FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069606 37 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Staci NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Williams CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steven R. NAME NICKNAME LAST **SUFFIX** Shirley **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 540-9811 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 101 Dallas Court of Appeals, Chief Justice Place 1 District 101

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	Williams, Staci (The	Honorable)	14 Filer ID (00069606	Ethics Commission Fil	ers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditures may have been made without a officeholders are required to report this information	the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 5,000	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 23,04	4.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 219,17	1.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hon	orable Staci Williams	5	
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath	.

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		JVER 3	3 of 37		
I	_ER NAN illiams, :	ME Staci (The Honorable)	19 Filer ID 00069606	(Ethics Co	mmission Filers)
	NAME OF SCHEDULE			SUB	TOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	5,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	4. SCHEDULE E(J): LOANS (JUDICIAL)		\$		
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	23,044.91	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	
8.	B. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONET	SCHEDULE A(J)1			
The Instru	action Guide explains how to complete this	1 Total page Sch: 1/1 I	s Schedule A(J)1: Rpt: 4/37	
2 FILER NAME Williams, Staci (The Honorable)				Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			Contribution (\$)
12/13/2023	12/13/2023 Baron and Blue 6 Contributor address; City; State; Zip Code			\$5,000.00
	Dallas, TX 75225			
8 Contributor's	Principal Occupation	9 Contributor's Job Title		
10 Contributor's employer/law firm 11 Law firm of contribu			oouse (if any)	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/32 Rpt: 5/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/05/2023	ABM Parking
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for Court Staff
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	ABM Parking
	Amount (\$) \$40.00	Payee address; City; State; Zip Code TX
L	DUDDOGE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/05/2023	ABM Parking
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 11651 Plano Road Suite 200 Dallas, TX 75243
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/32 Rpt: 6/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/01/2023	ABM Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	11651 Plano Road
	l	Suite 200
		Dallas, TX 75243
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
	l	Parking for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	11/01/2023	ABM Parking
_	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	11651 Plano Road
	Ψ+0.00	Suite 200
	l	
		Dallas, TX 75243
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	I	Parking for staff
	1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	07/03/2023	African American Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	3536 Grand Ave
	1	
	l	Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORL	Check if Austin, TX, officeholder living expense
	l	Rodeo Advertising
	Operation ONLY if allowed	Out tile to 10 ff on hold and out to 10 ff on hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

10/15/2023 African American Museum	-ilers)
4 Date 5 Payee name African American Museum 6 Amount (\$) 7 Payee address; City; State; Zip Code	
10/15/2023 African American Museum 6 Amount (\$) 7 Payee address; City; State; Zip Code	
10/15/2023 African American Museum 7 Payee address; City; State; Zip Code	
\$2,500.00 3536 Grand Ave	
Dallas, TX 75201	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Advertising	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
09/14/2023 Al Biernat's	
Amount (\$) Payee address; City; State; Zip Code	
\$104.00 4217 Oak Lawn Ave	
Dallas, TX 75219	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF FOOd/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Lunch with constituent	
Zanon mar concessaons	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
expenditure to benefit C/OH	
expenditure to benefit C/OH Date Payee name	
Date Payee name 11/21/2023 Albertson's	
expenditure to benefit C/OH Date	
Date Payee name 11/21/2023 Albertson's	
Date Payee name 11/21/2023 Albertson's Amount (\$) Payee address; City; State; Zip Code	
expenditure to benefit C/OH Date 11/21/2023	
Date Payee name 11/21/2023 Albertson's Amount (\$) Payee address; City; State; Zip Code Dallas, TX PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
expenditure to benefit C/OH Date	
Date 11/21/2023	
Date 11/21/2023	
Date 11/21/2023	
Date Payee name Albertson's Amount (\$) Payee address; City; State; Zip Code Dallas, TX PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ingredients for lunch for 3T BOYS	
