

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087957	2 Total pages filed: 50				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Dawn T.	MI MI	OFFICE USE ONLY			
	NICKNAME Dawn Richardson	LAST Williams-Richardson	SUFFIX		Date Received ELECTRONICALLY FILED 07/15/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 690523 Killeen, TX 76549			Date Hand-delivered or Date Postmarked			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Delise D.	MI MI				
	NICKNAME	LAST Coleman	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3102 Claymore Street Killeen, TX 76542						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(757)	575-5554					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	2024		06	30	2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 54			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Williams-Richardson, Dawn T. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00087957
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table style="width:100%"> <tr> <td style="width:20%"><input type="checkbox"/> GENERAL</td> <td style="width:80%">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	<input type="checkbox"/> GENERAL	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	<input type="checkbox"/> GENERAL	COMMITTEE NAME								
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS									

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,417.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,471.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,344.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Dawn T. Williams-Richardson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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18 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00087957
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,417.65
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,893.32
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 578.26
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/31 Rpt: 4/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aarnio, Kate <hr/> 6 Contributor address; City; State; Zip Code Voorheesville, NY 12186	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Operations Mgmt		9 Employer (See Instructions) ICPD
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Riakos <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnew, Virginia <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$20.84
Principal occupation / Job title (See Instructions) attorneys		Employer (See Instructions) Herring & Irwin, L.L.P.
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Laura <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Shelley <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/31 Rpt: 5/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Wanda <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76549	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Paraprofessional Special education		9 Employer (See Instructions) Killeen Independent School district
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Philip <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Philip <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Sam <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Liaison Resources
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOSTON, ANDREA <hr/> Contributor address; City; State; Zip Code Kempner, TX 76539	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) KISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/31 Rpt: 6/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, David <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20010	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Federal
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Jenci <hr/> Contributor address; City; State; Zip Code Queens Village, NY 11429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barlow, Teresa <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) KISD
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartsch, Carol <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) UTMB
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bason, Eartha (Mrs.) <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/31 Rpt: 7/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bason, Norman (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Killeen, TX 76542	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell County Texas Democratic Women	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellard, Ramona	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) KISD
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellard, Ramona	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) KISD
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blocker, Jalen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tallahassee, FL 32313	
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) UofH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/31 Rpt: 8/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Christina <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20016	7 Amount of Contribution (\$) \$7.15
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions) Cypress
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brading, Jessica <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548-2093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Killeen ISD
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent, Rachel (Mrs.) <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Nina <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) bookkeeper and artist		Employer (See Instructions) self
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brosnihan, Kerry <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/31 Rpt: 9/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Arthur	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Killeen, TX 76549	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Jill	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Killeen, TX 76549	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burlison, Shelley	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Brandy L. L.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Killeen, TX 76547	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Gary (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Salado, TX 76571	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/31 Rpt: 10/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Gary and Melanie	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Salado, TX 76571		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Pamela	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Temple, TX 76502		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sidecar Health
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Conner	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77023		
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Rice University
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78762		
Principal occupation / Job title (See Instructions) management consulting		Employer (See Instructions) self
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Elton	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/31 Rpt: 11/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78756	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Susan <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Criss & Rousseau Law Firm, LLP.
