CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 5 CANDIDATE / MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Mr. William P NAME Date Received NICKNAME LAST SUFFIX Bernsen 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #. STATE ZIP CODE **OFFICEHOLDER** PO Box 71 MAILING Plum, TX 78952-0071 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand delivered on Date TERRI B. HEFNE **OFFICEHOLDER** Receipt GO. ELECTIONS ADMINISTRATOR PHONE FAYETTE COUNTYSTEXAS MS / MRS / MR CAMPAIGN FIRST MI **TREASURER** Kimberley Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Rutledge STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CAMPAIGN CITY: STATE; ZIP CODE **TREASURER** 2720 Reinsch Rd, Smithville, TX 78957 **ADDRESS** (Residence or Business) AREA CODE **CAMPAIGN** PHONE NUMBER EXTENSION **TREASURER** PHONE REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 1 23 6 30 23 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Day Year Description 22 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Fayette County Judge 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	NFII	NANCE REPORT		VER	SHEET PG Z
15 C/OH NAME William P. Bernsen			16 Filer	ID (Eth	ics 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.		\$	116.26
	4.	TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	108.74
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	8,069.29
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 Beryen					
		Signature of Cano	didate o	r Office	holder

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 ha	and and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	OR .	Water Committee of the
(2) Unsworn Declaration		
My name is William Bernser	1, and my date of birth is	04/25/1976
My address is Po Box 71	Plum Tx	78952 Fayette
(stre	et) (state) tate of 7x, on the 17th day of 7ul y (month)	20 23
	Willem	Berry
	Signature of Candidate/0	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	P FILER NAME Villiam P. Bernsen			ion Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS			225.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

LOANS SCHEDULE E

If the requeste	ed information is not applicable, DO NO	I include this page in the re	port.			
The	1 Total pages Schedule E: 1					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
William P. Be	ernsen					
4 TOTAL OF U	\$ 0.00					
5 Date of loan	7 Name of lender out-of-state if	PAC (ID#:)	9 Loan Amount (\$)			
01/11/2023	William P. Bernsen		25.00			
6 Is lender a financial Institution?	8 Lender address; City; PO Box 71, Plum, TX 78952	State; Zip Code	10 Interest rate 0.00			
Γ γ ■ N	FO DOX 71, Fluin, 17, 70002		11 Maturity date			
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Col	lateral		Check if personal funds were deposited into political account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable	Signature of the second					
20 Principal Occupat	lion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender Out-of-state P.	PAC (ID#:)	Loan Amount (\$)			
03/16/2023	William P. Bernsen	,	100.00			
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0.00			
Institution?	PO Box 71, Plum, TX 78952		Maturity date			
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	iteral	Check if personal funds were deposited into political account (See Instructions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
■ not applicable						
Principal Occupatio	n (See Instructions)	Employer (See Instructions)				
If ler	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEED				

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

			·			
The	e Instruction Guide explains how to comp	1 Total pages Schedule E: 2				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
William P. Be	ernsen					
4 TOTAL OF U	NITEMIZED LOANS		\$ 0.00			
5 Date of loan	7 Name of lender ut-of-state i	PAC (ID#:)	9 Loan Amount (\$)			
06/21/2023	William P. Bernsen		100.00			
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00			
Institution?	PO Box 71, Plum, TX 78952					
Y N	Dox 111 Iding 17 10002		11 Maturity date			
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll	lateral	15 Check if personal fun	de users demonstrad into political			
■ none		check if personal fundaccount (See Instruct	ds were deposited into political tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor	Land to the state of the state	19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
	10 Guarantoi address, Ony,	State, Zip Gode				
 not applicable 						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	_	PAC (ID#)	Loan Amount (\$)			
Is lender a financial	Lender address: City;	State; Zip Code	Interestrate			
Institution? Y ■ N			Maturity date			
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	iteral	Check if personal fund	ds were deposited into political			
none		account (See Instructi				
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)			
INFORMATION						
	Guarantor address; City;	State; Zip Code				
not applicable	72 - 400	5				
Principal Occupatio	n (See Instructions)	Employer (See Instructions)				
If len		ES OF THIS SCHEDULE AS NEE				
ii iei	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					