CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Eth 00069606	ics Commission Filers)	2 Total pages filed: 59				OFFICE U	SE ONLY
⊢							Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Staci			MI	ELECTRONICAI 04/10/2024	LY FILED
		NICKNAME	LAST			SUFFIX		
			Williams				Date Hand-delivered or [Date Postmarked
4	ORIGINAL	January 15	Runoff	Γ	Other (sp	pecify)		
	REPORT TYPE	X July 15	Exceeded modifie	d reporting limit			Receipt #	Amount
		30th day before election	15th day after can		r			
		8th day before election	Final Report (Atta				Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month	Day	Year	Date Imaged	
	COVERED	01/01/2023	THROUGH	06/3	0/2023		Date inaged	
6	EXPLANATION OF C	CORRECTION						
	did not have my pass	was incomplete for both co word to access my bank st ine donations so that I could	atements which would	d have allowe	d me to re	port all of the e	xpenditures. I also c	lid not have the
7	AFFIDAVIT							
				vear, or affirm d correct.	ı, under pe	enalty of perjury	, that this corrected	report is true
			Ch	eck the box n	ext to any	and all applical	ble statements:	
			X	was made	in good fai	ith and without	affirm that the origin an intent to mislead ned in the report.	
			X	report not I that the rep	ater than t oort as orig ıffirm, that	he 14th busine ginally filed is in any error or or	that I am filing this c ss day after the date accurate or incomple nission in the report a	l learned ete. l
					Tho	Honorable St	aai Williama	
	AFFIX NOTARY ST	AMP / SEAL ABOVE			Signatur	e of Candidate	or Officeholder	
	Sworn to and subsc	ribed before me, by the sai	d			. this th	าย	day
		, 20, to cert						
	Signature of offic	er administering oath	Printed name of o	officer adminis	stering oat	h 7	Title of officer admini	stering oath
	e.gradie of offic	- samustoring outin			g out			July Sull
		Remember To Att Nee	tach Any Part O ded To Report A				ort Form	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to c	omplete this form.	1 Filer ID (Ethics Comm 0006960	· ·	2 Total page	es filed: 59
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
OFFICEHOLDER	The Honorable	Staci			Date Received	
					ELECTRON	ICALLY FILED
	NICKNAME	LAST		SUFFIX	04/10/2024	
		Williams		SUFFIX	0 10/2024	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX;	APT / SUITE #; CIT	ΓY;	ZIP CODE		red or Date Postmarked
ADDRESS	REDACTED PER	254.0313, GOV'T (CODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Steven R.				
	NICKNAME	LAST			SUFFIX	
		Shirley				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO	PO BOX PLEASE);	AF	PT / SUITE #; CITY	;	STATE; ZIP CODE
	REDACTED PER	254.0313. GOV'T (CODE			
(Residence or Business)		·				
7 CAMPAIGN TREASURER PHONE	AREA CODE PI (469) 540-9811	HONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	30th day befor	e election	Runoff		er campaign treasurer (officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	_	(Attach C/OH-FR)
9 PERIOD COVERED	Month Day Ye 01/01/2023		HROUGH	Month Day 06/30/202	Year 23	
10 ELECTION	ELECTION DATE Month Day Ye	ar F	Primary General	ELECTION TYPE	Other	
11 OFFICE	OFFICE HELD (if any) District Judge District	I 101 Dallas		12 OFFICE SOUGH	Γ (if known)	
Forms provided by Te	xas Ethics Commission		thics.state.tx.	IS	\/c	ersion V3.5.1.5b35d02

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 3 of 59

I

13 C / OH NAME	Williams, Staci (The I	Honorable)	14 Filer ID 00069606	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS	16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			
	\$ 74,551.00			
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	13)	\$ 0.00
TOTALS				
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 38,247.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	LAST DAY OF THE	\$ 214,364.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Ho	norable Staci William	S
		Signature of	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.5b35d027

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3 4 of 59

18 FILER N	AME	19 Filer ID	(Ethics Co	mmission Filers)
Williams	s, Staci (The Honorable)	00069606		
20 SCHEDU	JLE SUBTOTALS	-	SUP	FOTAL AMOUNT
NAME O	FSCHEDULE		306	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	74,551.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	38,247.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
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 CONTRIBUTI	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	224.79
			-	

The Instrue	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 1/23 Rpt: 5/59	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Staci (The Honorable)			00069606
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/01/2023	Aldous, Charla		\$2,500.00
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75219		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
AldousWalke	er		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/02/2023	Allen, David)	\$100.00
00,01,1010	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Dallag TX 75251		
	Dallas, TX 75251		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
David Allen I	•	n/a	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/07/2023	Anderson, Theodore		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75219		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's sp			bouse (if any)
Kilgore & Kilgore			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 2/23 Rpt: 6/59			
2 FILER NAME	vei (The Henerable)	3 Filer ID (Ethics Commission Filers) 00069606			
	aci (The Honorable)				
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#:) D23 BARRON, THOMAS (Mr.)		7 Amount of Contribution (\$)\$250.00		
	6 Contributor address; City; State; Zip Code				
	DALLAS, TX 75204	<u>.</u>			
8 Contributor's F Attorney	Principal Occupation	9 Contributor's Job Title Attorney			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
Self					
12 If contributor is	s a child, law firm of parent(s) (if any)	-			
Data					
Date 02/23/2023	Full name of contributor Dut-of-state PAC (ID# Bajaria Law Firm, PC	¢:)	Amount of Contribution (\$) \$1,000.00		
02/20/2020	Contributor address; City; State; Zip Code				
	Contributor address, City, State, Zip Code				
	Dallas, TX 75234				
Contributor's F	I Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
			1		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)		
02/28/2023	Barker, Lindsey		\$500.00		
	Contributor address; City; State; Zip Code				
	Dallas, TX 75201				
Contributor's F		Contributor's Job Title			
Contributor's Principal Occupation Contributor's Contribut					
Contributor's employer/law firm Law firm of contributor's			pouse (if any)		
Stewart Law Group					
If contributor is a child, law firm of parent(s) (if any)					
Forms provided	hy Tayas Ethics Commission	ice state ty us	Varcian V/2 E 1 Eh2Ed027		
Forms provided	by Texas Ethics Commission www.eth	ics.state.tx.us	Version V3.5.1.5b35d027		