Date 11/21/2023	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/32 Rpt: 8/37	Williams, Staci (The Honorable)		00069606
4	Date	5 Payee name		•
	10/02/2023	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$167.78	5 Boren Ave N.		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				Bookshelf for office
Ļ	Operation ONLY & Street	Occasionate (Office In address constitution of the Constitution of		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held
_				
	Date	Payee name		
	07/10/2023	American Airlines		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$524.81			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		X Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12			Check if Austin, TX, officeholder living expense
				Airline fare for travel to the National Bar Association convention
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		igni	Office field
	Date	Payee name		
	08/01/2023	American Airlines		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$30.00			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Baggage fee
				bayyaye lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ah+	Office held
	expenditure to benefit C/OI		yııı	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/32 Rpt: 9/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/07/2023	American Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	321 North Clark Street
		Chicago, IL 60654
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Membership fees
		memberenip rece
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/04/2023	Apple
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$6.23	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Apple storage for campaign photos
		Applie storage for campaign photos
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	11/03/2023	Apple
L	Amount (\$)	
	\$6.23	Payee address; City; State; Zip Code
	φ0.23	
		CA
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage of pictures
		Storage of plottered
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/32 Rpt: 10/37	Williams, Staci (The Honorable)		00069606
4	Date	5 Payee name		·
	11/08/2023	BAPS		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$1,031.03			
		Irving, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Festival
				T GSHVAI
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			Since hold
	Date	Payee name		
	11/16/2023	CMS Vending Machine at GAB		
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
	\$3.20	2304 Century Center Blvd		
	φο.20	200 Toolitary Contain Biva		
		Irving , TX 75063		
	PURPOSE	-	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	~,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 God/Bovorago Exponed		Check if Austin, TX, officeholder living expense
				Purchase water from vending machines for staff.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	07/11/2023	COSTCO Warehouse		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$223.36	8055 Churchill Way		
		Dallas, TX 75251		
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Snacks and water for jury and staff
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/32 Rpt: 11/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/20/2023	COSTCO Warehouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.55	8055 Churchill Way
		Dallas, TX 75251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Snacks for venire panel
		Shacks for verific parter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Pausa sama
		Payee name COSTCO Warehouse
	08/21/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.87	8055 Churchill Way
		Dallas, TX 75251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Snacks and water for jurors and staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name COSTCO Warehouse
	10/18/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.14	8055 Churchill Way
		Dallas, TX 75251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Snacks for jurors and staff
		Shacks for jurors and stair
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Baymont

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
_	Sch: 8/32 Rpt: 12/37	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	
	11/27/2023	COSTCO Warehouse	
6	Amount (\$) \$236.66	7 Payee address; City; State; Zip Code 8055 Churchill Way Dallas, TX 75251	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		side of Texas. Complete Schedule T.
	EXPENDITURE		X, officeholder living expense rs and staff
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/20/2023	COSTCO Warehouse	
	Amount (\$) \$99.30	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Ood/Beverage Expense	side of Texas. Complete Schedule T.
			X, officeholder living expense 3T Boys luncheon and breakfast for
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/02/2023	Caribou Coffee	
	Amount (\$) \$12.47	Payee address; City; State; Zip Code	
		Minneapolis, MN	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Ood/Beverage Expense	side of Texas. Complete Schedule T.
