#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069606 65 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Staci NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Williams CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steven R. NAME NICKNAME LAST **SUFFIX** Shirley **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 540-9811 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

**GO TO PAGE 2** 

District Judge District 101 Dallas

Court of Appeals, Chief Justice Place 1 District 5th

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 65

13 C / OH NAME	Williams, Staci (The	Honorable)	<b>14</b> Filer ID (	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 109,905.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 99,302.33
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 49,262.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hor	norable Staci Williams	;
		Signature of	Candidate or Officeholo	der
AFFIX NO	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

### **SUBTOTALS - JC/OH**

### FORM JC/OH **COVER SHEET PG 3**

					3 01 65
	LER NAM illiams,	ME :	19 Filer ID 00069606	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	100,629.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,276.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	95,102.33
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,200.00
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	57.00

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/23 Rpt: 4/65
2	FILER NAME Williams, Sta	LER NAME illiams, Staci (The Honorable)		3	Filer ID (Ethics Commission Filers) 00069606	
4	Date 04/26/2024	<ul><li>5 Full name of contributor Aldous, Charla</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Dallas, TX 75219				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Contributor's e Aldous/Walk	employer/law firm er LLP		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/11/2024	Arnold, Kurt  Contributor address; City;	State; Zip Code			\$5,000.00
		Houston, TX 77007				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Arnold & Itki	employer/law firm		Law firm of contributor's sp	oous	e (If any)
_		s a child, law firm of parent(s) (if	anv)			
	ii continuator i	o a orma, law mm or paremillor (ii	uny)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/10/2024	BARRON, THOMAS (MI	r.)			\$250.00
		Contributor address; City; S	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/23 Rpt: 5/65
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date  04/11/2024  Baron and Blue  6 Contributor address; City; State; Zip Code  Dallas, TX 75225		7 Amount of Contribution (\$) \$5,000.00		
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	<u>I</u>
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)		
	Date 03/12/2024	Full name of contributor  Baron, Caroline  Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$5,000.00
	Contributor's I	Dallas, TX 75209 Principal Occupation		Contributor's Job Title	
	student	-ппсіраї Оссираціон		student	
	Contributor's e	employer/law firm s a child, law firm of parent(s) (if a	any)	Law firm of contributor's sp	oouse (if any)
	Date 04/16/2024	Full name of contributor  Bennett, Charles  Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$250.00
		Dallas, TX 75251			
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/23 Rpt: 6/65
2	FILER NAME Williams, Sta	IAME s, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 06/04/2024	<ul><li>5 Full name of contributor</li><li>Birmingham, Josh</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Dallas, TX 75204				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Miller Weisb	employer/law firm rod Olesky		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/13/2024	Black, Gwyneith  Contributor address; City;	State; Zip Code			\$5,000.00
		Dallas, TX 75208				
		Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Retired	employer/law firm		Law firm of contributor's sp	oous	se (If any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
		T			_	
	Date 06/27/2024	Full name of contributor Boll, George (Mr.)	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$50.00
	00/21/2024	Contributor address; City; S	State; Zip Code		<u>.</u>	<b>\$30.00</b>
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kaye Lynne	Boll				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 4/23 Rpt: 7/65	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Williams, Sta	Staci (The Honorable)		00069606		
4	Date 04/09/2024	5 Full name of contributor Burke, Aaron	out-of-state PAC (ID#	:)	7 Amount of Contribution (\$) \$2,500	.00
		6 Contributor address; City;	State; Zip Code			
		Dallas, TX 75270				
8	Contributor's I Attorney	Principal Occupation		9 Contributor's Job Title Attorney		
10		employer/law firm anowicz PLLC		11 Law firm of contributor's s	spouse (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (	if any)	<u> </u>		
_	Date	Full name of contributor	out-of-state PAC (ID#	:)	Amount of Contribution (\$)	_
	04/17/2024	Chalaki, Sean			\$2,500	.00
		Contributor address; City;	State; Zip Code			
		Carrollton, TX 75006				
	Contributorio	l		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
		employer/law firm		Law firm of contributor's s	chause (if any)	
	Chalaki Law	, ,		Law IIIII of Contributor 3 3	spouse (ii uiiy)	
		s a child, law firm of parent(s) (	if any)			
	continuation	o a oa, .a.v o. paro(o) (	,			
F	Date	Full name of contributor	out-of-state PAC (ID#	. )	Amount of Contribution (\$)	_
	03/04/2024	Chalaki, Sean	United State 1 AC (ID#		\$1,500	.00
			State: 7in Code			
		Contributor address, Oity,	State, 21p Gode			
		Carrollton, TX 75006				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's s	spouse (if any)	
	Chalaki Law					
	If contributor i	s a child, law firm of parent(s) (	if any)			
Г						