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/23 Rpt: 7/59	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	aci (The Honorable)	00069606	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/24/2023	Barnes & Thornburg LLP Texas Political Action	Committee	\$500.00
	6 Contributor address; City; State; Zip Code		
	Indianapolis, IN 46204		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
6 Contributor 3 P			
	and the set of the set of the set		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/21/2023	Baron, Lisa		\$2,500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75209		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	and the set of the set of the set	-	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Self			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/28/2023	Bell Nunnally & Martin LLP		\$1,200.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor of			
Contributor's c	pmployor/low firm	Law firm of contributor's sp	nouse (if any)
Contributor's employer/law firm Law firm of contributor's			Jouse (II ally)
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 4/23 Rpt: 8/59	
 FILER NAME Williams, Sta 	ici (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 02/28/2023	5 Full name of contributor		7 Amount of Contribution (\$) \$1,000.00
	Dallas, TX 75201		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/02/2023	Bennett Injury Law		\$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75251		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 03/09/2023	Full name of contributor out-of-state PAC (ID#: Black, Albert Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.00
	Dallas, TX 75208		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Director		Director	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
On-Target If contributor is a child, law firm of parent(s) (if any)			
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The Instruc	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 5/23 Rpt: 9/59	
2 FILER NAME Williams, Sta	ci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606	
03/01/2023			7 Amount of Contribution (\$) \$200.00
	McKinney, TX 75070		
8 Contributor's P Attorney	rincipal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's en Diana Brooks	Law	11 Law firm of contributor's sp n/a	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#: 03/01/2023 Burke, Aaron Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
Contributoria	Dallas, TX 75270	Contributorio Job Title	
Attorney	rincipal Occupation	Contributor's Job Title Attorney	
Burke Bogda		Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:_ Childers, Jonathan (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
Contributor's P	Dallas, TX 75201 rincipal Occupation	Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's			oouse (if any)
Lynn Pinker Hurst Schwegmann If contributor is a child, law firm of parent(s) (if any)			
Forms provided b	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.5b35d027

The Instruc	tion Guide explains how t	1 Total pages Schedule A(J)1: Sch: 6/23 Rpt: 10/59		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Williams, Staci (The Honorable)			00069606	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/24/2023	Crowe Arnold & Majors LLF			\$500.00
	6 Contributor address; City; Stat			
	Dallas, TX 75202			
8 Contributor's P	9 Contributor's Job Title			
10 Contributor's e	mployer/law firm		11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any	y)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/21/2023	Dunn Sheehan LLP			\$1,000.00
	Contributor address; City; Stat	e; Zip Code		
	Dallas, TX 75206			
Contributor's P	rincipal Occupation		Contributor's Job Title	
Contributor's e	mployer/law firm		Law firm of contributor's sp	bouse (if any)
If contributor is	a child, law firm of parent(s) (if any	y)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/02/2023	Ellis, Al	_		\$100.00
	Contributor address; City; Stat	e; Zip Code		
	Dallas, TX 75219			
Contributor's P	rincipal Occupation		Contributor's Job Title	
Attorney				
Contributor's e	Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)
Sommerman, McCaffity Quesada, & Geisler n/a				
If contributor is	a child, law firm of parent(s) (if any	y)		
Forms provided b	by Texas Ethics Commission	www.ethics	s.state.tx.us	Version V3.5.1.5b35d027

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 7/23 Rpt: 11/59	
2 FILER NAME Williams, Sta	ci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 02/13/2023			7 Amount of Contribution (\$) \$2,500.00
	Dallas, TX 75208		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Farmer Law	·		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/25/2023	Fielder, Robert		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75248		
Contributor's F Mediator	Principal Occupation	Contributor's Job Title Mediator	
Contributor's e MediationE L	mployer/law firm LC	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/28/2023	Fokas, Terry		\$250.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75252		
	Principal Occupation	Contributor's Job Title	
Manager Manager			
Contributor's employer/law firm Law firm of contributor's sp			oouse (if any)
Parallel Netw			
	a child, law firm of parent(s) (if any)		
Forms provided	hy Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 5b35d027

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 8/23 Rpt: 12/59				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Williams, Sta	ici (The Honorable)	00069606				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)			
02/28/2023	Garcia, Domingo (Mr.)		\$2,500.00			
	6 Contributor address; City; State; Zip Code					
9 Contributor's [Dallas, TX 75247 Principal Occupation	9 Contributor's Job Title				
Attorney		Attorney				
10 Contributor's e	emplover/law firm	11 Law firm of contributor's sp	pouse (if any)			
	f Domingo Garcia					
	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
02/28/2023	Gillespie, Hal	/	\$250.00			
	Contributor address; City; State; Zip Code					
	Dallas, TX 75206					
Contributor's F	Principal Occupation	Contributor's Job Title				
Attorney		Attorney				
	mployer/law firm	Law firm of contributor's sp	oouse (if any)			
Gillespie Sar						
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
03/02/2023	Godwin Bowman		\$5,000.00			
	Contributor address; City; State; Zip Code					
	Dallas, TX 75201					
Contributor's F	Principal Occupation	Contributor's Job Title				
Contributor S I						
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)			
If contributor is	If contributor is a child, law firm of parent(s) (if any)					
	hy Taxas Ethics Commission www.athir	ne etato ty us	Version V3 5 1 5h35d027			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 9/23 Rpt: 13/59
2 FILER NAME Williams, Sta	ici (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606
4 Date 02/28/2023	 5 Full name of contributor out-of-state PAC (ID#:) Hawkins, Connie 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$100.00
	Richardson, TX 75080		
8 Contributor's F Attorney	rincipal Occupation	9 Contributor's Job Title Attorney	
-	r Matte Hofland & Del Valle	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 03/01/2023	Full name of contributor induction out-of-state PAC (ID#:) Hilton, Lawrence (Mr.) induction contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
Constributoria D	Austin, TX 78738	Contributorio Joh Tido	
Attorney	Principal Occupation	Contributor's Job Title Attorney	
Contributor's e Dunham LLF	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:) Hurst, Michael (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
Contributor's E	Dallas, TX 75201 Principal Occupation	Contributor's Job Title	
Atorney		Attorney	
Contributor's employer/law firm Law firm of contributor's sp			oouse (if any)
-	Hurst & Schwegmann		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.5b35d027

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 10/23 Rpt: 14/59	
2 FILER NAME Williams, Sta	2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606	
02/23/2023	 5 Full name of contributor out-of-state PAC (ID#:) Lester, James (Mr.) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$250.00	
	Dallas, TX 75236			
8 Contributor's P RN	rincipal Occupation	9 Contributor's Job Title RN		
10 Contributor's e UTSW	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)	
12 If contributor is	a child, law firm of parent(s) (if any)			
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#:) Little, Mitch Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00	
Contributor's E	Lewisville, TX 75056 rincipal Occupation	Contributor's Job Title		
Attorney		Attorney		
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)	
Scheef & Sto		n/a		
If contributor is	a child, law firm of parent(s) (if any)			
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:) Lowe, Gwenda (Ms.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00	
Duncanville, TX 75137-6306				
	rincipal Occupation	Contributor's Job Title		
Retired Retired				
Contributor's employer/law firm Law firm of contributor's s Retired			bouse (if any)	
	a child, law firm of parent(s) (if any)			
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.5b35d027	