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Russell <hr/> Contributor address; City; State; Zip Code Bronx, NY 10475	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) CUNY
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kimberly (Ms.) <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Los Santos, Christina <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/31 Rpt: 12/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Shiree	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code KILLEEN, TX 76549		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Kisd
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Shiree	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code KILLEEN, TX 76549		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Kisd
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobinson, Denise (Ms.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Killeen, TX 76549		
Principal occupation / Job title (See Instructions) Stylist		Employer (See Instructions) Self
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egg, Richard (Mr.)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Salado, TX 76571		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eneli, Ayayi	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Belton, TX 76513		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Kaneli International inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/31 Rpt: 13/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris, Lilian Ann (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Killeen, TX 76549-3853	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fehr, Stefan	Amount of Contribution (\$) \$2.09
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Austin Public Health
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, David	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Temple, TX 76504	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Field, Megan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Shirley (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Killeen, TX 76541	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/31 Rpt: 14/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 02/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fomel, SERGEY <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$3.58
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) The University of Texas at Austin
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford D.D.S, Lavelle (Dr.) <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forsythe, Sandra <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Amy <hr/> Contributor address; City; State; Zip Code San Saba, TX 76877	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Eichelbaum Wardell
Date 03/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garth, Becky <hr/> Contributor address; City; State; Zip Code Temple, TX 76504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/31 Rpt: 15/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) German, Lillian	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Washington, DC 20002		
8 Principal occupation / Job title (See Instructions) director of government relations		9 Employer (See Instructions) Ferring Pharmaceuticals
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gober, Kenneth	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Lee, Gober & Reyna
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace, Horace (Mr.)	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Killeen, TX 76547		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermann, Heather	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Temple, TX 76502		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78726		
Principal occupation / Job title (See Instructions) Yoga Instructor		Employer (See Instructions) LASR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/31 Rpt: 16/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinshaw, Joan	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Nolanville, TX 76559-4518		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Mary (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Killeen, TX 76549-3756		
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Killeen, TX 76549-3756		
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Killeen, TX 76549-3756		
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/31 Rpt: 17/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 03/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76549-3756	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Public relations		9 Employer (See Instructions) Hamumu Games Inc
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549-3756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549-3756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549-3756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hommel, Solange <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549-3756	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public relations		Employer (See Instructions) Hamumu Games Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/31 Rpt: 18/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huggins, Roosevelt (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Killeen, TX 76543	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunziker, J Emil	Amount of Contribution (\$) \$20.84
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey, Rodney	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Killeen, TX 76549	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Killeen Independent School District
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Grace (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Nolanville, TX 76559	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jupiter, Ron	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Killeen, TX 76548	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/31 Rpt: 19/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiser, Joan <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22201	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Mgmt & Prog Analyst		9 Employer (See Instructions) Federal Govt
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keysor, Georgia <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacatena, Steve <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99516	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lachmann, Suzanne <hr/> Contributor address; City; State; Zip Code Rye, NY 10580	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jennifer <hr/> Contributor address; City; State; Zip Code Temple, TX 76504	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Killeen ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/31 Rpt: 20/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76504	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Candidate		9 Employer (See Instructions) Jennifer Lee for HD55
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/31 Rpt: 21/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maines, Joe (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Florence, TX 76527	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCullough, Barbara	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonagh, Kathleen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78722-1126	
Principal occupation / Job title (See Instructions) Early Childhood Music Specialist		Employer (See Instructions) Armstrong Community Music School
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaelsen, Hedrich	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Louie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Killeen, TX 76541	
Principal occupation / Job title (See Instructions) County Commissioner Pct4		Employer (See Instructions) Bell County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/31 Rpt: 22/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Julie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$2.09
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Hansell <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Social work		Employer (See Instructions) Self
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Hansell <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social work		Employer (See Instructions) Self
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Hansell <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social work		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/31 Rpt: 23/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Hansell	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code New York, NY 10011		
8 Principal occupation / Job title (See Instructions) Social work		9 Employer (See Instructions) Self
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Hansell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10011		
Principal occupation / Job title (See Instructions) Social work		Employer (See Instructions) Self
