		DIDATE / OFFICEHOLDER ANCE REPORT	FORM JC/OH COVER SHEET PG 2
15 JC/OH NAME		William 6. Equines 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)	\$ Ø
	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	\$ 9
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
		Please complete either option below	'
(1) Affidavit			
NOTARY STAMP/SEA	L		
		ne by this the _	, day of,
20, to certify	which, wit	iness my hand and seal of office.	•
Signature of officer administe	ring oath	Printed name of officer administering oath	Title of officer administering oath
		or	
(2) Unsworn Declaration	on		
My name is	illian	. Squines II , and my date of birth is	8/19/74
My address is	1 4	1. loort St. Suite 380 Seguin .]	Y 78155 US
Executed in <u>60-dal</u>	pe	(street) (city) (s County, State of 1/20), on the 3/2 day of (month	tate) (zip code) (country)
		Signature of Candid	ate/Officeholder (Declarant)

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** William NAME Equives Date Received Guadalupe Co Elections ADDRESS / PO BOX; 4 CANDIDATE / STATE: **OFFICEHOLDER** JUL 0 8 2025 MAILING 211 W. Court St. Seguin TX 78155 **ADDRESS** Received Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (830) 303-4188 FIRST **PHONE** Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** William Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER ADDRESS** Segum TX (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dav Year **COVERED** 15 THROUGH 25 FLECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Other Description General Specia! 13 OFFICE SOUGHT (if known) 12 OFFICE Guada upelountylourte Law 14 NOTICE FROM 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS