b>6</b> Amount (\$) \$16.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code TRACTFONE.COM	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	<b>(b)</b> Description CAMPAIGN CELL PHONE
	<b>(c)</b> <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-18-25	Payee name THE HOME DEPOT	
Amount (\$) 403.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code THE HOME DEPOT ROCKWALL TX	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POSTS FOR 4'X4' SIGNAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-7-25	Payee name MINUTEMAN PRESS	
Amount (\$) 420.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code MINUTEMAN PRESS ROCKWALL TX	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description COUNTY MAP/PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

# 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>2</b> FILER NAME CAREN WILLIAMS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03-17-25	<b>5</b> Payee name KEEPERS PRESS	
<b>6</b> Amount (\$) \$773.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code KEEPERS PRESS ONLINE	
<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 4'X4' SIGNS
	<b>(c)</b> <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	Office sought Office held
<b>Date</b> 03-18-25	<b>Payee name</b> TRACFONE	
<b>Amount (\$)</b> 16.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> TRACFONE ONLINE FL	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) OFFICE OVERHEAD/RENTAL EXPENSE	<b>Description</b> CAMPAIGN CELLPHONE
	<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
<b>Date</b> 03-21-25	<b>Payee name</b> THE HOME DEPOT	
<b>Amount (\$)</b> 437.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> THE HOME DEPOT ROCKWALL TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> POSTS 4'X4' SIGNS
	<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

# 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>2</b> FILER NAME CAREN WILLIAMS	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03-28-25	<b>5</b> Payee name LUNAR DESIGN	
<b>6</b> Amount (\$) \$145.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code LUNAR DESIGN LAB RICHARDSON TX	
<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 BALLCAPS
	<b>(c)</b> <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	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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
	<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 (\$) <input type="checkbox"/> 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
	<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