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 5/23 Rpt: 8/65
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/18/2024	<ul><li>5 Full name of contributor Chambers III, SJ (Mr.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$1,000.00
		Arlington, TX 76014				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title Retired		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	l		
	Date 04/16/2024	Full name of contributor Clark, Collen (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$) \$500.00
		Dallas, TX 75219-6258				
		Principal Occupation		Contributor's Job Title Attorney		
	Self	employer/law firm s a child, law firm of parent(s) (if	any)	Law firm of contributor's sp	oous	se (if any)
	Date 04/17/2024	Full name of contributor Crawford Wishnew Lang Contributor address; City; S				Amount of Contribution (\$) \$1,000.00
	Contributor's F	Dallas, TX 75201 Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/23 Rpt: 9/65
2	FILER NAME Williams, Sta	ER NAME liams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/17/2024	<ul><li>5 Full name of contributor</li><li>Dahan, Adva</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
Ļ	0	Dallas, TX 75225		In a		
8	Businessma	Principal Occupation		9 Contributor's Job Title Businessman		
10						and (if any)
10	self	employer/law firm		11 Law firm of contributor's sp	ous	se (II any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/20/2024	Dethrow, Anne Contributor address; City;	State; Zip Code			\$250.00
		Dallas, TX 75230				
		Principal Occupation		Contributor's Job Title		
	retired			retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	retired			Jackson Walker		
	If contributor is	s a child, law firm of parent(s) (i	f any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	I	Amount of Contribution (\$)
	04/17/2024	Dubose, Ben	_			\$1,000.00
		Contributor address; City;  Dallas, TX 75214	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	DuBose Law	Firm PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/23 Rpt: 10/65
2	FILER NAME Williams, Sta	LER NAME illiams, Staci (The Honorable)		1	Filer ID (Ethics Commission Filers) 00069606	
4	Date 05/18/2024	<ul><li>5 Full name of contributor Eldredge, Jerry</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Sadler, TX 76264				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/17/2024	Farmer, Anthony (Mr.)  Contributor address; City;	State; Zip Code			\$5,000.00
		Dallas, TX 75208		I		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	201100	(if any)
	The Farmer			Law iiiii oi continutoi 3 3	Jouse	s (ii airy)
		s a child, law firm of parent(s) (i	f anv)			
		, , , , , , , , , , , , , , , , , , ,	57			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	04/15/2024	Fokas, Terry				\$250.00
		Contributor address; City;  Dallas, TX 75252	State; Zip Code			
$\vdash$	Contributor's I	I Principal Occupation		Contributor's Job Title	1	
	Manager			Manager		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	Parallel Netv	vorks				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complet	te this form.	1 Total pages Schedule A(J)1: Sch: 8/23 Rpt: 11/65
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Williams, Sta	aci (The Honorable)		00069606
4 Date 03/31/2024	5 Full name of contributor out-of-state Garcia, Domingo (Mr.)	PAC (ID#:)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75247		
8 Contributor's Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's C	employer/law firm of Domingo Garcia	11 Law firm of contributor's	spouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	PAC (ID#:)	Amount of Contribution (\$)
04/09/2024	Hart, David	1 AC (ID#)	\$1,500.00
Contributor address; City; State; Zip Code			
	Colleyville, TX 76034		
Contributor's	Principal Occupation	Contributor's Job Title	
Attorney	Thispar Goodpation	Attorney	
	employer/law firm	Law firm of contributor's	spouse (if anv)
Hart Law Fir			
If contributor i	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
06/10/2024	Hindieh, Raymond		\$250.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75208		
Contributor's	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's	spouse (if any)
Hindieh Law	, PLLC		
If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 9/23 Rpt: 12/65
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 04/17/2024	<ul><li>5 Full name of contributor Hoedebeck, Charles</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$500.00
		Irving , TX 75038			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10	Contributor's Gelf	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12		s a child, law firm of parent(s) (i	f any)		
	Data	Tull name of contributor			Amount of Contribution (th)
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	05/29/2024	Holmes, James  Contributor address; City;			\$150.00 
		Dallas, TX 75201			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
			f a.m. A		
	ii contributor i	s a child, law firm of parent(s) (i	rany)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/15/2024	Horany, John			\$500.00
		Contributor address; City;	State; Zip Code		
		Dallas, TX 75219			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's s	pouse (if any)
	John K. Hoi				
	If contributor i	s a child, law firm of parent(s) (i	f any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/23 Rpt: 13/65
2	FILER NAME Williams, Sta	LER NAME /illiams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/11/2024	Full name of contributor     Itkin, Jason     Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77007				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Arnold & Itki	employer/law firm n LLO		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	04/18/2024	Johnson, Anne  Contributor address; City;  Dallas, TX 75230	State; Zip Code			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	- ппсіраї Оссираціон		Attorney		
		employer/law firm		Law firm of contributor's sp	วดนะ	se (if any)
		inson & Patton				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	06/12/2024	Johnson, Price	_			\$1,000.00
		Contributor address; City;  Dallas, TX 75231-4344	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Johnson	n Firm				
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDULE A(J)1	
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 11/23 Rpt: 14/65	=
2	FILER NAME Williams, Sta	FILER NAME Williams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606	
4	Date 04/09/2024			7	Amount of Contribution (\$) \$250.00	)	
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>		-
	Judge	·		Judge			
10	0 Contributor's employer/law firm 11 Law firm of contributor's sp. Dallas County			ous	se (if any)	_	
12	If contributor is	s a child, law firm of parent(s) (if any)					_
	Date	Full name of contributor out-of-state F	PAC (ID#:	)	Π	Amount of Contribution (\$)	=
	O4/15/2024 Joyce, Fredercik (Mr.)  Contributor address; City; State; Zip Code  Mount Vernon, VA 22121				\$250.00	)	
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		_
	Retired	· ·····opa. O stapano		Retired			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)	_
	If contributor is	s a child, law firm of parent(s) (if any)					_
	Date	Full name of contributor out-of-state F	PAC (ID#:	)		Amount of Contribution (\$)	=
	04/17/2024	Judge Gena Slaughter Campaign  Contributor address; City; State; Zip Code  Dallas, TX 75251				\$100.00	)
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		_
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)	_
	If contributor is	s a child, law firm of parent(s) (if any)					_

