# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

# FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete t	this form	1 Filer ID	F:1>	2 Total pages fil	ed:
The Go Groff modulen c	value explains flow to complete t		(Ethics Commission   00088311	Filers)	1	4
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE (	JSE ONLY
NAME	Mr.	Shelby			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	 07/15/2024	
	TWOTAW W.	Williams				
					Date Hand-delivered or	r Date Postmarked
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE#; C	CITY; STATE; ZIF	P CODE		Dute i odanamou
ADDRESS	6040 Garden Gate Dr.				Receipt #	Amount
Change of Address	Plano, TX 75024				Date Processed	
Change of Addicess					Sets less ned	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME		Pat				
INAIVIE						
	NICKNAME	LAST			SUFFIX	
		Greer				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE)	); APT / SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	3012 Jomar Dr.		, ,			
(Residence or Business)	Plano, TX 75075					
7 CAMPAIGN	AREA CODE	PHONE I	NUMBER		EXTENSION	
TREASURER PHONE	(972) 768-5544					
FIIONL						
8 REPORT TYPE						
6 KEI OKI III E	January 15	30th day	y before convention /	election	Runoff	
	X July 15	☐ 8th day	before convention / e	election	☐ Final report (£	Attach SC C/OH-FR)
	X July 13	Our day	Delote Convention / C	lection I	Final Teport (	illacii 3C C/OTT Tiy
9 PERIOD	Month Day Y	'ear			Month [	Day Year
COVERED	05/19/2024		THROUGH	I		0/2024
10 CONVENTION /	Month Day Y	'ear	11 OFF		STATE CHAI	
ELECTION DATE	05/28/2024		SUC	JGHT	X COUNTY CH	AIR
12 POLITICAL PARTY	Republican			COUNTY (If Applica	able)	
				Collin		
		60	TO DACE 2			
		GO	TO PAGE 2			

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

# FORM SC C/OH COVER SHEET PG 2

2 of 14

13 CANDIDATE NAME	Williams, Shelby (Mr	)	<b>14</b> Filer ID 00088311	(Ethics Com	ımission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		andidate's knowledge or consent.	ommittees to support the candidate. <i>The</i> Candidates are required to report this in		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
16 CONTRIBUTION TOTALS			NS (OTHER THAN PLEDGES, LOANS, IONS MADE ELECTRONICALLY)	\$	0.00
		<b>AL CONTRIBUTIONS</b> LEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$	670.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURE	ES .	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	26,281.52
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$	858.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$	0.00
<b>17</b> AFFADAVIT		true and corre	firm, under penalty of perjury, that the ac ect and includes all information required 5, Election Code.		
			Mr. Shelby Williams		
			Signature of Candidate		
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		day
		rtify which, witness my hand and			
Signature of office	cer administering oath	Printed name of officer adm	inistering oath Title of office	er administer	ing oath
Signature of office	o. administering oddi	i integritatio of officer autif	mic of office		9 04.01

# SUBTOTALS - SC C/OH

# FORM SC C/OH COVER SHEET PG 3

			C	JVER :	3 of 14
l .		E NAME Shelby (Mr.)	<b>19</b> Filer ID 00088311	(Ethics C	ommission Filers)
I		E SUBTOTALS SCHEDULE		SUE	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	670.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	17.80
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,617.22
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	16,646.50
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO		SCHEDUL	SCHEDULE A1		
	The Instru	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/14	
2	FILER NAME Williams, Sh	elby (Mr.)			3	Filer ID (Ethics Commission 00088311	n Filers)
4	Date 05/27/2024	<ul> <li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
_		Plano, TX 75093	1.				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 05/20/2024	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)		Employer (See Instructions	:)		
		Payer enrollment coordinator		Select medical	,		
	Date 05/20/2024	Full name of contributor of classification of contributor address; City; State; 2	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Plano, TX 75093					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/13/2024	Full name of contributor of Callas, Stephen  Contributor address; City; State; Z  McKinney, TX 75072	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu No	pation / Job title (See Instructions)		Employer (See Instructions Statewide Remodeling	)		
	Date 06/13/2024	Full name of contributor of Callas, Stephen  Contributor address; City; State; Z  McKinney, TX 75072	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu No	pation / Job title (See Instructions)		Employer (See Instructions Statewide Remodeling	i)		
				Satewas removeling			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/14	
2	FILER NAME Williams, Sh			3	Filer ID (Ethics Commission 00088311	on Filers)
4	Date 06/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Kreitman, Lori</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$150.00
		Plano, TX 75024	la = 1 (0 1 1 1 1	Ĺ		
8	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions     Retired	5)		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ Madden, Jerry Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$250.00
	Delicalis al a seco	Richardson, TX 75080				
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_ Paulson, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Plano, TX 75074  upation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Retired	,	Retired	-,		