		Check if Austin, To	X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/32 Rpt: 13/37	Williams, Staci (The Honorable)	00069606
4	Date	Payee name	
	07/20/2023	Cindi's New York Deli	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.08	306 S. Houston Street Dallas, TX 75202	
Ļ	DUDDOGE		
8	PURPOSE OF EXPENDITURE	1 dod/ Beverage Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/22/2023	Cindi's New York Deli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.91	306 S. Houston Street	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	1 Ood/Deverage Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ffast
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 11/14/2023	Payee name Cindi's New York Deli	
	Amount (\$) \$36.43	Payee address; City; State; Zip Code 306 S. Houston Street	
		Dallas, TX 75202	
	PURPOSE OF EXPENDITURE	Check if Aus	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense interviewee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
—	me provided by Tayas F	ce Commission www athics state ty us	Version V2 5 1 Objeth6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/32 Rpt: 14/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/07/2023	Community Missionary Baptist Church
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 115 W. Belt Line Road
		DeSoto, TX 75115
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
_	Date	Payee name
	08/25/2023	Constant Contact
	Amount (\$) \$505.30	Payee address; City; State; Zip Code 1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Constant Contact subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2023	Constant Contact
	Amount (\$) \$252.65	Payee address; City; State; Zip Code 1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/32 Rpt: 15/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/13/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$252.65	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
		G 3330. p 30.1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/13/2023	Constant Contact
H	Amount (\$)	Payee address; City; State; Zip Code
	\$252.65	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Cassonpach
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/12/2023	Cuff and Collar Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.47	13901 Midway Road
		Farmers Branc, TX 75244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Cleaning of Judicial Robos
		Cleaning of Judicial Robes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		nission Filers)
	Sch: 12/32 Rpt: 16/37		
4	Date 07/13/2023	5 Payee name Dallas Bar Association	
_			
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 2101 Ross Ave.	
	Ψ1,000.00	2101 NO35 / WC.	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Advertisement for 150th Anniversary	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	JH	
	Date	Payee name	
	08/13/2023	Dallas Bar Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	2101 Ross Ave.	
		Dallas, TX 75201	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Tickets for DBA 150 Year Centennial	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
F	Date	Payee name	
	07/31/2023	Dallas Fair Park	
	Amount (\$)	Payee address; City; State; Zip Code	
	Amount (\$) \$32.49		
	\$32.49	Dallas, TX 75214	
		Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) (b) Description	
	\$32.49 PURPOSE	Dallas, TX 75214	
	\$32.49 PURPOSE OF	Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	\$32.49 PURPOSE OF EXPENDITURE	Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking	
	\$32.49 PURPOSE OF	Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking Candidate/Officeholder name Office sought Office held	
	\$32.49 PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking Candidate/Officeholder name Office sought Office held	
	\$32.49 PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75214 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/32 Rpt: 17/37	Williams, Staci (The Honorable)	00069606
4 Date	5 Payee name	<u> </u>
09/15/2023	Dave the Printer	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$303.82	2338 Irving Blvd.	
	-	
	Dallas, TX 75201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Form for mediation
		200
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
08/10/2023	Domino's Pizza	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$131.23	1133 N Zang Blvd.	
	Dallas, TX 75202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Food for jurors
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
experientare to benefit 6/6		
Date	Payee name	
10/20/2023	Domino's Pizza	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$158.60	1133 N Zang Blvd.	
	Dallas, TX 75202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder living expense
		Pizza for jurors deliberating late
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	¬	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 14/32 Rpt: 18/37	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	_
	08/11/2023	Extra Space Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$488.80	Montfort Road	
		Dallas, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Storage campaign materials	
Ļ	Complete ONL V if direct	Condidate/Officeholder name Office sought Office hold	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
┡			_
	Date	Payee name	
L	07/17/2023	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.98	14455 N.Hayden Road	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Website maintenance	
		Woods to maintenance	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	-
	07/25/2023	Go Daddy	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$32.16	14455 N.Hayden Road	
	Ψ32.10	14455 Millaydell Road	
		Scottsdale, AZ 85260	
	DUDD 005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Domain maintenance	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
I	expenditure to benefit C/OI	1	
Г			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 15/32 Rpt: 19/37	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	
	07/26/2023	Go Daddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$191.76	14455 N.Hayden Road	
		Scottsdale, AZ 85260	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Domain security measures	
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/16/2023	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.98	14455 N.Hayden Road	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Domain maintenance	
		Domain maintenance	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_
	Date	Payee name	
	09/16/2023	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.98	14455 N.Hayden Road	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Maintenance fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitate to bettern over	··	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
	Sch: 16/32 Rpt: 20/37	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	
	10/16/2023	Go Daddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.98	14455 N.Hayden Road	
		Scottsdale, AZ 85260	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Domain maintenance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/16/2023	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.98	14455 N.Hayden Road	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Domain maintenance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	07/20/2023	Houston Chronicle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.96	4747 Southwest Fwy	
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries	Expens /Wages	se s/Contract Labor		Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAME		-			3	Filer ID	(Ethics Commission Filers)
	Sch: 17/32 Rpt: 21/37		taci (The Honorable	e)				00069606	,
4	Date	5 Payee name					_		
	08/17/2023	Houston Ch							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$19.96	4747 South	west Fwy						
		Houston, T	X 77027						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expen	se					nplete Schedule T.