The Instruction Guide explains how to complete t	1 Total pages Schedule A(J)1: Sch: 11/23 Rpt: 15/59	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Williams, Staci (The Honorable)		00069606
	C (ID#:)	7 Amount of Contribution (\$)
		\$2,500.00
6 Contributor address; City; State; Zip Code		
Dallas, TX 75201		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Attorney	Attorney	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	pouse (if any)
Lyons & Simmons LLP		
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
03/20/2023 Maduka, Charles		\$250.00
Contributor address; City; State; Zip Code		
Arlington, TX 76017		
Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
Self		
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
02/28/2023 Maggio, Marissa		\$250.00
Contributor address; City; State; Zip Code		
Plano, TX 75075		
Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
Law Firm of Aaron Herbert		
If contributor is a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 12/23 Rpt: 16/59	
2 FILER NAME Williams, Staci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 03/03/2023	 Full name of contributor out-of-state PAC (ID#: Marsaw, Terry Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00	
	Mesquite, TX 75181			
8 Contributor's I	Principal Occupation	9 Contributor's Job Title		
Attorney		Attorney		
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)	
Marsaw & A		n/a		
12 If contributor i	s a child, law firm of parent(s) (if any)			
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$500.00	
02/20/2023			\$300.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75240			
Contributor's	Principal Occupation	Contributor's Job Title		
	- F			
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)	
If contributor i	s a child, law firm of parent(s) (if any)	I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/02/2023	McCathern PLLC		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75219			
Contributor's I	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor		Law firm of contributor's sp	oouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				
	by Texas Ethics Commission www.ethic	e etato ty ue	Version V2 5 1 5h25d027	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 13/23 Rpt: 17/59
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Williams, Staci (The Honorable)		00069606	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/02/2023	McElroy, Susan		\$100.00
	6 Contributor address; City; State; Zip Code		1
	Richardson, TX 75083		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Consultant		Consultant	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
n/a			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/02/2023	McLeod, Williams		\$100.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77044		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Law Office o	f William D. McLeod		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/02/2023	Miller Weisbrod Olesky LLP	,	\$2,500.00
	Contributor address; City; State; Zip Code		-
	Dallas, TX 75243		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor 3 1			
Contributor's employer/law firm Law firm of contributor's s			oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 14/23 Rpt: 18/59	
2 FILER NAME Williams, Sta	2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 03/02/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Miller, Annette (Ms.) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00	
	Dallas, TX 75254			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
Attorney		Attorney		
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)	
Cato-Miller D		n/a		
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/02/2023	Modjarrad, Sean		\$5,000.00	
	Contributor address; City; State; Zip Code Dallas, TX 75081			
	Principal Occupation	Contributor's Job Title		
Attorney		Attorney		
	mployer/law firm	Law firm of contributor's sp	oouse (if any)	
MAS Law				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/28/2023	Montgomery, Sadat		\$2,500.00	
Contributor address; City; State; Zip Code				
	Dallas, TX 75033			
	Principal Occupation	Contributor's Job Title		
Attorney Attorney				
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)		
n/a				
If contributor is	s a child, law firm of parent(s) (if any)			
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 15/23 Rpt: 19/59	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Williams, Sta	aci (The Honorable)	00069606		
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/28/2023	Nix, Mary		\$500.00	
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75209			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
Attorney		Attorney		
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)	
-	Hurst & Schwegmann			
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
02/28/2023	Norton Rose Fulbright US LLP Texas Committe		\$1,500.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75201			
Contributor's	Principal Occupation	Contributor's Job Title		
Contributor 3 1				
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/24/2023	Ocker, Dorotha (Ms.)		\$500.00	
	Contributor address; City; State; Zip Code			
	Addison, TX 75001			
	Principal Occupation	Contributor's Job Title		
Attorney Attorney				
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)		
Self				
If contributor is a child, law firm of parent(s) (if any)				
l Forma provided	by Taxas Ethics Commission www.ethic	e etato ty ue	Version V3 5 1 5b35d027	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 16/23 Rpt: 20/59	
2 FILER NAME Williams, Staci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 03/02/2023	5 Full name of contributor out-of-state PAC (ID#: Patel, Kush		7 Amount of Contribution (\$) \$250.00	
	6 Contributor address; City; State; Zip Code			
	Irving, TX 75063			
	Principal Occupation	9 Contributor's Job Title		
Attorney		Attorney		
10 Contributor's e Kush.law	employen/law linn	11 Law firm of contributor's sp n/a	Jouse (II any)	
	s a child, law firm of parent(s) (if any)	11/4		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/27/2023	Pryor, Bobby (Mr.)	· · · · · · · · · · · · · · · · · · ·	\$500.00	
	Contributor address; City; State; Zip Code			
	Rockwall, TX 75087			
Contributor's F	Principal Occupation	Contributor's Job Title	·	
Attorney		Attorney		
	employer/law firm	Law firm of contributor's sp	oouse (if any)	
Pryor & Bruc				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/07/2023	Rafi, Ayesha		\$500.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75243			
Contributor's F	Principal Occupation	Contributor's Job Title		
Attorney		Attorney		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
Rafi DeBose n/a				
If contributor is a child, law firm of parent(s) (if any)				
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 17/23 Rpt: 21/59	
2 FILER NAME Williams, Staci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID# ReedSmith		7 Amount of Contribution (\$)\$500.00	
	6 Contributor address; City; State; Zip Code			
	Pittsburg, PA 15222			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
02/28/2023	Rodriguez, O. Rey		\$250.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75370			
	Principal Occupation	Contributor's Job Title		
Attorney		Attorney		
Contributor's e Fee Smith S	employer/law firm	Law firm of contributor's sp	bouse (if any)	
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
02/28/2023	Sanford, Brian		\$250.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75201			
Contributor's F	Principal Occupation	Contributor's Job Title		
Attorney		Attorney		
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)		
Sanford Firm n/a				
If contributor is a child, law firm of parent(s) (if any)				
Forme provided	hy Texas Ethics Commission www.ethi	rs state ty us	Version V3 5 1 5b35d027	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 18/23 Rpt: 22/59	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	aci (The Honorable)		00069606	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
02/28/2023	Satterthwaite, Gwendolyn (Ms.)		\$100.00	
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75287			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
retired		retired		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
n/a				
	s a child, law firm of parent(s) (if any)			
	s a child, law little of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/28/2023	Scheef & Stone, LLP		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75201			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/23/2023	Slack Davis Sanger LLP		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Austin, TX 78746			
Contributor's F	I Principal Occupation	Contributor's Job Title		
Contributor 5 1				
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
L	by Taylog Ethico Commission		Version V2 F 1 Fb2Fd027	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 19/23 Rpt: 23/59	
2 FILER NAME Williams, Staci (The I	2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606	
02/28/2023 Solls	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$250.0	
Dalla	as, TX 75230			
8 Contributor's Principal C	Occupation		9 Contributor's Job Title	
Mediator/Attorney			Attorney	
10 Contributor's employer/l			11 Law firm of contributor's sp	bouse (if any)
Law Office of Cynthia				
12 If contributor is a child, I	aw firm of parent(s) (if a	any)		
	name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
				\$5,000.0
Contr	ributor address; City; S	tate; Zip Code		
Dalla	as, TX 75219			
Contributor's Principal C	Occupation		Contributor's Job Title	
Contributor's employer/	law firm		Law firm of contributor's sp	bouse (if any)
If contributor is a child, I	aw firm of parent(s) (if a	any)		
Date Full n	name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/02/2023 Song	g Whiddon PLLC			\$100.0
Contr	ributor address; City; S			
Dalla	as, TX 75251			
Contributor's Principal C	Occupation		Contributor's Job Title	•
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 20/23 Rpt: 24/59	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Williams, Staci (The Honorable)			00069606	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/06/2023	Soule, Andrew		\$250.00	
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75240			
	rincipal Occupation	9 Contributor's Job Title		
Attorney		Attorney		
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)	
Riney Ronqu				
12 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/28/2023	Stanton, Britta		\$250.00	
	Contributor address; City; State; Zip Code			
	Irving, TX 75039			
	rincipal Occupation	Contributor's Job Title		
Attorney		Attorney		
	mployer/law firm	Law firm of contributor's sp	bouse (if any)	
_	Hurst Schwegman			
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/02/2023	Steckler, Bruce		\$2,500.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
	rincipal Occupation	Contributor's Job Title		
Attorney Attorney/Managing Par				
Contributor's employer/law firm Law firm of contributor's s			bouse (if any)	
Steckler Waayne & Love				
If contributor is	a child, law firm of parent(s) (if any)			
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The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 21/23 Rpt: 25/59	
 FILER NAME Williams, Sta 	ci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 02/21/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Taylor, Ben (Mr.) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$100.00
	Dallas, TX 75214		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
	& Associates		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/02/2023	The Farmer Law Group,PLLC		\$2,500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75208		
Contributor's F	rincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: Toles, William (Mr.))	Amount of Contribution (\$) \$1,000.00
02/20/2023	Contributor address; City; State; Zip Code		
	Dallas, TX 75254		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Munsch Hard			
	a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 22/23 Rpt: 26/59	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Williams, Staci (The Honorable)	00069606	
4 Date 5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)
02/06/2023 Valle, David		\$1.00
6 Contributor address; City; State; Zip Code		
New York, NY 10009		
8 Contributor's Principal Occupation	9 Contributor's Job Title	•
student	student	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	bouse (if any)
student		
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID	#.)	Amount of Contribution (\$)
03/02/2023 Walker, Joe	///	\$150.00
Contributor address; City; State; Zip Code		•
Dallas, TX 75219		
Contributor's Principal Occupation	Contributor's Job Title	
Consultant	Consultant	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
n/a		
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Date Out-of-state PAC (ID	#:)	Amount of Contribution (\$)
02/23/2023 Weedon, Frank		\$1,000.00
Contributor address; City; State; Zip Code		
Longview, TX 75605		
Contributor's Principal Occupation Attorney	Contributor's Job Title	
Contributor's employer/law firm	Attorney	
Roberts & Roberts	Law firm of contributor's sp n/a	
If contributor is a child, law firm of parent(s) (if any)	in a	
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The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J)1: Sch: 23/23 Rpt: 27/59
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Williams, Staci (The Honorable)	00069606
4 Date 5 Full name of contributor out-of-state PAC (ID:	#:) 7 Amount of Contribution (\$)
03/02/2023 Wingo, Paul	\$5,000.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75201	
8 Contributor's Principal Occupation	9 Contributor's Job Title
	Attorney
Attorney	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
Hamilton Wingo	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC (ID:	#:) Amount of Contribution (\$)
03/02/2023 Wong Krause, Michele	\$100.00
Contributor address; City; State; Zip Code	
Dallas, TX 75248	
Contributor's Principal Occupation	Contributor's Job Title
Attorney	
	Attorney
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
MAS Law	
If contributor is a child, law firm of parent(s) (if any)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen ittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 F					3	Filer ID (Ethics Commission Filers)	
	Sch: 1/30 Rpt: 28/59		/illiams, Staci (The Honorable)					00069606	
4	Date 03/18/2023	5 Payee name AIDS Walk South Dallas							
6	6 Amount (\$) \$1,000.00 Dallas, TX 75202 7 Payee address; City; State; Zip Code 701 Commerce St., #701 Dallas, TX 75202								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Sponsorship for annual walk						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	office souç	ht		Office held	
	Date	Р	ayee name						
	01/24/2023	A	mazon						
	Amount (\$) \$32.43	5	ayee address; City; Boren Ave N. eattle, WA 98109	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ffice Overhead/Rental Expens		edule)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought					Office held		
	Date	Р	ayee name						
	03/17/2023	А	mazon						
	Amount (\$) \$54.11		ayee address; City; Boren Ave N.	State;	Zip Coo	le			
		S	eattle, WA 98109		i				
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ffice Overhead/Rental Expens		edule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	office sou	ht		Office held	