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 12/23 Rpt: 15/65
2	FILER NAME Williams, Sta	FILER NAME Williams, Staci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 04/17/2024			7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	L
10	10 Contributor's employer/law firm 11 Law firm of contribut			11 Law firm of contributor's sp	oouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if a	ny)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/15/2024 Kishinevsky, Leo  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00		
	O a materilla contra de la	Houston, TX 77040		Occasionate de Tele Title	
	Attorney	Principal Occupation		Contributor's Job Title Attorney	
		employer/law firm		Law firm of contributor's sp	nouse (if any)
	Kishinevsky			Eaw iiiii or contributor 3 Sp	ouse (ii uily)
		s a child, law firm of parent(s) (if a	ny)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	04/17/2024	Law Offices of John c. She Contributor address; City; Sta  Dallas, TX 75201			\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)
	If contributor i	s a child, law firm of parent(s) (if a	ny)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 13/23 Rpt: 16/65
2	FILER NAME Williams, Sta	NAME ns, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 03/20/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00	
		Montclair, NJ 07043				
8		Principal Occupation		9 Contributor's Job Title		
	Not Employed Not Employed					
10	10 Contributor's employer/law firm  11 Law firm of contributor's sp				oou	se (if any)
12	n/a	s a child, law firm of parent(s) (if a	21/			
12	. II COITHIBUTOLIS	s a ciliiu, iaw iiiiii oi pareiii(s) (ii ai	iy)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	04/12/2024 Lester, James (Mr.)  Contributor address; City; State; Zip Code			\$250.00		
		Dallas, TX 75236				
		Principal Occupation		Contributor's Job Title		
	RN			RN		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Resource Ce					
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)
	04/16/2024	Linebarger Goggan Blair &			l	\$1,500.00
		Contributor address; City; Sta	ate; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Continuators	-micipal Occupation		Continuator's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 14/23 Rpt: 17/65
2	FILER NAME Williams, Sta	ER NAME iams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/09/2024	Full name of contributor     Lowe, Gwenda (Ms.)     Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$250.00
		Duncanville, TX 75137-63	06			
8		Principal Occupation		9 Contributor's Job Title		
	Retired Retired					
10	10 Contributor's employer/law firm Retired 11 Law firm of contributor's sp			ous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	03/28/2024 Lowe, Gwenda (Ms.)  Contributor address; City; State; Zip Code				\$250.00	
		Duncanville, TX 75137-63	06			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	ny)	L		
H	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)
	04/17/2024	Luckhardt, Louis	out of state 1710 (IBM.	/		\$25.00
	Contributor address; City; State; Zip Code  Ennis, TX 75119		•			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	retired			retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	retired					
	If contributor is	s a child, law firm of parent(s) (if a	ny)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 15/23 Rpt: 18/65
2	FILER NAME Williams, Sta	AME s, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/15/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5,000.00	
L		Dallas, TX 75201		T		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	04/15/2024 Lyons, Michael (Mr.)  Contributor address; City; State; Zip Code				\$5,000.00	
		Dallas, TX 75201				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Lyons & Sim					
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/09/2024	Madden, Patrick (Mr.)	_			\$500.00
Contributor address; City; State; Zip Code  Dallas, TX 75251			•			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	MacDonald	Devin Madde Keneflick Harr	is PC			
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete thi	1 Total pages Schedule A(J)1: Sch: 16/23 Rpt: 19/65			
2	FILER NAME Williams, Sta	aci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606		
4	Date 05/22/2024			7 Amount of Contribution (\$) \$250.00		
8	Contributor's F	l Principal Occupation	9 Contributor's Job Title	1		
	Manager		Manager			
10	O Contributor's employer/law firm U.S. Government  11 Law firm of contributor's sp		pouse (if any)			
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  out-of-state PAC (II	D#:)	Amount of Contribution (\$)		
	04/17/2024 Payma, Kuhnel & Smith PC  Contributor address; City; State; Zip Code  Dallas, TX 75203			\$1,000.00		
Contributor's Principal Occupation Contributor's Job Title						
	Contributor's e	employer/law firm	Law firm of contributor's s	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  ut-of-state PAC (II	D#:)	Amount of Contribution (\$)		
	04/17/2024 Payseur, Joan  Contributor address; City; State; Zip Code  Dallas, TX 75254			\$100.00		
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Retired Retired					
Contributor's employer/law firm  Law firm of contributor's s n/a			pouse (if any)			
If contributor is a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 17/23 Rpt: 20/65		
2	FILER NAME Williams, Sta	ER NAME illiams, Staci (The Honorable)			1	Filer ID (Ethics Commission Filers) 00069606
4	Date 05/02/2024	Pittman, Aubrey "Nick" (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00	
	Dallas, TX 75202					
8		Principal Occupation		9 Contributor's Job Title		
40	Attorney			Attorney		- C
10	The Pittman	employer/law firm Law Firm		11 Law firm of contributor's sp	ous	e (II any)
12	! If contributor is	s a child, law firm of parent(s) (i	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/28/2024	Rasansky, Jeff (Mr.)  Contributor address; City;  Dallas, TX 75201-1595	State; Zip Code			\$500.00
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	incipal occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Rasansky La	aw Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/04/2024	Riley, Sherel (Ms.)				\$100.00
		Contributor address; City;  Desoto, TX 75115	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (i	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 18/23 Rpt: 21/65
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/17/2024	5 Full name of contributor Rosales, Paula	Rosales, Paula  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00
	Dallas, TX 75251					
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	<ul><li>10 Contributor's employer/law firm</li><li>Law Office of Domingo Garcia</li><li>11 Law firm of contributor's sp</li></ul>				oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/04/2024 Rosenberg, Betsy  Contributor address; City; State; Zip Code				\$100.00	
	0	Dallas, TX 75209		I 0		
	Umpire	Principal Occupation		Contributor's Job Title Umpire		
	·	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/10/2024	Safdarian, Nastaran				\$5,000.00
Contributor address; City; State; Zip Code  Plano, TX 75093						
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	MD			MD		
	Contributor's employer/law firm  Law firm of contributor's s			oous	se (if any)	
	Self			MAS		
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 19/23 Rpt: 22/65
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/06/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00	
		Dallas, TX 75287		T		
8		Principal Occupation		9 Contributor's Job Title		
40	retired retired					and the sun of
10	10 Contributor's employer/law firm retired 11 Law firm of contributor's sp				oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/15/2024 Simmons, Chris  Contributor address; City; State; Zip Code				\$5,000.00	
	Cantuila staula I	Dallas, TX 75201		Contributoulo Job Title		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	יוח	se (if any)
	Lyons & Sim				, , ,	(i. di.ly)
		s a child, law firm of parent(s) (if	any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	04/09/2024	Smith, Jason (Mr.)				\$500.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76110			•			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
Contributor's employer/law firm  Law firm of contributor's s				ous	se (if any)	
	Law Offices	of Jason Smith				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 20/23 Rpt: 23/65
2	FILER NAME Williams, Sta	NAME ns, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/01/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00	
		Richardson , TX 75081				
8		Principal Occupation		9 Contributor's Job Title		
	consultant			Consultant		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/28/2024 Taylor, Ben (Mr.)  Contributor address; City; State; Zip Code				\$250.00	
	Contributorio	Dallas, TX 75214 Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Attorney		