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Hansell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10011		
Principal occupation / Job title (See Instructions) Social work		Employer (See Instructions) Self
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Hansell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10011		
Principal occupation / Job title (See Instructions) Social work		Employer (See Instructions) Self
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfiester, Nancy (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Harker Heights, TX 76548-8676		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/31 Rpt: 24/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfiester, Nancy (Ms.)	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Harker Heights, TX 76548-8676	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruitt, Pamela D	Amount of Contribution (\$) \$4.17
	Contributor address; City; State; Zip Code Austin, TX 78751-3316	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabroker, Amelia	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Tap Tap art
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Marvin (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resa, Arthur (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/31 Rpt: 25/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 03/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Wanda	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Killeen, TX 76542		
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions) SMCS
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Lesley	Amount of Contribution (\$) \$2.78
Contributor address; City; State; Zip Code Kearny, NJ 07032		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Lesley	Amount of Contribution (\$) \$11.12
Contributor address; City; State; Zip Code Kearny, NJ 07032		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Lesley	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Kearny, NJ 07032		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Elaine	Amount of Contribution (\$) \$8.33
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) copyeditor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/31 Rpt: 26/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Alexandra (Ms.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Killeen, TX 76549-2900	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathryn	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) self
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Nora	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) KISD
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Nora	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Killeen, TX 76542	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Sibyl	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) KISD

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/31 Rpt: 27/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 02/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sias-Chinn D.D.S, Barbara (Dr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Harker Heights, TX 76548	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Donald	Amount of Contribution (\$) \$8.34
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snow, Mollie	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code Austin, TX 78750-8140	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Wayne	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Killeen, TX 76549	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) KISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/31 Rpt: 28/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Lynn	7 Amount of Contribution (\$) \$4.16
6 Contributor address; City; State; Zip Code Austin, TX 78723		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Travis County
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stidom, Wanda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Harker Heights, TX 76548		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) KISD
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Duncan	Amount of Contribution (\$) \$3.58
Contributor address; City; State; Zip Code Bryan, TX 77803-4411		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Gary	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Buda, TX 78610		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomason, Heidi	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Antonio, TX 78248		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/31 Rpt: 29/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 02/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treece, Deborah <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-3942	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, HL <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) caregiving consultant		Employer (See Instructions) self
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, HL <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) caregiving consultant		Employer (See Instructions) self
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, HL <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$3.58
Principal occupation / Job title (See Instructions) caregiving consultant		Employer (See Instructions) self
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Von Pfeil, Rick <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/31 Rpt: 30/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Sammson L <hr/> 6 Contributor address; City; State; Zip Code Copperas Cove, TX 76522	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Xiaoying <hr/> Contributor address; City; State; Zip Code Cardiff By The Sea, CA 92007	Amount of Contribution (\$) \$2.15
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, M <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Rechell <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ISS		Employer (See Instructions) USCIS
Date 03/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Eddie <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Dr. Eddie West

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/31 Rpt: 31/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Matt (Mr.)	7 Amount of Contribution (\$) \$80.00
6 Contributor address; City; State; Zip Code Temple, TX 76504		
8 Principal occupation / Job title (See Instructions) Retired Veteran		9 Employer (See Instructions)
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow, Stuart	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Angenet	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Killeen, TX 76549		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Killeen ISD
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Ken	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Killeen, TX 76549		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rickey	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Killeen, TX 76549		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/31 Rpt: 32/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams-Richardson, Dawn (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76542	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Jerry <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Theater Technician		Employer (See Instructions) ASM Global
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Roberta <hr/> Contributor address; City; State; Zip Code Killeen, TX 76543	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Attendance officer		Employer (See Instructions) KISD
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Roberta <hr/> Contributor address; City; State; Zip Code Killeen, TX 76543	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Attendance officer		Employer (See Instructions) KISD
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson Jr., Charles L. <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/31 Rpt: 33/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Alfreda (Mrs.)	7 Amount of Contribution (\$) \$160.00
	6 Contributor address; City; State; Zip Code Killeen, TX 76542	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kristin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Killeen, TX 76549-3057	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xeros, Peter	Amount of Contribution (\$) \$14.29
	Contributor address; City; State; Zip Code Burr Ridge, IL 60527	
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Grainger
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) adrian, miohael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code austin, TX 78763	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) dukes, james	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Harker Heights, TX 76548	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/31 Rpt: 34/50
2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087957