			EXPENDITUR	E CATEGOR	RIES FOR	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T / - Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 2/30 Rpt: 29/59		Williams, Staci (The Honora	able)				00069606
4	Date 05/20/2023		Payee name Best Buy					
6	Amount (\$) \$51.57		Payee address; City; 4255 LBJ FWY Farmers Branch, TX 75244		; Zip Co	de		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Cell phone charging cords						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	05/22/2023		Best Buy					
	Amount (\$) \$109.90	I	Payee address; City; 4255 LBJ FWY	State;	; Zip Co	de		
	DUDDOGE	<u> </u>	Farmers Branch, TX 75244					
PURPOSE OF EXPENDITURE			Category (See Categories listed at t Office Overhead/Rental Ex		edule)		ι, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	06/22/2023		Best Buy					
	Amount (\$) \$66.28	I	Payee address; City; 4255 LBJ FWY	State;	; Zip Co	de		
			Farmers Branch, TX 75244					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at t Office Overhead/Rental Exp		iedule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Je device
ļ	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)						
1	Sch: 3/30 Rpt: 30/59	Williams, Staci (The Honorable)	00069606						
4	Date 04/23/2023	Payee name Brother's Valet							
6									
0	Amount (\$) \$16.36	Payee address;City;State;Zip Code301 E. 5th St.							
		Austin, TX 78701							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Valet Parking									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/16/2023	Bubba Gump's							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$101.00	406 Navarro St/ San Antonio, TX 78205							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/23/2023	Buc-ee's #35							
	Amount (\$) \$29.98	Payee address; City; State; Zip Code 4155 General Bruce Dr							
		Temple, TX 76501							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/30 Rpt: 31/59	Williams, Staci (The Honorable)	00069606						
4	Date 03/18/2023	5 Payee name COSTCO Warehouse							
6	6 Amount (\$) \$79.34 7 Payee address; City; State; Zip Code 8055 Churchill Way Dallas, TX 75251								
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 Snacks for jurors and staff									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/04/2023	COSTCO Warehouse							
	Amount (\$) \$267.84	Payee address; City; State; Zip Code 8055 Churchill Way Dallas, TX 75251							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense rors and staff						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/06/2023	COSTCO Warehouse							
	Amount (\$) \$84.38	Payee address; City; State; Zip Code 8055 Churchill Way							
		Dallas, TX 75251							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense rors and staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	al pages Schedule F1: 2 FILER NAME 3 F									
	Sch: 5/30 Rpt: 32/59		2 FILER NAME 3 Filer ID (Ethics Control of the second seco								
4	Date 05/24/2023	5 Payee name Cindi's New York Deli									
6	6 Amount (\$) \$46.50 \$46.50 Dallas, TX 75202 7 Payee address; City; State; Zip Code Dallas, TX 75202										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense						officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ht		Office held				
	Date		Payee name								
	06/20/2023		Cindi's New York Deli								
	Amount (\$) \$44.52		Payee address; City; State; 306 S. Houston Street	Zip Co	le						
			Dallas, TX 75202								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense :				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office held							
	Date		Payee name								
	01/24/2023		Community Missionary Baptist Church								
	Amount (\$) \$150.00		Payee address;City;State;115 W. Belt Line Road	Zip Co	le						
			DeSoto, TX 75115								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ht		Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 6/30 Rpt: 33/59	Williams, Staci (The Honorable)	00069606						
4	Date 05/19/2023	5 Payee name Cremona Bistro							
6	Amount (\$) 7 Payee address; City; State; Zip Code 2704 Worthington St. Dallas, TX 75201								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Image: Lunch with supporter Image: Check if Schedule T.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/10/2023	Dallas Bar Association							
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 2101 Ross Ave.							
		Dallas, TX 75201							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/25/2023	Dallas Bar Association							
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 2101 Ross Ave.							
		Dallas, TX 75201							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense DNSORShip						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 7/30 Rpt: 34/59		Williams, Staci (The Honorable)					00069606		
4	Date	5	Payee name				I			
	05/12/2023		Dallas Bar Association							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$4.00		2101 Ross Ave.							
			Dallas, TX 75201							
8	PURPOSE	(a)			(b)	Description				
ľ	OF	(4)	Category (See Categories listed at the top of this see Travel In District	chedule)	()		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense		
						Parking				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	05/18/2023		Dallas Bar Association							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$4.00		2101 Ross Ave.							
			Dallas, TX 75201							
	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description				
	OF EXPENDITURE	Travel In District						ide of Texas. Complete Schedule T.		
						Parking	, TX,	, officeholder living expense		
						Faiking				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held		
	expenditure to benefit C/Oł			Office Soc	igin					
_	Date		Davias nama							
	05/18/2023		Payee name Dallas Bar Association							
_				oi Zin Co	ada					
	Amount (\$)		5	e; Zip Co	bae					
	\$15.00		2101 Ross Ave.							
			Dallas, TX 75201							
	PURPOSE	(2)			(h)	Description				
	OF	(4)	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)	()		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense		
						Lunch				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held		
	expenditure to benefit C/OI	1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	3 Filer ID (Ethics Commission Filers)		
	Sch: 8/30 Rpt: 35/59		Williams, Staci (The Honorable)				00069606		
4	Date 03/23/2023	5 Payee name Dallas County Democratic Party							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$103.45 1414 N. Washington Dallas, TX 75202 Dallas, TX 75202								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Sponsorship									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght		Office held		
	Date		Payee name						
	06/15/2023		Dallas County Democratic Party						
	Amount (\$) \$5,000.00		Payee address; City; State 1414 N. Washington Dallas, TX 75202	e; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Advertising Expense	hedule)		travel out Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense nsorship		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held						
	Date		Payee name						
	06/23/2023		Dave the Printer						
	Amount (\$) \$192.67		Payee address; City; State 2338 Irving Blvd.	e; Zip Co	ode				
			Dallas, TX 75201		i				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Office Overhead/Rental Expense	hedule)		travel out Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense MS		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen ittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 9/30 Rpt: 36/59		villiams, Staci (The Honorable)					00069606	
4	Date 04/24/2023		ayee name ooubleTree Suites						
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$381.06 303 W. 15th St. Austin, TX 78701								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Hotel for Texas Women's Judge's Day						c, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held	
	Date	F	ayee name						
	04/23/2023	E	ddie V's						
	Amount (\$) \$215.00	3	ayee address; City; 01 E. 5th St. ustin, TX 78701	State;	Zip Coo	e			
	PURPOSE OF EXPENDITURE	(a) (ategory (See Categories listed at the top ravel Out of District	of this sche	edule)	Check if Austir	n, τx, Judg	side of Texas. Complete Schedule T. K, officeholder living expense ges in town for Women's Day at the Ire	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H						Office held	
	Date	F	ayee name						
	03/31/2023		edEx						