		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)
		s and Associates				
	If contributor is	s a child, law firm of parent(s) (if	any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/12/2024	Tillotson, Jeffrey				\$5,000.00
		Contributor address; City;  Dallas, TX 75201	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
Contributor's employer/law firm  Law firm of contributor's s				oous	se (if any)	
	Tillotson Joh	inson Patton				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 21/23 Rpt: 24/65
2	FILER NAME Williams, Sta	ME Staci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 03/04/2024	Full name of contributor     Ulrich, Jeffrey     Contributor address; City;	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$100.00
		Dallas, TX 75243			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Self Self				
10	10 Contributor's employer/law firm				spouse (if any)
_	n/a				
12	! If contributor i	s a child, law firm of parent(s) (	if any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	03/12/2024 Vera, Ale				\$1.00
		Contributor address; City;	State: Zip Code		·· <b> </b>
			Julio, 2.p 3000		
		Houston, TX 77092			
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>
	Retired			Retired	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Retired				
	If contributor i	s a child, law firm of parent(s) (	f any)	•	
L	Date	Full name of contributor	David of state DAC (ID)	\	Amount of Contribution (\$)
	05/01/2024	Vera, Gabi	out-of-state PAC (ID#:		\$1.00
	03/01/2024		Ctata: Zia Cada		
		Contributor address; City;	State, Zip Code		
		New York, NY 10017			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Retired			Retired	
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Retired				
	If contributor i	s a child, law firm of parent(s) (	if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 22/23 Rpt: 25/65		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Williams, Sta	aci (The Honorable)			00069606
4	Date 05/01/2024	5 Full name of contributor		7 Amount of Contribution (\$) \$1.00	
		<b>6</b> Contributor address; City;	State; Zip Code		
		New York, NY 10017			
8	Contributor's Principal Occupation  Retired  9 Contributor's Job Title Retired		•		
10	10 Contributor's employer/law firm			spouse (if any)	
12	2 If contributor i	s a child, law firm of parent(s) (	if any)	-	
-	Date	Full name of contributor	out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	05/01/2024 Vera, Gabi		\$1.00		
		Contributor address; City;	State; Zip Code		
		New York, NY 10017			
		Principal Occupation		Contributor's Job Title	
	Retired			Retired	
	Contributor's on/a	employer/law firm		Law firm of contributor's s	spouse (if any)
		a a shild law firm of narant(a) (	if any)		
	ii contributor i	s a child, law firm of parent(s) (	ii ariy)		
F	Date	Full name of contributor	out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	04/16/2024	Weedon, Frank			\$1,000.00
		Contributor address; City;	State; Zip Code		···[
		Longview, TX 75605			
	Contributor's I	Principal Occupation		Contributor's Job Title	•
	Attorney				
	Contributor's employer/law firm Law firm of contributor's s			spouse (if any)	
	Roberts & R				
	If contributor i	s a child, law firm of parent(s) (	if any)		
$\vdash$					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 23/23 Rpt: 26/65
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 04/17/2024	04/17/2024 Wingo, Paul  6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$5,000.00
		Dallas, TX 75201				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Hamilton Wi	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (if	and			
12	i Continuator i	s a cilliu, iaw iiiiii oi pareiii(s) (ii	arry)			
_	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/11/2024 Witherite, Amy (Ms.)  Contributor address; City; State; Zip Code					\$5,000.00
		Dallas, TX 75231				
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Witherite La	<u> </u>				
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	03/04/2024	Wong Krause, Michele	_			\$100.00
		Contributor address; City; S  Dallas, TX 75201	State; Zip Code		•	
┝	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's employer/law firm Law firm Law firm of contributor's s				oous	se (if any)
	Self			Williams F. Krause III		
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 27/65 3 Filer ID (Ethics Commission Filers) FILER NAME Williams, Staci (The Honorable) 00069606 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/15/2024 Abusaad, Nazeh \$4,638.00 | Fundraising event 7 Contributor address; City; State; Zip Code Richardson, TX 75081 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 04/15/2024 Said, Mohammed \$4,638.00 | Fundraising Event Contributor address; City; State; Zip Code Richardson, TX 75081 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Attorney Attorney Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) MAS If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/35 Rpt: 28/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	06/18/2024	Opal's Walk for Freedom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.58	P.O.Box 11793
		Ft Worth, TX 76155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Registration to participate in Juneteenth Walk
		registration to participate in suncteenth walk
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	04/01/2024	ABM Parking
_	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	11651 Plano Road
	Ψ20.00	Suite 200
		Dallas, TX 75243
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking for coordinator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/28/2024	ADOBE, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	151 South Almaden Blvd
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		License fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	·	The Instruction Guide explains how to complete this form.	
1	, ,	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/35 Rpt: 29/65	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	
	04/01/2024	ADOBE, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.64	151 South Almaden Blvd	
		San Jose, CA 95110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		LICENSE	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01		
	Date	Payee name	
	06/25/2024	African American Museum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	3536 Grand Ave	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Sponsorship for Rodeo	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	H	
	Date	Payee name	
L	06/05/2024	African American Museum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	3536 Grand Ave	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\neg$
	OF EXPENDITURE	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Advertisement in souvenir journal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services			/ages	ges/Contract Labor OTHER (enter a category not listed ab				re)
		_		The Instruction G	uide explains r	10W to co	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/35 Rpt: 30/65		Williams, St	aci (The Honor	able)					00069606		
4	Date	5	Payee name									
	02/29/2024		Ameircan Pu	ulse LLC								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$8,905.00		3213 Duke	-		•						
	40,000.00		#194	J.: 331								
			Alexandria,	VA 22314								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising I	Expense							mplete Schedule T.	
								Check if Austin,	, TX,	officeholder livi	ng expense	
								Advertising				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	0	office sou	ght			Office	held	
	experientare to benefit 6/61											
	Date		Payee name									
	05/09/2024		American Ai	rlines								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$878.42		1 Skyview D	rive								
			Fort Worth,	TX 76155								
_	DUDDOGE	(-)					<i>(</i> 1- )					
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(a)	Description	outo:	do of Toyon Co	mulata Cabadula T	
	EXPENDITURE		Travel Out o	of District				Check if travel of Check if Austin,			mplete Schedule T.	
								_			e Democratic Cor	vention
								TIONOLO LO EI	٠ ۵	00 101 0141	o Domoorado Cor	
_	Complete ONLY if direct			ceholder name	0	office sou	aht			Office	held	
	expenditure to benefit C/O		zarialaato/Ome	oriolaer riame	· ·	11100 000	9			Omoo	noid	
_		_										
	Date		Payee name									
	03/04/2024		American Pı	ulse LLC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$2,664.32		3213 Duke \$	Street								
			Alexandrai,	VA 22314								
	PURPOSE	(a)	Category (50	e Categories listed at	the top of this sole	adula)	(b)	Description				
	OF	ľ` <i>′</i>	Advertising I		une top of this serie	udic)	` '		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livi	ng expense	
								Advertising				
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
l												