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilkerson, angenet <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76549	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Killeen ISD
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilkerson, angenet <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Killeen ISD
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilkerson, angenet <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Killeen ISD
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilkerson, angenet <hr/> Contributor address; City; State; Zip Code Killeen, TX 76549	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Killeen ISD

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/15 Rpt: 35/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
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4 Date 01/26/2024	5 Payee name AFL-CIO COPE 2024
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code Texas AFL-CIO 1106 Lavaca St. #200 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration for the AFL-CIO Cope Convention Dinner
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/23/2024	Payee name Amazon.com
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Amount (\$) \$53.25	Payee address; City; State; Zip Code 440 Terry Ave. N Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plates, Cups, Decorations
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/25/2024	Payee name Amazon.com
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Amount (\$) \$17.07	Payee address; City; State; Zip Code 440 Terry Ave. N Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Backdrop
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/15 Rpt: 36/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
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4 Date 06/25/2024	5 Payee name Amazon.com
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6 Amount (\$) \$27.21	7 Payee address; City; State; Zip Code 440 Terry Ave. N Seattle, WA 98109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/04/2024	Payee name Ashley Rene Design & Editing
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Amount (\$) \$525.00	Payee address; City; State; Zip Code 61-61 Woodhaven Blvd., #7J Rego Park, NY 11374
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design of Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/09/2024	Payee name Austin Bergstrom/AUS
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Amount (\$) \$69.00	Payee address; City; State; Zip Code ABIA Parking Austin, TX 78719
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking while at Democratic State Convention in El Paso
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/15 Rpt: 37/50	2	FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087957
4	Date 06/26/2024	5	Payee name Cavazos Clear Creek Class Six		
6	Amount (\$) \$194.34	7	Payee address; City; State; Zip Code Bldg 4930 Fort Cavazos, TX 76544		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Liquid Refreshments		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/23/2024		Payee name Cavazos Clear Creek Main Store		
	Amount (\$) \$41.05		Payee address; City; State; Zip Code BLDG 4250 Clear Creek Rd Fort Cavazos, TX 76544		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes, Folders, Dividers, Thank You cards		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/27/2024		Payee name Collective Campaigns		
	Amount (\$) \$43.75		Payee address; City; State; Zip Code 11124 Desert Willow Loop Austin, TX 78748		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting - Cost Share for Jake Webber		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/15 Rpt: 38/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
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4 Date 04/23/2024	5 Payee name Embassy Suites
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6 Amount (\$) \$588.42	7 Payee address; City; State; Zip Code Hilton Dallas Frisco 7600 Joh Q Hammons Dr Frisco, TX 75034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Attending the TSTA State HOD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/29/2024	Payee name Farris Wheel
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Amount (\$) \$667.00	Payee address; City; State; Zip Code Tara Farms 13682 Maxdale Rd Killeen, TX 76549
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Costs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/31/2024	Payee name Greater Killeen Chamber of Commerce
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Amount (\$) \$80.00	Payee address; City; State; Zip Code 1 Santa Fe Plaza Drive Killeen, TX 76541
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Public Policy Luncheon - State of The Region
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/15 Rpt: 39/50	2	FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087957
4	Date 05/10/2024	5	Payee name H-E-B Food - Drugs		
6	Amount (\$) \$11.94	7	Payee address; City; State; Zip Code 1101 W Stan Schlueter Killeen, TX 76542		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts for Meet and Greet Event		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/10/2024		Payee name H-E-B Food - Drugs		
	Amount (\$) \$122.78		Payee address; City; State; Zip Code 1101 W Stan Schlueter Killeen, TX 76542		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Items for Meet and Greet		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/09/2024		Payee name H-E-B Food - Drugs		
	Amount (\$) \$86.30		Payee address; City; State; Zip Code 1101 W Stan Schlueter Killeen, TX 76542		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food items for Meet and Greet		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/15 Rpt: 40/50	2	FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087957
4	Date 01/04/2024	5	Payee name Harlan Clarke - Check order		
6	Amount (\$) \$27.86	7	Payee address; City; State; Zip Code Extraco Banks 100 W. Central TX EXPWY Harker Heights, TX 76548		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ordered Checks		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/01/2024		Payee name Healer Printing & Office Supply		
	Amount (\$) \$50.00		Payee address; City; State; Zip Code 906 Franklin Avenue Waco, TX 76701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/03/2024		Payee name Mi Ranchito Mex Grill		
	Amount (\$) \$52.03		Payee address; City; State; Zip Code 10640 SH-195 N Unit 107 Killeen, TX 76542		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Meeting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner during meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/15 Rpt: 41/50	2	FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087957
4	Date 01/16/2024	5	Payee name OfficeMax/Depot		
6	Amount (\$) \$16.11	7	Payee address; City; State; Zip Code 1800 Lowes Blvd Killeen, TX 76542		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copies of Flyers		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/16/2024		Payee name OfficeMax/Depot		
	Amount (\$) \$61.46		Payee address; City; State; Zip Code 1800 Lowes Blvd Killeen, TX 76542		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/15/2024		Payee name OfficeMax/Depot		
	Amount (\$) \$71.86		Payee address; City; State; Zip Code 1800 Lowes Blvd Killeen, TX 76542		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copy Paper		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/15 Rpt: 42/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
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4 Date 05/29/2024	5 Payee name Ohana Ink Co
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6 Amount (\$) \$187.74	7 Payee address; City; State; Zip Code 2206 W. Stan Schlueter Killeen, TX 76549
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Stickers (300)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/16/2024	Payee name Party City
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Amount (\$) \$24.03	Payee address; City; State; Zip Code 1500 Lowes Blvd. Ste. B Killeen, TX 76542
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balloon Clusters for Stage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/03/2024	Payee name Powerprint Tees
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Amount (\$) \$373.46	Payee address; City; State; Zip Code 2211 Sunny Lane Killeen, TX 76541
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts for volunteers to wear at events/blockwalking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/15 Rpt: 43/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
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4 Date 06/25/2024	5 Payee name R&M Smith Designs
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6 Amount (\$) \$1,662.00	7 Payee address; City; State; Zip Code 4608 Chelsea Dr Killeen, TX 76549
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catered Fundraising Dinner
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/14/2024	Payee name Rivera, Karin (Ms.)