	Amount (\$) \$101.80		ayee address; City; 02 Ross Ave.	State;	Zip Coo	e			
		۵	allas, TX 75202						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top office Overhead/Rental Expens		edule)		ı, TX,	side of Texas. Complete Schedule T. K, officeholder living expense C C	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	office Over ense Polling Ex als Expense Printing Ex	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		•	•	3 Filer ID (Ethics Commission Filers)				
1	Sch: 10/30 Rpt: 37/59	Williams, Staci (The Honorable) 00069606							
4	Date 04/27/2023	Payee name Forest Car Wash							
6	Amount (\$) \$28.99	ayee address; City; 415 Forest Lane Dallas, TX 75244	State; Zip Co	de					
8	B 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 Car wash for event								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				
	Date	ayee name							
	06/15/2023 George Allen Garage/ABM								
	Amount (\$) \$40.00	ayee address; City; 00 Commerce Dallas, TX 75202	State; Zip Co	de					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed)			outside of Texas. Complete Schedule T. , TX, officeholder living expense Staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				
	Date	ayee name							
	01/26/2023	George Allen Garage							
	Amount (\$) \$40.00	ayee address; City; 00 Commerce	State; Zip Co	de					
		allas, TX 75202							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed Office Overhead/Rental E			outside of Texas. Complete Schedule T. , TX, officeholder living expense taff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loa Offi Poll Dense Prir Sala	n Repaym ce Overhe ing Expen iting Exper aries/Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)
1	Sch: 11/30 Rpt: 38/59	Williams, Staci (The Honorable) 00069606							(,
4	Date 01/26/2023	Payee name George Allen Garage							
6	Amount (\$) \$40.00	Payee address; City; State; Zip Code 600 Commerce Street Dallas, TX 75201							
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PURPOSE Purpose Purpose OF Expenditure Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Office	e sought	:		Office he	eld
	Date	Payee	name						
03/06/2023 George Allen Garage									
	Amount (\$) Payee address; City; State; Zip Code \$40.00 600 Commerce 600 Commerce								
	PURPOSE OF EXPENDITURE	a) Catego	s, TX 75202 Dry (See Categories listed at the to Overhead/Rental Exper) (b)		n, TX,	ide of Texas. Com , officeholder living for Staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Office	e sought	:		Office he	eld
	Date	Payee	name						
	06/12/2023	Go Da							
	Amount (\$) \$204.29		address; City; E. Go Daddy Way	State; Zij	o Code				
		Temp	e, AZ 85284						
	PURPOSE OF EXPENDITURE		Dry (See Categories listed at the tr Overhead/Rental Exper) (b)		n, TX,	ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Office	e sought	:		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Ex Printing Ex Salaries/W	pense pense pens (pens /ages	e /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 co	mpie	ete this form.		
1	Total pages Schedule F1: Sch: 12/30 Rpt: 39/59		FILER NAME Williams, Staci (The Honorable)				3	Filer ID (Ethics Commission Filers) 00069606
4	Date	5	Payee name					
	06/23/2023		Go Daddy					
6	Amount (\$) \$35.69		Payee address; City; State 14455 N.Hayden Road Scottsdale, AZ 85260	e; Zip Co	de			
8	PURPOSE	(a)	Category (See Categories listed at the tap of this ca	hodulo)	(b)	Description		
	OF EXPENDITURE	OF Office Overhead/Rental Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	06/13/2023		Greyhound Lines					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$89.96 350 N. St. Paul Street							
			Patriot Tower Dallas, TX 75201					
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sch Travel Out of District	hedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense DNIO
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	06/27/2023		Honk Parking					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$7.35		Maverick Stadium					
			UT Arlington					
			Arlington, TX 76001					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel Out of District	hedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense t
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr By - Gift/Awards/Memorials Expense Printing Expense Tr				Travel in District Travel Out of Dist	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/30 Rpt: 40/59	Williams, Staci (The Honorable) 00069606							· · · · · · · · · · · · · · · · · · ·
4	Date	5 Paye	e name						
	04/26/2023	Hou	ston Chronicle						
6	Amount (\$)	7 Paye	Payee address; City; State; Zip Code						
	\$19.96	474	7 Southwest Fwy						
		Hou	ston, TX 77027						
8	PURPOSE	(a) Cate	gory (See Categories listed at the to	on of this sched	dula)	b) Description			
			e Overhead/Rental Exper		uuic)		outsi	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE						n, TX,	, officeholder living	expense
						Subscription			
9	Complete ONLY if direct expenditure to benefit C/OF		date/Officeholder name	Of	ffice soug	ht		Office he	ld
	Date	Pave	e name						
	05/24/2023		ston Chronicle						
	Amount (\$) Payee address; City; State; Zip Code								
	\$19.96 4747 Southwest Fwy								
	¢10.00	-11-1	oodanwest i wy						
		Hou	ston, TX 77027						
	PURPOSE	(a) Cate	gory (See Categories listed at the to	p of this sched	dule)	b) Description			
	OF EXPENDITURE	Offic	e Overhead/Rental Exper	ise				ide of Texas. Comp , officeholder living	
						Subscription	I, I A,	, onicendider living	expense
						Subscription			
	Complete ONLY if direct	Candi	date/Officeholder name	Of	ffice soug	ht		Office he	ld
	expenditure to benefit C/OI			0.				0.1100.110	
-	Date	Dav.	e name						
	06/21/2023	-	ston Chronicle						
				Stato:	Zip Coc	0			
	Amount (\$) \$19.96		e address; City; 7 Southwest Fwy	State,	Zip Cut	e			
	φ19.90	474	Southwest Fwy						
		Нон	ston, TX 77027						
	PURPOSE					b) Description			
	OF		gory (See Categories listed at the to e Overhead/Rental Exper		dule)		outsi	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE	Onic		130				, officeholder living	
						subscription			
	Complete <u>ONLY</u> if direct		date/Officeholder name	Of	ffice soug	ht		Office he	ld
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel (y - Gift/Awards/Memorials Expense Printing Expense Travel (Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 14/30 Rpt: 41/59		Williams, Staci (The Honorable)					00069606		
4	Date	5	Payee name							
	06/18/2023		Hyatt Regency San Antonio							
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode					
-	\$135.00		123 Losoya	·····, p ·						
			San Antonio, TX 78205							
_	DUDDOOF				10.					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(d)	Description	outei	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District					, officeholder living expense		
						Hotel for CLE	-			
9	Complete ONLY if direct	(Candidate/Officeholder name	Office so	ught			Office held		
	expenditure to benefit C/OI	Н			0					
	Date		Payee name							
	06/03/2023		Hyatt Regency Washington							
					! -					
	Amount (\$)			State; Zip C	oae					
	\$1,246.66 400 New Jersey Ave									
			Washington , DC 20036							
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.		
								, officeholder living expense Is for Supreme Court Swearing in		
						Accommodal	.1011	s for Supreme Court Swearing in		
	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office held		
	expenditure to benefit C/Oł			Onice 30	agin					
_	Data	<u> </u>								
	Date 01/12/2023		Payee name Inn of Court							
	Amount (\$)			State; Zip C	oae					
	\$90.00		16600 Dallas Parkway							
			Suite 200							
			Dallas, TX 75248							
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.		
							, 17,	, officeholder living expense		
						2400				
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office so				Office held		
	expenditure to benefit C/OI				agiit					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tegal Services The Instruction Guide explains	Office O Polling E Printing Salaries	verhea Expens Expen /Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Tatal pages Cabadula F1.	-	· · ·	5 11000 10 0	ompi		<u> </u>	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 15/30 Rpt: 42/59	z	Williams, Staci (The Honorable)				3	Filer ID (Ethics Commission Filers) 00069606
4	Date	5	Payee name					