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
۰			_
1	Total pages Schedule F1: Sch: 4/35 Rpt: 31/65		
Ļ		, , , , , , , , , , , , , , , , , , ,	_
4	Date	5 Payee name	
	03/05/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.00	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		online service fee	
			_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	06/30/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,859.92	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
	_/	Check if Austin, TX, officeholder living expense	
		Fees from 2/25/24 through 6/30/2024	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol		
$\vdash$	Data		_
	Date	Payee name	
	03/04/2024	Apple Inc.	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.24	1 Infinite Loop	
L		Cupertino, CA 95014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	ſ
	-	Check if Austin, TX, officeholder living expense  Apple	ĺ
		Apple	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/O		
			-

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/35 Rpt: 32/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	03/06/2024	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.41	1 Infinite Loop
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Charger
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/03/2024	Apple Inc.
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$8.64	1 Infinite Loop
		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly apps
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/03/2024	Apple Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Infinite Loop
		Cupertino, CA 95014
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  App fee
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labo  The Instruction Guide explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·
_		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 6/35 Rpt: 33/65	Williams, Staci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606
4	Date	Payee name	·
	05/06/2024	BIG-Dallas Chapter	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	926 Sage Bush Trail	
		Duncanville , TX 75137	
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	avel outside of Texas. Complete Schedule T.
			ustin, TX, officeholder living expense dinner for debate winner
		Sponsor	anner for debate wither
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/26/2024	BNF Johnston Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26,610.00	1140 FM2094	
		Austin, TX 77565	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Tilling Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Printing	3. F
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/28/2024	Bankem Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$811.88	2357 S Collins St	
		Arlington, TX 76014	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)     (b) Description	
	EXPENDITURE	Advertising Expense	avel outside of Texas. Complete Schedule T.
		Printing p	ustin, TX, officeholder living expense
		T intung p	40.104.40
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Ç	
l			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/35 Rpt: 34/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	06/06/2024	Bivins, Ron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	965 Mockingbird
		DeSoto, TX 75115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		T-shirts
		. Sime
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/06/2024	Bivins, Ron
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	965 Mockingbird
	Ψ1,000.00	505 Moskingshu
		DeSoto, TX 75115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		consulting
		Concatang
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/23/2024	Brentwood
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.00	5138 Beltline
	, 22.00	
		Addison, TX 75254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch with Supporter
		Lunch with Supporter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/35 Rpt: 35/65	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	·
	05/14/2024	Caesar's Place	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$255.11	3570 Las Vegas Blvd. Sout	
		Las Vegas, NV 89109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Om Reservation Deposit for NBA Convention
		1.00	on reservation Deposit for NBA Convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	04/23/2024	Cindi's New York Deli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.45	306 S. Houston Street	
		Dallas, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Food/Beverage Expense $\Box$ $\Box$	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	·	Check if Austin, TX, officeholder living expense
		DIE	akfast with supporter
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Since hold
	Date	Payee name	
	04/30/2024	Cindi's New York Deli	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.82	306 S. Houston Street	
		Dallas, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		Lun	ich for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field
l			

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor     The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
1	Total pages Schedule F1:			•	•		12	Filer ID	(Ethics Commis	cion Eilore)	
_	Sch: 9/35 Rpt: 36/65		aci (The Honorable)				•	00069606	(Ethics Commis	ssion Filers)	
1	Date										
4	05/04/2024	5 Payee name Circle K									
_			- City	Ctata: 7in Ca	al a						
6	Amount (\$)	7 Payee address		State; Zip Co	ae						
	\$3.02	2390 W. Car	np Wisdom Road								
		Grand Prairie	e, TX 75052								
8	PURPOSE OF	(a) Category (See	e Categories listed at the top of	f this schedule)	(b)	Description					
	EXPENDITURE	Food/Bevera	ige Expense					ide of Texas. Con , officeholder livin	nplete Schedule T.		
						Water for volu					
						Trator for von	u	oor pon gro	0101		
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	aht			Office h	eld		
Ĭ	expenditure to benefit C/OI		cholder hame	011100 000	giit			01110011	oiu		
	Date	Dayes name									
	06/27/2024	Payee name	y Democratic Party								
				01-1 7:- 0-	-1 -						
	Amount (\$)	Payee address	s; City;	State; Zip Co	ae						
	\$102.00	6829 K Ave									
		#111									
		Plano, TX 75	5074								
	PURPOSE OF	(a) Category (See	e Categories listed at the top of	f this schedule)	(b)	Description					
	EXPENDITURE	Event Expen	se			<b>=</b>		ide of Texas. Com , officeholder livin	nplete Schedule T.		
						Tickets for De					
									<b>-</b> ,		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н									
	Date	Payee name									
	03/23/2024	Constant Co	ntact								
	Amount (\$)	Payee address	s; City;	State; Zip Co	de						
	\$263.31	1601 Trapelo									
		Waltham, MA	A 02451								
	PURPOSE				(h)	Description					
	OF		e Categories listed at the top of ead/Rental Expense		(5)		outs	ide of Texas. Con	nplete Schedule T.		
	EXPENDITURE	Onice Overn	cau/iteritai Experise	,		<b>=</b>		, officeholder livin			
						License fee					
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ght	_		Office h	eld		
	expenditure to benefit C/OI	<b>⊣</b>			_		_				

