

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/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 FIRST MI		<b>OFFICE USE ONLY</b>  Date Received  <b>Guadalupe Co Elections</b>  <b>JUL 26 2024</b>  <b>Received</b>  Date Hand-delivered or Date Postmarked <i>7.26.24</i> Receipt # Amount \$  Date Processed  Date Imaged
	NICKNAME LAST SUFFIX		
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <i>222 Parkridge Cir</i> <i>Sequin TX 78155</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE			
AREA CODE PHONE NUMBER EXTENSION <i>(710) 363-8493</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <i>Sequin TX 78155</i>		7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	
8 CAMPAIGN TREASURER PHONE		9 REPORT TYPE	
AREA CODE PHONE NUMBER EXTENSION <i>( )</i>		<input 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 checked="" 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		11 ELECTION	
Month Day Year    Month Day Year <i>1 / 1 / 24</i> THROUGH <i>6 / 30 / 24</i>		ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) <i>Guadalupe CCC</i>			
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.			
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE    COMMITTEE NAME  <input type="checkbox"/> GENERAL    COMMITTEE ADDRESS  <input type="checkbox"/> SPECIFIC    COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME

*William G. Squires III*

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]*  
Signature of Candidate/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 G. Squires III*, and my date of birth is *2/19/74*.

My address is *222 Parkridge Cir*, *Sequim*, *TX*, *98155* *US*.  
(street) (city) (state) (zip code) (country)

Executed in *Guadalupe* county, State of *TX*, on the *15* day of *July*, 20 *24*.  
(month) (year)

*[Signature]*  
Signature of Candidate/Officeholder (Declarant)