

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087829	2 Total pages filed: 26	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Tiffany N.	MI MI
	NICKNAME	LAST McWilliams	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023

Date Received ELECTRONICALLY FILED 01/16/2024	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

6 EXPLANATION OF CORRECTION
 Filing fee for application on the ballot erroneously indicated "Texas Secretary of State" and was corrected to "Republican Party of Texas;" Bee County Elections was corrected to indicate payment for "Voter Lists" rather than "Election results;" Address for Harland Clark was updated to the headquarters address rather than the bank; "Back the Blue" was updated to include "Beeville Police Association" and "Sponsorship."

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Tiffany N. McWilliams

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00087829	2 Total pages filed: 26					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Tiffany N.	MI	OFFICE USE ONLY				
	NICKNAME	LAST McWilliams	SUFFIX		Date Received ELECTRONICALLY FILED 01/16/2024			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 550 George West, TX 78022		ZIP CODE	Date Hand-delivered or Date Postmarked				
				Receipt #				
				Amount				
				Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Laura D.	MI					
	NICKNAME	LAST Fischer	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13 Shady Ln Beeville, TX 78102							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(361)	362-3442						
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)							
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	07	01	2023		12	31	2023	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024			ELECTION TYPE				
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		<input type="checkbox"/> General
11 OFFICE	OFFICE HELD (if any)				12 OFFICE SOUGHT (if known)			
					District Attorney (Multi-county) District 156th			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME McWilliams, Tiffany N. (Mrs.) **14 Filer ID** (Ethics Commission Filers)
00087829

15 NOTICE FROM POLITICAL COMMITTEE(S)
 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	54,207.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	20,774.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	35,043.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