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/35 Rpt: 37/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	04/15/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$526.62	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		monthly license for two months
		montally liberials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/13/2024	Constant Contact
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$263.31	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  License
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/25/2024	D/FW Airport Parking
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$64.00	2400 Aviation Drive
		DFWAirport, TX 75261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  FW Parking for trip to EI Paso for State Democratic
		Convention
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/35 Rpt: 38/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
L	03/01/2024	Dallas Buttons
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$318.96	14239 Inwood Road
		Farmers Branch, TX 75244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Delivery of signs
		Delivery of Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	03/22/2024	Dallas County Democratic Party
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1414 N. Washington
	,	
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sponsorship
		Gp3.180.6p
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/19/2024	Dallas County Democratic Party
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	1414 N. Washington
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership ; Democratic Forum
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/35 Rpt: 39/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	03/01/2024	Dawson, Jerry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.29	12349 Inwood Road
		Farmers Branch, TX 75244
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		reimbursement for poles for signs
		Tellibursement for poles for signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/24/2024	Etekochay, Terri
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	600 Commerce Street
	Ψ200.00	ood dammeree dateet
		Dallas, TX 75202
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		gift certificate for illness
L	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	D-1-	
	Date	Payee name
	03/21/2024	FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.55	902 Ross Ave.
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Overnight service
		Overnight Service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
1		
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Comn	mittee Le	ift/Awards/Memorials egal Services The Instruction Gu			/ages	/Contract Labor		Travel Out of OTHER (ente	District r a category no	t listed above)
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 13/35 Rpt: 40/65	l		ci (The Honora	ble)					00069606	6	·
4	Date	5 F	Payee name									
	04/18/2024	F	Federal Expr	ess								
6	Amount (\$)	<b>7</b> F	Payee address	; City;	State;	; Zip Co	de					
	\$29.19	3	3965 Airways	, Module G								
		١	Memphis, TN	38116								
8	PURPOSE	(a) (	Category (See	Categories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhe	ead/Rental Exp	ense			Check if travel			•	ule T.
								Check if Austin Shipping	ı, TX,	officeholder liv	ing expense	
								Shipping				
_	Computate ONLY if direct					Off:				Office	la a l al	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Office	enolder name	(	Office sou	gnt			Office	neia	
_												
	Date	l	Payee name									
	06/04/2024		Fide's Movino									
	Amount (\$)		Payee address	; City;	State;	; Zip Co	de					
	\$100.00	2	224v Edith									
		١	Mesquite, TX	75149								
	PURPOSE	(a) (	Category (See	Categories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Exp				Check if travel				ule T.
								Check if Austin				
								Moving from location	Stol	rage of ca	mpaign si	gns to new
	Operation ONLY if allowed		1: -1 - + - 10#: - :			D#:	14			O#:	l1-l	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office	enolder name	C	Office sou	gnt			Office	neia	
		_										
	Date	l	Payee name									
	03/27/2024	F	Fiverr Interna	ational Ltd.								
	Amount (\$)	F	Payee address	; City;	State;	; Zip Co	de					
	\$179.84	8	8 Eliezer Kap	lan Street								
		ד	Tel Aviv L3 6	473409 Israel								
	PURPOSE	(a) (	Category (See	Categories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhe	ead/Rental Exp	ense			Check if travel				ule T.
								Check if Austin			ing expense	
								Administrativ	<del>د</del> عا	υρρυτ		
$\vdash$	Complete ONLY if direct		andidate/Office	sholder name		Office sou	aht			Office	held	
	expenditure to benefit C/O		andidate/Onlet	moluci name		אוויכ אוויכ אוויכ	grit			Office	neiu	
_												

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/35 Rpt: 41/65		Williams, Staci (The Honorable)		00069606
4	Date	5	Payee name		
	02/29/2024		Fuel City Dallas		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$44.12		801 S. Riverfrong Blvd		
			Dallas, TX 75207		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Gas for travel in district
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u> </u>	Office held
	expenditure to benefit C/OI	Н			
	Date	Π	Payee name		
	06/24/2024		Grassroots Analytics		
	Amount (\$)	$\vdash$	Payee address; City; State; Zip Co	ode	
	\$7,000.00		777 6th St. NW		
			Washington, DC 20001		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Consulting Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Campaign Consulting
					op.a.g. comming
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	Н			
	Date	Т	Payee name		
	04/27/2024		Hilton Anatole		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$16.00		2201 N. Stemmons Freeway		
		1	Dallas, TX 75207		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Parking for event
		1			
	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u> </u>	Office held
	expenditure to benefit C/OI	Н			
1					

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/35 Rpt: 42/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	03/01/2024	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Newspaper Subscription
		Tronspaper Substitution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	B
	Date	Payee name
	03/27/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Newspaper subscription
		ινενιομαμεί ομοστιμμοί
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	03/04/2024	Hunter, Ward
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.50	
		Cedar Hill, TX 75104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Poll Worker 1 day only
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/35 Rpt: 43/65	Williams, Staci (The Honorable)		00069606
4	Date	5 Payee name		<b>'</b>
	02/27/2024	l Messenger Media		
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Co. 320 S. R L Thornton Fwy, Ste. 100	de	
l	Ψ2,000.00	ozo ci iv z momicii i my, cici zoo		
		Dallas, TX 75203		
8	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Advertising
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soud	ght	Office held
H	Date	Payee name		
	03/05/2024	Jet Couriers		
H	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$57.96	1705 Wallace Drive		
		Carrollton, TX 75006		
	PURPOSE OF	, (,,,,,,,,,,,,,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Courier service to pick up campaign items
Г	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
l	expenditure to benefit C/O	4		
	Date	Payee name		
	05/29/2024	Johnson, Cheryl		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$276.00	105 S. Bishop		
l				
l		Dallas, TX 75208		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Poll worker
				I OII WOINGI
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	g	255 100
$\vdash$				

