

# 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>7</b>  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>6</b>  | FIRST<br><b>DIANNA</b>   | OFFICE USE ONLY<br><br>Date Received<br><br><b>Viviana Kellison</b><br><br><b>APR 28 2023</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
|  | NICKNAME   | LAST<br><b>WILLIAMS</b>  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><br><b>12810 Hidden Castle Dr Houston TX 77015</b>   |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br><b>(281)</b>  | PHONE NUMBER<br><b>435 4143</b>  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>6</b>  | FIRST<br><b>Christina</b>  | Date Hand-delivered or Date Postmarked   |
|  | NICKNAME   | LAST<br><b>Hayes</b>   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><br><b>12810 Hidden Castle Dr Houston TX 77015</b>  |  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br><b>(832)</b>  | PHONE NUMBER<br><b>654 1234</b>  |  |
| 9 REPORT TYPE  | <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)<br><input type="checkbox"/> July 15 <input checked="" 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  | Month      Day      Year           Month      Day      Year<br><b>04/02/2023</b> THROUGH <b>4/127/2023</b>   |  |  |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br><b>05/06/2023</b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>NONE</b>  |  | 13 OFFICE SOUGHT (if known)<br><b>Geilena Park ISD Board Trustee Pos 5</b>   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<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.  |  |  |
|  | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

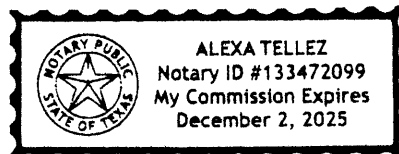
|  |   |  |
|--|---|--|
| 15 C/OH NAME<br><u>DIANNA WILLIAMS</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                 | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                            |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0</u>                            |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>629.52</u>                       |
| CONTRIBUTION BALANCE                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                            |

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.

Dianna Williams  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Dianna Williams this the 28 day of April

20 23, to certify which, witness my hand and seal of office.