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Amount (\$) \$175.00	Payee address; City; State; Zip Code 3902 Jake Spoon Dr. Killeen, TX 76549
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense My portion of Meet and Greet expenses for 4/14/24
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/07/2024	Payee name Sabor Restuarant
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Amount (\$) \$27.74	Payee address; City; State; Zip Code 10 Henry Trost CT El Paso, TX 79901
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch during State Democratic Convention
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/15 Rpt: 44/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
4 Date 05/13/2024	5 Payee name Sam's Club	
6 Amount (\$) \$165.95	7 Payee address; City; State; Zip Code 600 W Central Texas Expy Harker Heights, TX 76548	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food items for Meet and Greet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name Shell	
Amount (\$) \$27.79	Payee address; City; State; Zip Code 301 South 195 Georgetown, TX 78628	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for going to Candidate Training
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2024	Payee name Sound Stage Event Center	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 1535 W Stan Schlueter Loop Bldg B Killeen, TX 76549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For Event Space Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/15 Rpt: 45/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
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4 Date 02/11/2024	5 Payee name SpringHill Suites By Marriott/Austin South
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6 Amount (\$) \$128.95	7 Payee address; City; State; Zip Code 4501 South I-35 Austin, TX 78744
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hotel Stay	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Attended the Texas Democratic Women's Convention
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Texas Democrats
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Amount (\$) \$650.00	Payee address; City; State; Zip Code Texas Democratic Party PO Box 15707 Austin, TX 78761
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For VAN - Texas Voter File
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/23/2024	Payee name The UPS Store
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Amount (\$) \$107.17	Payee address; City; State; Zip Code 33 S Fort Hood Street Killeen, TX 76541-7427
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of Business Cards and Palm Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/15 Rpt: 46/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
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4 Date 02/20/2024	5 Payee name The UPS Store
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6 Amount (\$) \$63.88	7 Payee address; City; State; Zip Code 33 S Fort Hood Street Killeen, TX 76541-7427
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/08/2024	Payee name United States Postal Service
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Amount (\$) \$6.80	Payee address; City; State; Zip Code Willow Springs 2403 W Stan Schlueter Loop Killeen, TX 76549-9998
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps for Thank You cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/23/2024	Payee name United States Postal Service
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Amount (\$) \$13.60	Payee address; City; State; Zip Code Willow Springs 2403 W Stan Schlueter Loop Killeen, TX 76549-9998
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/15 Rpt: 47/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/25/2024	5 Payee name United States Postal Service	
6 Amount (\$) \$13.60	7 Payee address; City; State; Zip Code Willow Springs 2403 W Stan Schlueter Loop Killeen, TX 76549-9998	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2024	Payee name Walmart	
Amount (\$) \$137.28	Payee address; City; State; Zip Code 3404 W Stan Schlueter Loop Killeen, TX 76549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2024	Payee name Walmart	
Amount (\$) \$17.99	Payee address; City; State; Zip Code 3404 W Stan Schlueter Loop Killeen, TX 76549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tablecloths/ plates, napkins
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 14/15 Rpt: 48/50	2	FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087957
4	Date 05/15/2024	5	Payee name Walmart		
6	Amount (\$) \$63.22	7	Payee address; City; State; Zip Code 1400 Lowes Blvd Killeen, TX 76542		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poster Frames for District Maps for Display		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/10/2024		Payee name Wix.com		
	Amount (\$) \$24.89		Payee address; City; State; Zip Code 7095 Hollywood Blvd Los Angeles, CA 90028		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/13/2024		Payee name Wix.com		
	Amount (\$) \$211.33		Payee address; City; State; Zip Code 7095 Hollywood blvd. Los Angeles, CA 90028		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web hosting for the year		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 15/15 Rpt: 49/50	2	FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087957	
4	Date 05/30/2024	5	Payee name Worley Printing Co., INC			
6	Amount (\$) \$205.68	7	Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1000 Pushcards 5.5x8.5 plus set up			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/20/2024		Payee name Worley Printing Co., INC			
	Amount (\$) \$1,807.10		Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs (250)			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/09/2024		Payee name Wyndham El Paso Airport Hotel and Water Park			
	Amount (\$) \$441.69		Payee address; City; State; Zip Code 2027 Airway Blvd El Paso, TX 79925			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas State Democratic Convention Hotel Stay			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 50/50	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
4 Date 06/27/2024	5 Payee name Fort Cavazos Clear Creek Commissary	
6 Amount (\$) \$145.83 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 50001 Clear Creek Rd Fort Cavazos, TX 76544	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Drink Items for Fundraiser on 6/28
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2024	Payee name Southwest Airline	
Amount (\$) \$351.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense JUNE 6 - JUNE 9 Austin to El Paso
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/08/2024	Payee name West TX Chophouse	
Amount (\$) \$80.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1135 B Airway Blvd El Paso , TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner while at Texas State Democratic Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held