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/35 Rpt: 44/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	06/08/2024	LYFT, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	548 Market Street
		Suite 68514
		San Francisco, CA 94104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Cancellation fee
		Cancellation lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Payee name
	06/08/2024	LYFT, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.98	548 Market Street
		Suite 68514
		San Francisco, CA 94104
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rides to events in and around El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/24/2024	La Toska
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	130 S Clark Rd
		Cedar Hill, TX 75104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Breakfast with supporters
		Dicariasi wili supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/35 Rpt: 45/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	06/24/2024	MJQ Promotions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	5420 Sonata Lane
		Dallas, TX 75241
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/22/2024	McAttee, T
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4360 Starr
		Fremont, CA 94359
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to benefit C/Oi	
	Date	Payee name
	02/26/2024	McAttee, Trey
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,874.46	4360 Starr
		Fundament OA 04050
		Freemont, CA 94359
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	S.portation to bottom 0/01	•

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete thi	s form.
1	Total pages Schedule F1: Sch: 19/35 Rpt: 46/65	FILER NAME     Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606
4	Date 05/02/2024	5 Payee name McAttee, Trey		I
6	Amount (\$) \$4,500.00	7 Payee address; City; State; Zip Cod 4360 Starr	e	
8	PURPOSE OF EXPENDITURE	Freemont, CA 94359  (a) Category (See Categories listed at the top of this schedule)  Consulting Expense		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense Sulting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	nt	Office held
	Date 05/02/2024	Payee name NAACP-Garland		
	Amount (\$) \$60.00	Payee address; City; State; Zip Cod P.O. Box 460944	Э	
	PURPOSE OF EXPENDITURE	Garland, TX 75064  (a) Category (See Categories listed at the top of this schedule) Event Expense		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense et for Winter Scholarship Ball
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held
	Date 06/13/2024	Payee name NAACP-Grand Prairie		
	Amount (\$) \$300.00	Payee address; City; State; Zip Cod P.O. Box 53064	е	
		Grand Prairie, TX 75052		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense hole sponsorship for scholarship golf tournament
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Tatal name C	
1	Total pages Schedule F1:	
L	Sch: 20/35 Rpt: 47/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	05/29/2024	National Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$350.00	1816 12th Street, NW
	Ψ330.00	1010 1241 04004, 1444
		Washington, DC 20009
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Annual Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
	Date	Payee name
	03/03/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.12	39759 LBJ
	Ψ00.12	55755 EB5
		_ "
		Dallas, TX 75237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		office supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2024	Omega Psi Phi Gala
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	2413 MLK Blvd
		Dallas, TX 75215
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Tickets for gala
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/35 Rpt: 48/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	06/24/2024	Outfront Media
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,645.00	11233 N. Stemmons Frwy.
		Dallas, TX 75229
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/26/2024	Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 271
	, , , ,	
		Lubbock, TX 79408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wire transfer fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/29/2024	Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	P.O. Box 271
	¥•	. 16. 26. 2. 2
		Lubbock, TX 79408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		Service Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/35 Rpt: 49/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	03/01/2024	Plains Capital Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	P.O. Box 271
		Lubbock, TX 79408
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Bank fee
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2024	Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 271
		Lubbock, TX 79408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Bank fees
	Opening the ONLY if allowed	Openhalt (Office held)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2024	Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 271
		Lubbock, TX 79408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Bank fees
	Occupated Chilly 2 "	Openhalte Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 23/35 Rpt: 50/65	Williams, Staci (The Honorable) 00069606
4	Date 04/20/2024	5 Payee name Plains Capital Bank
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code P.O. Box 271
		Lubbock, TX 79408
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/21/2024	Plains Capital Bank
	Amount (\$) \$5.00	Payee address; City; State; Zip Code P.O. Box 271
		Lubbock, TX 79408
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly service fee
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2024	Plains Capital Bank
	Amount (\$) \$5.00	Payee address; City; State; Zip Code P.O. Box 271
		Lubbock, TX 79408
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense monthly bank charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/35 Rpt: 51/65	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	
	03/21/2024	PrintNoise	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$284.16	6105 S. Sherman St	
		#100	
		Richardson, TX 75081	
_	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	TX, officeholder living expense
		Push cards	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/29/2024	PrintNoise	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$188.53	6105 S. Sherman St	
	+200.00	#100	
		Richardson, TX 75081	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Toyon Complete Schodule T
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. . TX, officeholder living expense
		Push Cards	, , , , , , , , , , , , , , , , , , ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/30/2024	PrintNoise	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.06	6105 S. Sherman St	
		#100	
		Richardson, TX 75081	
	PURPOSE	Tax	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	/ divertising Expense	TX, officeholder living expense
		Push cards	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 25/35 Rpt: 52/65	2 FILER NAME Williams, Staci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606
4	Date 05/16/2024	5 Payee name PrintNoise	
6	Amount (\$) \$774.57	7 Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75081	
8	PURPOSE OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 06/24/2024	Payee name PrintNoise	
	Amount (\$) \$242.50	Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75081	
	PURPOSE OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 03/02/2024	Payee name QT #975	
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 511 S. Zang	
		Dallas, TX 75208	
	PURPOSE OF EXPENDITURE	Travel in District	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense rel
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 26/35 Rpt: 53/65	Williams, Staci (The Honorable)		00069606
4	Date 06/14/2024	5 Payee name QT 1912		
6	Amount (\$) \$49.50	7 Payee address; City; State; Zip Coo 3645 Forest Ln Dallas, TX 75234	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel for events in District
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date 03/23/2024	Payee name QT 1916		
	Amount (\$) \$51.00	Payee address; City; State; Zip Coo 2840 W. White Anna, TX 75409	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas for travel district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 05/18/2024	Payee name QT 922		
	Amount (\$) \$46.79	Payee address; City; State; Zip Coo 3900 N Houston School Road	de	
		Lancaster, TX 75134		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel to Grayson County
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/35 Rpt: 54/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	02/26/2024	RaceTrac # 516
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.57	702 N. Belt-Line
		Grand Prairie, TX 75050
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas for travel in district
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to belief cross	<u> </u>
	Date	Payee name
	06/04/2024	Sam's Club 6376
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.41	4062 LBJ Fwy.
		Dallas, TX 75244
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water and Snacks for jurors
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitire to benefit C/O	
	Date	Payee name
	04/27/2024	Shane Hefner Enterprises
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	ONLINE
		Richardson, TX 75081
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	CAPERICITE TO DETICITE C/OI	1