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

# SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services		Polling Expense Printing Exper Salaries/Wage	nse es/Contract Labor		Travel in District Travel Out of Dis	
L				The Instruction Guide 6	explains h	now to comp	lete this form.	_		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 6/14		Williams, S	helby (Mr.)					00088311	
4	Date	5	Payee name	:						
	06/30/2024		Anedot							
<u>ا</u>	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code				
ľ	\$17.80	ľ		nney Ave 7th floor	State,	Zip Code				
	Φ17.00		1920 IVICKII	illey Ave 7th lloor						
			Dallas, TX	75201						
8	PURPOSE	(a)	Category (S	See Categories listed at the top	of this sche	edule) (b)	Description			
	OF		Fees	g		,		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE								, officeholder living	expense
							Fees for perio	od		
9	Complete ONLY if direct	(	Candidate/Off	iceholder name	0	ffice sought	·		Office he	eld
	expenditure to benefit C/O	Н								
l										
l										
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# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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)

actruction Cuido explains how to complete this form

		The Inst	ruction Guide explains how	to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 1/4 Rpt: 7/14	Williams, Shelby (M	1r.)		00088311	
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED		
	ISSUER	Capit	al One	EXPENDITURES CHARGED TO A CREDIT	\$	
				CARD		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
		\$1,031.60	05/19/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	е
		FedEx Office		5000 W Park Blvd		
		T GULX GIIIGG		DI TV 75000		
Ļ	PURPOSE OF	(a) Category		Plano, TX 75093 (b) Description		
8	EXPENDITURE	(See Categories listed at the top	of this schedule)	Print Services		
	X Political	Advertising Expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living expense	
<u>_</u>	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	
	xpenditure to benefit C/OH			o ooug	555a	
Н	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	_
		\$900.00	05/22/2024			
		Ψ300.00	03/22/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	е
				One Hacker Way		
		Meta				
				Menlo Park, CA 94025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
	_	Advertising Expense	or this seriedate)	Ads		
	X Political					
	Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expense	
١,	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
_	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Daid	
	TATMENT		` '	(c) Date(3) Great Cara 133uc	i i did	
		\$500.00	05/22/2024			
H	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	е
				1600 Amphitheatre Parkw	, ,	
		Google		· ·	•	
				Mountain View, CA 94043	}	
Г	PURPOSE OF	(a) Category	-£4bibd-d-\	(b) Description		
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Ads		
	X Political	J 1-1-1-1				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
e	xpenditure to benefit C/OH					
1						

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

	The Insti	ruction Guide explains how	to complete th	is form.	(	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 2/4 Rpt: 8/14	Williams, Shelby (M	1r.)			00088311		
4 CREDIT CARD ISSUER		ncial institution	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$1,957.87	05/23/2024					
7 PAYEE	(a) Payee name Peerly		(b) Payee ad 2232 Dell I	ddress; Range Blvd #28	City, 37	State,	Zip Code
				, WY 82009			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descripti	on			
EXPENDITURE	Advertising Expense	of this schedule)	Ads				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$222.24	05/25/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Meta		One Hacke	er Way			
			Menlo Parl	k, CA 94025			
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ads				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<b>-</b>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$361.15	05/25/2024					
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			One Hacke	er Wav			·
	Meta			,			
			Menlo Parl	k, CA 94025			
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ads				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 3/4 Rpt: 9/14	Williams, Shelby (M	1r.)			00088311		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$15.35	06/02/2024					
7	PAYEE	(a) Payee name  Google			phitheatre Parkw		State,	Zip Code
L		( ) 2 :			n View, CA 94043	<u> </u>		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Fees		Lillali Se	II VICES			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$3.94	06/02/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Amazon Web Servi	ces	410 Terr	y Avenue North			
				Seattle, \	WA 98109			
H	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Email Se	ervices			
	X Political	Advertising Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH	( ) 1	L (1) D (1 (1)	1() 5 ( (		D : 1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issuer	Paid		
		\$4,321.58	06/20/2024					
H	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
		Maniaan Coman		7501 Lor	ne Star Dr Suite E	3150		
		Mexican Sugar						
L	DUDDOOF OF	(a) Catagoni		Plano, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Event Expense		LVGIILLA	1901130			
	Non-Political	(a) Chook if traval autoid	of Toyon, Complete Cabadula T		Chook if Assatin TV	officeholder lining	uonoo	
$\vdash$	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Crieck if Austin, TX,	officeholder living exp	ense	
<b> </b> e	expenditure to benefit C/OH	San anado, Sinocholder	Office	- 5549111		J50 11010		
H	· · · · · · · · · · · · · · · · · · ·	<u> </u>						