Mrs. Tiffany N. McWilliams

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME McWilliams, Tiffany N. (Mrs.)		19 Filer ID 00087829	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	49,825.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	4,382.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	14,205.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	6,569.31
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 5/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Ernest <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) DHR Health
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Jose <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Jose <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Jared <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aziz, Erin <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Muhammed S. Aziz P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 6/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 08/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapline, Grant	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78733		
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Sage Capital Bank
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapline, Grant	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Austin, TX 78733		
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Sage Capital Bank
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitt, Dennis	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Beeville, TX 78102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWitt, Dennis	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Beeville, TX 78102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dehnisch, Anne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Beeville, TX 78102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 7/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 08/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobie, Roberta <hr/> 6 Contributor address; City; State; Zip Code Three Rivers, TX 78071	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobson & Son <hr/> Contributor address; City; State; Zip Code Beeville, TX 78104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubose, Judith <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jeffrey <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Laura <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 8/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 09/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forehand, Tommy	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Three Rivers, TX 78071		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Kermit	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code San Antonio, TX 78260		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Molly	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code San Antonio, TX 78260		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Novia	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code George West, TX 78022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bill	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code George West, TX 78022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 9/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Jurica <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaure, Paul <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurica, Adam <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennelly, Jana <hr/> Contributor address; City; State; Zip Code Lexington, KY 40502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Judy (Mrs.) <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Sean <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Tiffany <hr/> Contributor address; City; State; Zip Code George West, TX 78022	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) First Assistant District Attorney		Employer (See Instructions) 156th Judicial District Attorney
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Deann <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pre-K		Employer (See Instructions) Chapelwood School
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Deann <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pre-K		Employer (See Instructions) Chapelwood School
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Paul <hr/> Contributor address; City; State; Zip Code El Largo, TX 77586	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 08/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Netherly, Armond <hr/> 6 Contributor address; City; State; Zip Code Passaic, NJ 07055	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Technical Director		9 Employer (See Instructions) MLB Network
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Jack <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Pierce & O'Neill, LLP
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadovsky & Ellis PLLC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Rob <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonnenburg, Carol <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 12/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 08/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swenson, Peter <hr/> 6 Contributor address; City; State; Zip Code Tilden, TX 78072	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thoms, Mary <hr/> Contributor address; City; State; Zip Code Skidmore, TX 78389	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Martha (Mrs.) <hr/> Contributor address; City; State; Zip Code Beeville, TX 78102	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasicek, Kitley <hr/> Contributor address; City; State; Zip Code George West, TX 78022	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Clifton <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/26
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Forrest	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624		
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self-employed
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Lee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code George West, TX 78022		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jeffrey	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Antonio, TX 78260		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wojtasczyk, Linda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code George West, TX 78022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/26	
2 FILER NAME McWilliams, Tiffany N. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087829	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/27/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliseda, Elizabeth	8 Amount of contribution (\$) \$271.00	9 In-kind contribution description Meet and greet party with refreshments
	7 Contributor address; City; State; Zip Code Beeville, TX 78102	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Jordan	Amount of contribution (\$) \$3,840.00	In-kind contribution description P3 Imagining - signs donated
	Contributor address; City; State; Zip Code San Antonio, TX 78216	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Sign maker		Employer (FOR NON-JUDICIAL) (See instructions) P3 Imaging	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinones, Johanna	Amount of contribution (\$) \$271.00	In-kind contribution description Meet and Greet event with refreshments
	Contributor address; City; State; Zip Code Beeville, TX 78102	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 1/4 Rpt: 15/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 11/27/2023	5 Payee name 3D Signs	
6 Amount (\$) \$3,832.05	7 Payee address; City; State; Zip Code 7986 1st St. Somerset, TX 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2023	Payee name 3D Signs	
Amount (\$) \$1,104.15	Payee address; City; State; Zip Code 7986 1st St. Somerset, TX 78069	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name 3D Signs	
Amount (\$) \$1,926.85	Payee address; City; State; Zip Code 7986 1st St. Somerset, TX 78069	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 2/4 Rpt: 16/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 12/07/2023	5 Payee name Avila, Henry	
6 Amount (\$) \$619.19	7 Payee address; City; State; Zip Code 3126 Annarose Ln. San Antonio, TX 78211	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign installer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Bee County 4H	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 210 E. Corpus Christi St. Beeville, TX 78102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bee County 4H Jolly banner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Bee County Election Clerk	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 107 S. St. Mary's St. Beeville, TX 78102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter Lists	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Lists
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 3/4 Rpt: 17/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
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4 Date 09/06/2023	5 Payee name Harland Clarke CHK
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6 Amount (\$) \$43.47	7 Payee address; City; State; Zip Code 15955 La Cantera Pkwy San Antonio, TX 78256
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checkbook for Political Account
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name La Linea Wine Bar
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 211 W. Bowie St. Beeville, TX 78102
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wine walk sponsor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/13/2023	Payee name Mammoth Marketing
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 4500 Bissonnet St. STE 370 Bellaire, TX 77401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Designing website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 4/4 Rpt: 18/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
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4 Date 10/04/2023	5 Payee name Mammoth Marketing
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6 Amount (\$) \$913.36	7 Payee address; City; State; Zip Code 4500 Bissonnet St. STE 370 Bellaire, TX 77401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design for palm card
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/28/2023	Payee name Mammoth Marketing
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Amount (\$) \$927.01	Payee address; City; State; Zip Code 4500 Bissonnet St. STE 370 Bellaire, TX 77401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2023	Payee name WINRED
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Amount (\$) \$519.10	Payee address; City; State; Zip Code P.O. Box 9891 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for WINRED website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 1/8 Rpt: 19/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 11/12/2023	5 Payee name 24 Hour Wristbands	
6 Amount (\$) \$411.35 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 14550 Beechnut St. Houston, TX 77083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Koozies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/08/2023	Payee name 24 Hour Wristbands	
Amount (\$) \$370.70 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14550 Beechnut St. Houston, TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Koozies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/30/2023	Payee name Banners on the Cheap	
Amount (\$) \$196.91 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11525 Stonehollow Dr. B220 Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banner
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 2/8 Rpt: 20/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 08/24/2023	5 Payee name Beeville Police Association - Back the Blue	
6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 31 Beeville, TX 78102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Back the Blue - Sponsorship
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/30/2023	Payee name Campbell, Anna	
Amount (\$) \$256.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1044 Bluebonnet Ln. Adkins, TX 78101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign shirts
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/30/2023	Payee name Deluxe Footballs	
Amount (\$) \$601.51 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 801 S. Marquette Ave. Minneapolis, MN 55402	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Footballs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 3/8 Rpt: 21/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 11/05/2023	5 Payee name Extra Special Field Day	
6 Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 913 Houston St. George West, TX 78022	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/28/2023	Payee name George West Band Booster	
Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1435 George West, TX 78022	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense George West Band Booster Sponsor
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/28/2023	Payee name Go Daddy	
Amount (\$) \$68.19 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2150 E. Warner Rd. Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website domain and email address
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held McWilliams, Tiffany District Attorney (Multi-	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 4/8 Rpt: 22/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 10/25/2023	5 Payee name HEB	
6 Amount (\$) \$178.29 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 100 E. Houston St. Beeville, TX 78102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy and bags
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 10/25/2023	Payee name Halloween Costumes	
Amount (\$) \$278.57 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2080 Lookout Dr. North Mankato, MN 56003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Back to the future costumes
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/12/2023	Payee name Infinite Photography	
Amount (\$) \$230.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 315 E. Corral Ave. Kingsville, TX 78363	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pictures
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 5/8 Rpt: 23/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 12/18/2023	5 Payee name Magnets on the Cheap	
6 Amount (\$) \$97.42 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vehicle magnets
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/11/2023	Payee name Republican Party of Texas	
Amount (\$) \$1,250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 2206 Austin, TX 78768	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held McWilliams, Tiffany	
Date 09/01/2023	Payee name US Postal Service	
Amount (\$) \$13.20 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 111 N. St. Mary's St. Beeville, TX 78102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 6/8 Rpt: 24/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 09/30/2023	5 Payee name Vistaprint	
6 Amount (\$) \$128.81 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/25/2023	Payee name Vistaprint	
Amount (\$) \$110.41 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/25/2023	Payee name Walmart	
Amount (\$) \$140.76 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 502 E FM 351 Beeville, TX 78102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candy
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 7/8 Rpt: 25/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 10/30/2023	5 Payee name Walmart	
6 Amount (\$) \$129.59 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 502 E. FM 351 Beeville, TX 78102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candy and ziplock bags
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Walmart	
Amount (\$) \$71.68 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 502 E. FM 351 Beeville, TX 78102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip-ties and tape
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2023	Payee name Wristband Bros	
Amount (\$) \$349.12 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1005 Main St. Unit 8118 Pawtucket, RI 02860	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bracelets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 8/8 Rpt: 26/26	2 FILER NAME McWilliams, Tiffany N. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087829
4 Date 10/09/2023	5 Payee name Wristband Bros	
6 Amount (\$) \$484.80 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1005 Main St. Unit 8118 Pawtucket, RI 02860	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bracelets
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/06/2023	Payee name Wristband Bros	
Amount (\$) \$208.25 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1005 Main St. Unit 8118 Pawtucket, RI 02860	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bracelets
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/25/2023	Payee name Younts Photography	
Amount (\$) \$143.75 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 501 W. FM 351 Beeville, TX 78102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pictures
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	