						Newspaper s		officeholder livin	g expense
						ινενισμάρει σ	ub.	Scription	
_	Complete ONLY if direct	Candidata/Offi	isahaldar nama	Office on	uabt			Office b	ald
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ugnt			Office h	eia
	Date	Payee name							
	09/13/2023	Houston Ch	ronicle						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$19.96	4747 South	west Fwy						
		Houston, T	X 77027						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Expen	se		=			nplete Schedule T.
						Subscription	i, IX,	officeholder livin	g expense
						Subscription			
	Complete ONLY if direct	Candidate/Offi	iceholder name	Office so	uaht			Office h	eld
	expenditure to benefit C/OI		denotice name	Office 30	agnt			Onice II	Cid
	Date	Payee name							
	10/11/2023	Houston Ch	ronicle						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$19.96	4747 South	west Fwy						
		Houston, T	X 77027						
	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expen	se				de of Texas. Con officeholder livin	nplete Schedule T.
						Subscription	, 17,	, officeriolaer livin	у схренас
	Complete ONLY if direct	L Candidate/∩ff	iceholder name	Office so	<u>l</u> uaht			Office h	eld
	expenditure to benefit C/OI			255 00	g			20311	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1: Sch: 18/32 Rpt: 22/37	FILER NAME Williams, Staci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606
4	Date 11/08/2023	5 Payee name Houston Chronicle	
6	Amount (\$) \$23.96	7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/06/2023	Payee name J.L. Turner Legal Association	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 130987 Dallas, TX 75313	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Scholarship donation in honor of Phyllis Lister Brown
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 11/02/2023	Payee name Jet Couriers	
	Amount (\$) \$20.70	Payee address; City; State; Zip Code 1705 Wallace Drive	
		Carrollton, TX 75006	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense courier service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/32 Rpt: 23/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/19/2023	Jimmy Johns 2669
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$313.19	2416 Victory Park Lane
		Suite C7
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for jurors to complete deliberations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Payee name
	07/18/2023	LYFT, Inc.
_	Amount (\$)	Payee address; City; State; Zip Code
	\$14.99	548 Market Street
	Ψ14.55	Suite 68514
		San Francisco, CA 94104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel systems of Toyon Complete Schedule T
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel from CLE to home
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	07/30/2023	LYFT, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.97	548 Market Street
		Suite 68514
		San Francisco, CA 94104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lyft expenses
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 20/32 Rpt: 24/37	FILER NAME Williams, Staci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606
4	Date 08/02/2023	5 Payee name LYFT, Inc.	•
	Amount (\$) \$47.69	7 Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to airport
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/07/2023	Payee name LYFT, Inc.	
	Amount (\$) \$21.99	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/08/2023	Payee name LYFT, Inc.	
