

# 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: |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: <b>MS</b> FIRST: <b>Victoria</b> MI: <b>L</b><br>NICKNAME: _____      LAST: <b>Willis</b> SUFFIX: _____   | <b>OFFICE USE ONLY</b><br>Date Received: <b>FILED</b><br><b>FEB 13 2024</b><br>CHRISTIE WAKEFIELD<br>CLERK, COUNTY CLERK<br>BY: <i>[Signature]</i><br>LEON COUNTY, TEXAS<br>Date Hand-delivered or Date Postmarked: _____<br>Receipt #: _____      Amount \$: _____<br>Date Processed: _____<br>Date Imaged: _____ |                      |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX: _____      APT / SUITE #: _____      CITY: <b>Centerville, TX 75833</b> STATE: _____      ZIP CODE: _____  |  |                      |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE: <b>(903)</b> PHONE NUMBER: <b>5120237</b> EXTENSION: _____  |  |                      |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: <b>MR</b> FIRST: <b>Colton</b> MI: <b>R</b><br>NICKNAME: _____      LAST: <b>Adams</b> SUFFIX: _____  |  |                      |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE): _____      APT / SUITE #: _____      CITY: <b>Centerville, TX 75833</b> STATE: _____      ZIP CODE: _____   |  |                      |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE: <b>(936)</b> PHONE NUMBER: <b>4024877</b> 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 (Offic holder Only)<br><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<br><b>01 / 1 / 2024</b> THROUGH <b>02 / 05 / 2024</b>  |  |                      |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><b>03 / 05 / 2024</b>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |                      |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)   | <b>13 OFFICE SOUGHT (if known)</b><br><b>Tax Assessor/ Collector</b>   |                      |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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.  |  |                      |
| <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC                           | COMMITTEE TYPE<br>COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |                      |
| <b>GO TO PAGE 2</b>   |  |  |                      |

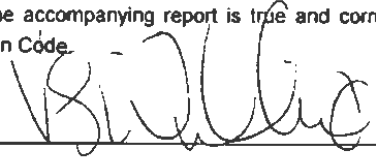
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Victoria Willis 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 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0 |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0 |

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 \_\_\_\_\_ 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 Victoria Willis, and my date of birth is 04-26-1991  
My address is \_\_\_\_\_ Centerville TX 75833 Leon/US

Executed in Leon County, State of Texas, on the 13 day of February, 2024.  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)