	01/08/2023		Interdemoninational Ministerial Allian	се				
6	Amount (\$)	7	Payee address; City; State	e; Zip C	ode			
	\$480.00		3700 Simpson Stuart Road					
			Dallas, TX 75241					
8	DUDDOSE	(0)			(b)	Description		
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(0)	Description	nutsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense					, officeholder living expense
								annual dinner
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	01/23/2023		Jet Couriers					
	Amount (\$)			e; Zip C	odo			
	.,			e, zip c	oue			
	\$20.91	\$26.91 1705 Wallace Drive						
			Carrollton, TX 75006					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Courier Servi	се	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	05/02/2023		Jet Couriers					
	Amount (\$)		Payee address; City; State	e; Zip C	ode			
	\$27.94		1705 Wallace Drive	с, <i>2</i> iр с	ouc			
	ΨΖ1.34		1705 Wallace Drive					
			Carrollton, TX 75006					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
			Office Overhead/Rental Expense	,		Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense
						courier servic	e	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held
	expenditure to benefit C/OI	H						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wage/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 16/30 Rpt: 43/59	Williams, Staci (The Honorable)	00069606					
4	Date	Payee name						
	04/24/2023	Kroger Fuel Center						
6	Amount (\$) \$40.52	7 Payee address; City; State; Zip Code 536 Centennial Richardson, TX 75081						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF OF EXPENDITURE Travel Out of District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/01/2023	LAZ Parking						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10.00	1515 Elm Street Dallas, TX 75202						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense vearing in Ceremony					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/31/2023	LYFT, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$29.88	548 Market Street						
		Suite 68514						
		San Francisco, CA 94104						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense n in DC					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 17/30 Rpt: 44/59	Williams, Staci (The Honorable)	00069606					
4	Date 05/31/2023	Payee name LYFT, Inc.						
6	Amount (\$) \$27.83	7 Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104						
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Ttransportation in DC							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
06/02/2023 LYFT, Inc.								
	Amount (\$) \$23.29	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. :tin, TX, officeholder living expense tion in DC					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/03/2023	LYFT, Inc.						
	Amount (\$) \$26.62	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104 San Francisco, CA 94104						
	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense tion in DC					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement 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.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 18/30 Rpt: 45/59	Williams, Staci (The Honorable)	00069606					
4	Date 06/05/2023	Payee name LYFT, Inc.						
6	Amount (\$) \$34.46	7 Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation in DC							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/15/2023	LYFT, Inc.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$8.99	548 Market Street Suite 68514 San Francisco, CA 94104						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense n in San Antonio					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/29/2023	Lone Star Donuts						
	Amount (\$) \$28.26	Payee address; City; State; Zip Code 1727 N. Beckley Ave						
		Dallas, TX 75247						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rors and staff					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 19/30 Rpt: 46/59	Williams, Staci (The Honorable)	00069606				
4	Date 03/19/2023	Payee name Lowe's #515					
6	Amount (\$) \$8.57	Payee address; City; State; Zip Code 11920 Inwood Road Dallas, TX 75244					
8	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Diffice Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Cleaner						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/07/2023	MLK Scholarship Banquet					
	Amount (\$) \$450.00	Payee address; City; State; Zip Code 2922 MLK Blvd Dallas, TX 75215					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I F				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/23/2023	National Bar Association					
	Amount (\$) \$350.00	Payee address;City;State;Zip Code1816 12th Street, NW					
		Washington, DC 20009					
	PURPOSE OF EXPENDITURE		nutside of Texas. Complete Schedule T. TX, officeholder living expense e Court swearing in				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Enter Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 20/30 Rpt: 47/59	Williams, Staci (The Honorable) 00069606						
4	Date 05/21/2023	5 Payee name National Bar Association						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$375.00	1816 12th Street, NW						
		Washington, DC 20009						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Comparison of the compar							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/21/2023	National Bar Association						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$600.00	1816 12th Street, NW Washington, DC 20009						
	PURPOSE OF EXPENDITURE	O Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if travel Check if Austin Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense for annual CLE program					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
⊨	Date	Payee name						
	03/30/2023	Neboh, Chris						
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 600 Commerce 600 Commerce 600 Commerce 600 Commerce						
		Dallas, TX 75202						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense FOTS					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 21/30 Rpt: 48/59		Williams, Staci (The Honorable)					00069606	
4	Date	5	Payee name						
	04/23/2023		Nordstrom						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$172.06		1600 Seventh Ave.						
			Suite 2600						
			Seattle, WA 98101						
8	PURPOSE	<u> </u>				b) Decemination			
ľ	OF		Category (See Categories listed at the top of Office Overhead/Rental Expense	this sched	lule)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Eternity Flow	ers	for Staff Member's family	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Off	fice soug	ht		Office held	
	Date		Payee name						
	02/24/2023		Pappadeaux						
	Amount (\$)		Payee address; City;	State;	Zip Coc	e			
	\$38.14 18349 Dallas Pkwy								
			Dallas, TX 75287						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of 1 Food/Beverage Expense	this sched	dule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense D ORTER	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Off	fice soug	ht		Office held	
	Date		Payee name						
	06/12/2023		Preston Hollow Democrats						
	Amount (\$)		Payee address; City;	State:	Zip Coc	e			
	\$285.00		P O Box 670631	,		-			
			Dallas, TX 75367-0631						
	PURPOSE OF		Category (See Categories listed at the top of	this sched	dule)	b) Description			
	EXPENDITURE		Advertising Expense			Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense d meeting sponsor	
-	Complete ONLY if direct		andidate/Officeholder name	Off	fice soug	ht		Office held	
	expenditure to benefit C/OI				nee souy				
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 22/30 Rpt: 49/59	Williams, Staci (The Honorable)	00069606					
4	Date 01/09/2023	5 Payee name Sam's Club 6376						
6	Amount (\$) \$271.32	7 Payee address; City; State; Zip Code 4062 LBJ Fwy. Dallas, TX 75244						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense • for jurors and staff					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/20/2023	Southwest Airlines						
	Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 36611						
		Dallas, TX 75235						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense 2 S					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/05/2023	Southwest Airlines						
	Amount (\$) \$517.96	Payee address; City; State; Zip Code P.O. Box 36611						
		Dallas, TX 75235						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense cial CLE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburger Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this for	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 23/30 Rpt: 50/59	Williams, Staci (The Honorable)	00069606					
4	Date	Payee name	•					
	03/21/2023	Southwest Airlines						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$625.94	P.O. Box 36611						
		Dallas, TX 75235						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	ntion					
-	OF		ck if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		ck if Austin, TX, officeholder living expense					
		Airfar	e Supreme Court Swearing In					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/28/2023	Stonewall Democrats of Dallas						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$324.00	P.O. Box 192305						
		Dallas, TX 75219						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descri	•					
	EXPENDITURE		ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense					
	Membership and sponsorship							
		Went						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	Sandidate/Oniceriolaer name Onice Sought	Office field					
_								
	Date	Payee name						
	05/22/2023	Texas Center for the Judiciary						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$75.00	1210 San Antonio Street						
		Austin, TX 78701						
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	ption					
	OF EXPENDITURE	Office Overhead/Rental Expense	ck if travel outside of Texas. Complete Schedule T.					
			ck if Austin, TX, officeholder living expense					
		CLE f	ee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	superioration to benefit 0/01							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
_	Sch: 24/30 Rpt: 51/59	Williams, Staci (The Honorable)	00069606					
4	Date	Payee name						
	05/27/2023	Texas Center for the Judiciary						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$75.00 1210 San Antonio Street							
		Austin, TX 78701						
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
		CLE for Cour						
9 Complete ONLY if direct candidate/Officeholder name office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought								
	Date	Payee name						
	06/15/2023	Texas Center for the Judiciary						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$75.00	1210 San Antonio Street						
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/15/2023	Texas Center for the Judiciary						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$75.00	1210 San Antonio Street						
		Austin, TX 78701						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
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	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 25/30 Rpt: 52/59	Williams, Staci (The Honorable)	00069606						
4	Date	Payee name							
	05/15/2023	Texas Criminal Defense							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$400.00	\$400.00 6808 Hill Meadow Drive							
		Austin, TX 78736							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	OF Office Overhead/Rental Expense Office Overhead/Rental Expense							
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	05/22/2023	The Blue Fish							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$84.00	320 W. Las Colinas Blvd							
		Irving, TX 75039							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense upporter						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/01/2023	The Links, Inc. (Dallas Chapter)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	P.O. Box 191003							
		Dallas, TX 75219-1003							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Women who STEM						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T / - Gift/Awards/Memorials Expense Printing Expense T				Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)
	Sch: 26/30 Rpt: 53/59		taci (The Honorab	le)				00069606	
4	Date	Payee name					I		
	02/14/2023	The People							
6	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	le			
	\$800.00	901 Mockin	igbird Lane						
		Desoto, TX	75115						
8	PURPOSE OF		ee Categories listed at the	top of this sche	edule)	b) Description			
	EXPENDITURE	Advertising	Expense					ide of Texas. Com , officeholder living	nplete Schedule T.
						Sponsorship			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							eld		
	Date	Payee name							
	05/25/2023	Tiff's Treats	5						
	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	le			
	\$43.53	4301 W. W	illiam Cannon						
		Austin, TX	78740						
	PURPOSE OF EXPENDITURE		ee Categories listed at the l head/Rental Expe		edule)		n, TX,	, officeholder living	nplete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0)ffice souç	ht		Office h	eld
	Date	Payee name						-	
	06/16/2023	Tiff's Treats	6						
	Amount (\$)	Payee addre	ss; City;	State;	Zip Coo	le			
	\$70.31	4301 W. W	illiam Cannon						
		Austin, TX	78740						
	PURPOSE	Category (S	ee Categories listed at the t	top of this sche	edule)	b) Description			
	OF EXPENDITURE		head/Rental Expe				n, TX,	ide of Texas. Com , officeholder living	nplete Schedule T. g expense
-	Complete ONLY if direct	Candidate/Off	iceholder name	0	Office soug	ht		Office h	eld
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_		1_	The Instruction Gui	de explains	now to col	nplete this form.	1_	
1	Total pages Schedule F1: Sch: 27/30 Rpt: 54/59	edule F1:2FILER NAME3Filer ID(Ethics Commissiont:54/59Williams, Staci (The Honorable)00069606						
4	Date	5	Payee name				I	
	04/10/2023		Wal-Mart					
6	Amount (\$) \$16.95		Payee address; City; 9410 Webb Chapel	State;	; Zip Co	de		
			Dallas, TX 75220					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Office Overhead/Rental Expe		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
05/24/2023 Westin Hotel- Irving								
	Amount (\$) \$368.00		Payee address; City; 400 W. Las Colinas Blvd.	State;	; Zip Co	de		
	PURPOSE OF EXPENDITURE	(a)	Irving, TX 75039 Category (See Categories listed at the Travel In District	top of this sch	iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense eminar
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	01/28/2023		Wilkers, Cassandra					
	Amount (\$) \$500.00		Payee address; City; 600 Commerce Street	State;	; Zip Co	de		
			Dallas, TX 75201					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Office Overhead/Rental Expe		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense S
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 28/30 Rpt: 55/59	Williams, Staci (The Honorable)	00069606					
4	Date 01/04/2023	Payee name Williams, Staci						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
U	\$16,792.00	P.O. Box 225321						
		DALLAS, TX 75222						
8	PURPOSE OF EXPENDITURE		nutside of Texas. Complete Schedule T. TX, officeholder living expense ent for political expenses paid for with S.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/14/2023	ZOOM.US						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$31.96	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 of Check if travel of C	utside of Texas. Complete Schedule T. TX, officeholder living expense t					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/14/2023	ZOOM.US						
	Amount (\$) \$31.96	Payee address; City; State; Zip Code 55 Almaden Boulevard						
		6th Floor San Jose, CA 95113						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 29/30 Rpt: 56/59	Williams, Staci (The Honorable)	00069606					
4	Date 03/14/2023	Payee name ZOOM.US						
6	Amount (\$) \$34.10	Y Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/13/2023	ZOOM.US						
	Amount (\$) \$34.10	Payee address; City; State; Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 95113						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date 05/13/2023	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		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District I Committee The Instruction Guide explains to complete this form.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 30/30 Rpt: 57/59	Williams, Staci (The Honorable) 00069606
Date 06/13/2023	5 Payee name ZOOM.US
Amount (\$) \$34.10	 7 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 License
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Accounting/Bainking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 30/30 Rpt: 57/59 Date 06/13/2023 Amount (\$) \$34.10 PURPOSE OF EXPENDITURE