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/35 Rpt: 55/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	05/31/2024	Shipley Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.99	502 N I-35E
		Red Oak, TX 75154
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Donuts for staff
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to belieff 6/01	'
	Date	Payee name
	06/17/2024	Smith, Lisa
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.00	14951 Dallas Pkwy
		Addison, TX 75254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Distribution of push cards at events
		Distribution of pash saids at events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/29/2024	Payee name Smith Lisa
	05/29/2024	Smith, Lisa
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	14951 Dallas Pkwy
		Addison, TX 75254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Pollworker
		FUIIWOINGI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 29/35 Rpt: 56/65	FILER NAME     Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606
4	Date 05/02/2024	5 Payee name South Dallas & Professional Women's Club		·
6	Amount (\$) \$210.00	7 Payee address; City; State; Zip Coo P.O. Box 764587 Dallas, TX 75376	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Tickets for luncheon
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	Date 03/20/2024	Payee name Southwest Media Marketing		
	Amount (\$) \$7,000.00	Payee address; City; State; Zip Coo 204 E. Pleasant Run	de	
	PURPOSE OF EXPENDITURE	Lancaster, TX 75146  (a) Category (See Categories listed at the top of this schedule) Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advertising mobile billboard
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	Date 05/07/2024	Payee name Southwest Media Marketing		
	Amount (\$) \$279.97	Payee address; City; State; Zip Coo 204 E. Pleasant Run	de	
		Lancaster, TX 75146		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	·
1 Total pages Schedule F1: Sch: 30/35 Rpt: 57/65	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4 Date	5 Payee name
06/24/2024	
00/24/2024	Southwest Media Marketing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$810.00	204 E. Pleasant Run
	Lancaster, TX 75146
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mobile Billboard
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Data	Para angua
Date	Payee name
06/27/2024	Stanford Campaigns
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	3400 Oak Grove
·	
	D. H. TV 75004
	Dallas, TX 75204
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
06/09/2024	Stericycle
Amount (\$)	Payee address; City; State; Zip Code
\$737.60	2355 Waukegan Road
	Pannackhurn II 6001E
	Bannockburn, IL 60015
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Destruction of private practice files
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/35 Rpt: 58/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	04/29/2024	TCTLA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	3102 Oaklawn
		Suite 1100
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Dinner cost
		Diffici cost
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/O	
	Date	Payee name
	03/28/2024	The Links, Inc. ( Dallas Chapter)
	Amount (\$)	Payee address; City; State; Zip Code
	\$537.22	P.O. Box 191003
		Dallas, TX 75219-1003
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Women Who STEM
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/08/2024	The Plaza Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$654.16	106 W. Mills Ave
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel for State Democratic Convention
		Hotel for State Democratic Convention
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/35 Rpt: 59/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	05/18/2024	The Right Spot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.03	413 N. Armstrong
		Denison, TX 75020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch with staff
		Lunch with Stail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	Para a same
	Date	Payee name
	02/28/2024	Torrence, Yolanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,327.50	2671 Ashwood Ct.
		Grand Prairie, TX 75052
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Poll watcher
		r oii wateriei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 04/29/2024	Payee name USPS
		991.5
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.45	401 Tom Landry HWY
		Dallas, TX 75260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  stamps
		Statilps
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/35 Rpt: 60/65	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	02/27/2024	WPMaven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3600 Breville
		Monroe, LA 71203
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website maintenance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	06/23/2024	Wal-Mart #3432
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.61	951 W. Beltline
		DeSoto, TX 75115
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Storage tubs for push card distribution
		Clorage taxe for poor care aloursaile.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Date	Davies same
	03/02/2024	Payee name Wal-Mart Super 251
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.75	621 Uptown Blvd
		Cedar Hill, TX 75104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Snacks
		Sildons
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 34/35 Rpt: 61/65	Williams, Staci (The Honorable) 00069606							
4	Date	5 Payee name							
	03/21/2024	ZOOM.US							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
\$34.10 55 Almaden Boulevard									
		6th Floor							
		San Jose, CA 95113							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Zoom license							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
	Date	Payee name							
	05/08/2024	ZOOM.US							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$26.15	55 Almaden Boulevard							
6th Floor									
		San Jose, CA 95113							
	PURPOSE								
OF		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		License							
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name							
	05/08/2024	ZOOM.US							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$170.50	55 Almaden Boulevard							
		6th Floor							
		San Jose, CA 95113							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		License							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			mmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)		
┡	Total pages Cabadula F1:	2			- Companio				Filor ID	(Ethics Commission Filers)		
1 Total pages Schedule F1: Sch: 35/35 Rpt: 62/65			2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commit 00069606									
4	Date	5	5 Payee name									
	05/20/2024		Zaman, Na									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$1,836.00		11203 Plainview Drive									
	• •											
			Frisco, TX	75035								
8	PURPOSE	(a)	Category (	See Categories listed at	the top of this sch	edule) (I	) Description					
	OF EXPENDITURE		Salaries/W	/ages/Contract L	abor	Check if travel outside of Texas. Complete Schedule T.						
									, officeholder living	expense		
							Poll worke	215				
L												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/O	fficeholder name	C	Office sough	nt		Office he	eld		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 63/65 Williams, Staci (The Honorable) 00069606 Date Payee name 03/03/2024 American Pulse 6 Amount (\$) Payee address; City; State; Zip Code \$4,200.00 3213 Duke Street #194 Reimbursement from political contributions intended Χ Alexandria, VA 22314 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Advertising Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 64/65 2 FILER NAME Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 00069606 5 Name of person from whom amount is received 8 Amount (\$) Date 06/03/2024 \$57.00 Cooks, Judge Kim 6 Address of person from whom amount is received; City; State; Zip Code PRIVATE, TX 75104 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for snack bag for delegates

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 65/65 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 00069606 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Williams, Staci 8 Departure city or name of departure location 05/09/2024 Dallas Ft. Worth 9 Destination city or name of destination location 05/11/2024 El Paso 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane State Democratic Convention