	Amount (\$) \$18.99	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense From hotel to airport
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 21/32 Rpt: 25/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/21/2023	LYFT, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.99	548 Market Street
		Suite 68514
		San Francisco, CA 94104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		From airport to hotel
_	2 2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	11/27/2023	Las Palmas
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.00	2708 Routh Street
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Celebration lunch with former intern
		Sciestation with former interm
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dove nome
	11/24/2023	Payee name Lowe's #515
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.72	11920 Inwood Road
		Dallas, TX 75244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Holiday plants for office
		Troiledy plants for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Loan Repay
Fees Office Overt
Food/Beverage Expense Polling Expe
Gift/Awards/Memorials Expense Printing Exp
Local Springs
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Selations Maries
Selations Maries

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/32 Rpt: 26/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/19/2023	Marriott Courtyard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$502.02	
		Dallas, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel for new staff member to attend training
		Hoter of new star member to attend training
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/05/2023	Marriott Marquis
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	1777 Walker //st,
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel for annual judges' meeting
		Treater for damage Judgeo Infoaming
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/30/2023	Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$885.10	
		Minneapolis, MN
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Hotel for NBA Conference
		Hotel to NDA Contelence
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 23/32 Rpt: 27/37	Williams, Staci (The Honorable) 00069606			
4	Date	5 Payee name			
	08/02/2023	Minneapolis Airport			
6	Amount (\$) \$7.97	7 Payee address; City; State; Zip Code			
		Minneapolis, MN			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snack			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/12/2023	Office Depot #2220			
	Amount (\$)	Payee address; City; State; Zip Code			
\$109.33 8317 Westchester Drive					
		Dallas, TX 75225			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Office supplies			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
F	Date	Payee name			
	11/22/2023	Office Depot			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$68.80	8317 Westchester Drive			
		Dallas, TX 75205			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Office supplies			
		Office Supplies			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
T					
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/32 Rpt: 28/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/31/2023	Renaissance Hotels
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.32	2222 N. Stemmons Fwy
		Dallas, TX 75207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking fee.
		T WINING ICC.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Power name
	08/07/2023	Payee name Sam's Club 6376
	Amount (\$)	Payee address; City; State; Zip Code
	\$228.00	4062 LBJ Fwy.
		Dallas, TX 75244
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Snacks for Jurors/Venire Panel
		Shadka for durons, verific in and
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dayaa nama
	09/11/2023	Payee name SherylSmith "Don't Belive the Hype"Hype"
		7. 7.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	320 South RL Thorton Freeway
		Suite 150
		Dallas, TX 75203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 25/32 Rpt: 29/37	Williams, Staci (The Honorable) 00069606					
4	Date	5 Payee name					
	08/12/2023	Southwest Airlines					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$261.96	P.O. Box 36611					
		Dallas, TX 75235					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Fare to attend Texas Center for the Judiciary Annua					
		Meeting					
Ļ	Complete ONLY if direct						
9	Complete ONLY if direct expenditure to benefit C/O						
┡							
	Date	Payee name					
L	08/31/2023	State Bar of Texas					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$325.00	\$325.00 P.O. Box 12487					
		Austin, TX 78711-2487					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Dues					
		Succession (Control of the Control o					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
⊨	Data	Para and a second secon					
	Date 08/25/2023	Payee name Tallie, Shelandria					
┡							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$660.00	600 Commerce Street					
		Suite 685					
		Dallas, TX 75202					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	LXI LINDITORE	Check if Austin, TX, officeholder living expense					
		Office Assistant					
	0 1. 5						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 26/32 Rpt: 30/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/07/2023	Tallie, Shelandria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	600 Commerce Street
		Suite 685
		Dallas, TX 75202
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Asisstance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/17/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$375.00	1210 San Antonio Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cost to attend annual judicial conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Dayaa nama
		Payee name Toyog Contor for the Judician