Alexa Tellez  
Signature of officer administering oath

Alexa Tellez  
Printed name of officer administering oath

Notary public  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

DIANNA WILLIAMS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ 316.00

9. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 313.52

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |   |                                       |                                    |
|--|---|--|---|---------------------------------------|------------------------------------|
| 1 Total pages Schedule G: <u>1/2</u>   |   | 2 FILER NAME<br><u>DIANNA WILLIAMS</u>           |   | 3 Filer ID (Ethics Commission Filers) |                                    |
| 4 Date<br><u>4/13/23</u>   |   | 5 Payee name<br><u>Office Depot</u>              |   |                                       |                                    |
| 6 Amount (\$)<br><u>34.96</u><br><input type="checkbox"/> Reimbursement from political contributions intended                      |   | 7 Payee address;<br><u>13435 I-10</u>            |   | City;<br><u>Houston TX</u>            | State; Zip Code<br><u>77015</u>    |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><u>Fliers</u>   |  | (b) Description<br><u>Advertising Fliers</u>                              |                                       |                                    |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                                    |
| 9 Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |   |  |   |                                       |                                    |
| Date<br><u>4/13/23</u>   |   | Payee name<br><u>Staples</u>                     |   |                                       |                                    |
| Amount (\$)<br><u>100.61</u><br><input type="checkbox"/> Reimbursement from political contributions intended                       |   | Payee address;<br><u>6022 E Sam Houston Pkwy</u> |   | City;<br><u>Houston</u>               | State; Zip Code<br><u>TX 77049</u> |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>  |  | Description<br><u>Push Cards</u>  |                                       |                                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                                    |
| Candidate / Officeholder name _____ Office sought _____ Office held _____  |   |  |   |                                       |                                    |
| Complete ONLY if direct expenditure to benefit C/OH  |   |  |   |                                       |                                    |
| Date<br><u>4/17/23</u>   |   | Payee name<br><u>Signs on the Cheap</u>          |   |                                       |                                    |
| Amount (\$)<br><u>169.23</u><br><input type="checkbox"/> Reimbursement from political contributions intended                       |   | Payee address;<br><u>11525 A Stonehollow Dr</u>  |   | City;<br><u>Austin TX</u>             | State; Zip Code<br><u>78758</u>    |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>  |  | Description<br><u>Yard signs</u>  |                                       |                                    |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                                    |
| Candidate / Officeholder name _____ Office sought _____ Office held _____  |   |  |   |                                       |                                    |
| Complete ONLY if direct expenditure to benefit C/OH  |   |  |   |                                       |                                    |
| 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G: <u>2/2</u>   | <b>2</b> FILER NAME <u>Dianna Williams</u>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date <u>4/21/2023</u>  | <b>5</b> Payee name <u>Office Depot</u>   |  |
| <b>6</b> Amount (\$) <u>32.48</u><br><input type="checkbox"/> Reimbursement from political contributions intended       | <b>7</b> Payee address; City; State; Zip Code<br><u>13435 I-10 Houston TX 77015</u>   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>   | <b>(b)</b> Description<br><u>Shirts</u>      |
|   | <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<br>Candidate / Officeholder name Office sought Office held |   |  |
| <b>Date</b> <u>4/22/23</u>  | <b>Payee name</b> <u>Office Depot</u>   |  |
| <b>Amount (\$)</b> <u>15.00</u><br><input type="checkbox"/> Reimbursement from political contributions intended         | <b>Payee address; City; State; Zip Code</b><br><u>13435 I-10 Houston TX 77015</u>   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)<br><u>Advertising</u>   | <b>Description</b><br><u>Shirts</u>          |
|   | <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<br>Candidate / Officeholder name Office sought Office held          |   |  |
| <b>Date</b>   | <b>Payee name</b>   |  |
| <b>Amount (\$)</b><br><input type="checkbox"/> Reimbursement from political contributions intended                      | <b>Payee address; City; State; Zip Code</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)   | <b>Description</b>                           |
|   | <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<br>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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |                                       |
|---|---|---------------------------------------|
| 1 Total pages/Schedule F4:<br>1/2                           | 2 FILER NAME<br>DIANNA WILLIAMS   | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |   | \$ 0                                  |
| 5 Date<br>4/7/23  | 6 Payee name<br>Office Depot  |                                       |
| 7 Amount (\$)<br>73.61                                      | 8 Payee address; City; State; Zip Code<br>13435 I-10 Houston TX 77015   |                                       |
| 9 TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |                                       |
| 10 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   | (b) Description<br>Fluors             |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |   |                                       |
| Candidate / Officeholder name Office sought Office held     |   |                                       |
| Date<br>4/4/23  | Payee name<br>Office Depot  |                                       |
| Amount (\$)<br>73.16  | Payee address; City; State; Zip Code<br>13435 I-10 Houston TX 77015   |                                       |
| TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |                                       |
| PURPOSE OF EXPENDITURE                                      | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Fluors                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Candidate / Officeholder name Office sought Office held     |   |                                       |
| Complete ONLY if direct expenditure to benefit C/OH         |   |                                       |
| 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |                                       |  |
|---|--|---|--|---------------------------------------|--|
| 1 Total pages Schedule F4:<br>2/2                           |  | 2 FILER NAME<br>Dianna Williams   |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |  |   |  | \$ 0                                  |  |
| 5 Date<br>4/17/23   |  | 6 Payee name<br>Signs on the Cheap  |  |                                       |  |
| 7 Amount (\$)<br>169.23                                     |  | 8 Payee address; City; State; Zip Code<br>11525 Stonehollow Dr Austin TX 78758  |  |                                       |  |
| 9 TYPE OF EXPENDITURE                                       |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |                                       |  |
| 10 PURPOSE OF EXPENDITURE                                   |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising   |  | (b) Description<br>Large Sign         |  |
|   |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH      |  | Candidate / Officeholder name   |  | Office sought                         |  |
|   |  |   |  | Office held                           |  |
| Date  |  | Payee name  |  |                                       |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |                                       |  |
| TYPE OF EXPENDITURE   |  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |                                       |  |
| 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 ONLY if direct expenditure to benefit C/OH         |  | Candidate / Officeholder name   |  | Office sought                         |  |
|   |  |   |  | Office held                           |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED         |  |   |  |                                       |  |