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

-	The Instru	ctio	on Guide explains how to complete this form.	1	1 Total pages Schedule K: Sch: 1/1 Rpt: 58/59		
2	FILER NAME			Filer ID	D (Ethics Commission	Filers)	
	Williams, Sta	aci ((The Honorable)		00069	9606	
4		5	Name of person from whom amount is received			8 Amount (\$)	
	03/20/2023		Amazon				\$54.11
		6	Address of person from whom amount is received; City; State; Zip Code				
			Seattle, WA 98109				
		7	Purpose for which amount is received Check if	politi	cal cont	ribution returned to filer	
			Returned item				
F	Date		Name of person from whom amount is received			Amount (\$)	
	06/04/2023		Hyatt Regency Washington				\$95.68
			Address of person from whom amount is received; City; State; Zip Code			•	
			Washington, DC 20001 Purpose for which amount is received Check if				
		ribution returned to filer					
			Refund				
	Date		Name of person from whom amount is received	_	_	Amount (\$)	
	06/26/2023		Texas Center for the Judiciary				\$75.00
			Address of person from whom amount is received; City; State; Zip Code				
			Austin, TX 78701				
		\vdash		politi	cal cont	I ribution returned to filer	
			Refund				
		I					

TEXT ANNOTATION

Sch: 1/1 Rpt: 59/59

FILER NAME	Filer ID (Ethics Commission Filers)
Williams, Staci (The Honorable)	00069606

Schedule A(J)1

Information entered by filer as a memo:

Donations received after March 7th were designated for the office holder account primarily for the Citizens Civil Academy . These donations were made on-line .