	09/06/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio Street
		Austin, TX 78701
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Tuition due for past seminar
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/32 Rpt: 31/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/01/2023	Texas District Judges Association
6	Amount (\$) \$26.06	7 Payee address; City; State; Zip Code TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2023	Texas District Judges Association
	Amount (\$) \$26.06	Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Occupate ONLY if disease	Membership Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/13/2023	Payee name Texas Ethics Commission
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 201 East 14th Street, 10th Floor
		Austin , TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fine for late filling
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/32 Rpt: 32/37	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/07/2023	The Award Group
6	Amount (\$) \$197.65	7 Payee address; City; State; Zip Code New Milford, CT
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Framing of Supreme Court Admission Certificate
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	11/11/2023	The Beeman Hotel
	Amount (\$) \$10.83	Payee address; City; State; Zip Code 6070 N Central Expy
		Dallas, TX 75206
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense parking at MABA Dinner
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	11/22/2023	The People's Servant
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 901 Mockingbird Lane
		Desoto, TX 75115
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Cabadula F1:		3 Filer ID (Ethics Commission Filers)		
1	Total pages Schedule F1:		, , , , , , , , , , , , , , , , , , , ,		
	Sch: 29/32 Rpt: 33/37	Williams, Staci (The Honorable)	00069606		
4	Date	Payee name			
	11/20/2023	Tom Thumb			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$31.73	522 Preston Royal Center			
		Dallas, TX 75230			
<u>_</u>	DUDDOOF				
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	Louiside of Tours Consulate Colonida T		
	EXPENDITURE	1 courbeverage Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
			ITS FOR 3T Boys luncheon		
		, workester	2.2.2.2.2.2.3.0.00		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/01/2023	USPS			
	Amount (\$)	Payee address; City; State; Zip Code			
\$194.00 401 Tom Landry HWY					
		•			
		Dallas, TX 75260			
	DUDDOOF				
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	al autsida of Toyas, Camplete Schodule T		
	EXPENDITURE	1 663	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense		
		Annual fee	,, <u></u> ,		
		, unidatilee			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	Office Sought	Office field		
L					
	Date	Payee name			
L	09/14/2023	United Negro College Fund Walk-a-Thon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	1805 7th Street, NW			
		Washington, DC 20001			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertising Expense	in, TX, officeholder living expense		
		Sponsor of	walk-a-thon		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/32 Rpt: 34/37	Williams, Staci (The Honorable)		00069606
4	Date	5 Payee name		•
	07/25/2023	Vistaprint		
6	Amount (\$) \$426.18	7 Payee address; City; State; Zip Cod	le	
		MA		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banners for events
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	08/24/2023	Yardbird		
	Amount (\$) \$220.45	Payee address; City; State; Zip Cod	le	
		Dallas, TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff luncheon for departing temporary
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date 07/14/2023	Payee name ZOOM.US		
	Amount (\$) \$34.10	Payee address; City; State; Zip Cod 55 Almaden Boulevard 6th Floor San Jose, CA 95113	le	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Zoom license for campaign purposes
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 31/32 Rpt: 35/37	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date 08/13/2023	5 Payee name ZOOM.US
6	Amount (\$) \$34.10	7 Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Zoom license
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/13/2023	Payee name ZOOM.US
	Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/13/2023	Payee name ZOOM.US
	Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	ı - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	oense	Polling Exper Printing Expe	ead/Rental Expense nse nse es/Contract Labor		Travel in District Travel Out of Dis	
l	Credit Card Payment			The Instruction Guid	e explains h	now to comp	olete this form.			
1	Total pages Schedule F1:	2	FILER NAMI	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 32/32 Rpt: 36/37		Williams, S	taci (The Honorabl	e)				00069606	
4	Date	5	Payee name	1				<u> </u>		
l	11/13/2023		ZOOM.US							
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ľ	Amount (\$)	 ′	Payee addre		State,	Zip Code	;			
l	\$34.10			n Boulevard						
l			6th Floor							
l			San Jose,	CA 95113						
8	PURPOSE	(a)	Category (S	See Categories listed at the t	on of this sche	edule) (b) Description			
l	OF			rhead/Rental Expe		,aaio,	_	outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE			•			Check if Austin	n, TX	, officeholder living	expense
l							Subscription			
9	Complete ONLY if direct		Candidate/Off	iceholder name	0	ffice sough	t		Office he	eld
	expenditure to benefit C/OI	Н								
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 37/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 00069606 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Williams, Staci 8 Departure city or name of departure location 08/13/2023 9 Destination city or name of destination location 08/16/2023 Minneapolis 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Attend NBA Judicial Section Seminars