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense vices	Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Inst	ruction Guide explains l	how to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 10/14	Williams, Shelby (N	1r.)		00088311
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	<b> \$</b>
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
		\$303.49	06/24/2024		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
				One Hacker Way	
		Meta			
				Menlo Park, CA 94025	
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description	
	EXPENDITURE	Advertising Expense	of this scriedule)	Ads	
	X Political	3 p			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin, T.	X, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held
e	xpenditure to benefit C/OH				

# SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
L	Steak Sara Faymont		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 1/4 Rpt: 11/14	Williams, S	helby (Mr.)				00088311	
4	Date	<b>5</b> Payee name						_
	06/02/2024	1	eb Services					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode			
	\$3.94	410 Terry A	venue North					
	Reimbursement from political contributions							
	intended	Seattle, WA	A 98109					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	iedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE	Advertising	Expense		L	Ch	neck if Austin, TX, officeholder living expense	
	-				Email Services			
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							
H	Date	Payee name						=
	06/14/2024	Capital One						
	Amount (\$)	Payee addre		; Zip Co	ode			_
	\$6,229.03	2000 Prest		,p o				
		200011030	onra					
	Reimbursement from political contributions	Diore TV	75002					
	intended	Plano, TX 7			T			_
	PURPOSE OF	1	ee Categories listed at the top of this sch	edule)	Description	_	neck if travel outside of Texas. Complete Schedule T	
	EXPENDITURE	Credit Card	l Payment		L		neck if Austin, TX, officeholder living expense	
					Credit Card Payr	men	IT.	
_	Operation ONE VIII	0	h alalan na ma		0#:		Off:  -  -  -	_
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Office held	
	C/OH							
F	Date	Payee name						=
	05/19/2024	FedEx Office						
$\vdash$	Amount (\$)	Payee addre		; Zip Co	nde			_
	\$1,031.60	5000 W Pa		, <u>-</u> .p -c(	J40			
		5500 W 1-a	II. DIVU					
	Reimbursement from political contributions intended	Plano, TX 7	75093					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE	Advertising	Expense			Ch	neck if Austin, TX, officeholder living expense	
	LAFLINDITORE				Print Services			
		Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
								_

# SCHEDULE **G**

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
ľ	Sch: 2/4 Rpt: 12/14	-	Williams, Shelby (Mr.)			ľ	00088311		
4	Date	5	Payee name						
	05/22/2024		Google						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode				
	\$500.00		1600 Amphitheatre Parkway						
	X Reimbursement from political contributions intended		Mountain View, CA 94043						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description	٦c	heck if travel outside of Texas. Complete Schedule T.		
ľ	OF	("	Advertising Expense	cuuic)	(b) Bescription	=	heck if Austin, TX, officeholder living expense		
	EXPENDITURE		Advertising Expense		Ads	•			
					7 140				
Ļ	Complete ONLY if direct		ndidate/Officeholder name		Office cought		Office held		
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ididate/Oniceriolder name		Office sought		Office field		
Г	Date		Payee name						
	06/02/2024		Google						
⊢	Amount (\$)	H	Payee address; City; State;	Zip Co	nde				
	\$15.35		1600 Amphitheatre Parkway	p =					
	,		1000 / implimiteatie i alikway						
	X Reimbursement from political contributions intended		Mountain View, CA 94043						
H	PURPOSE	Т	Category (See Categories listed at the top of this sche	edule)	Description	С	heck if travel outside of Texas. Complete Schedule T.		
	OF		Fees	,		$\exists$ c	heck if Austin, TX, officeholder living expense		
	EXPENDITURE				Email Services				
┢	Complete ONLY if direct	<u>I</u> Cai	ndidate/Officeholder name		Office sought		Office held		
	expenditure to benefit				3				
	C/OH								
Г	Date		Payee name						
	05/22/2024		Meta						
⊢	Amount (\$)	$\vdash$	Payee address; City; State;	Zip Co	nde				
	\$900.00		One Hacker Way	2.p 00	, de				
			One Hacker way						
	X Reimbursement from political contributions intended		Menlo Park, CA 94025						
Г	PURPOSE	Г	Category (See Categories listed at the top of this sche	edule)	Description	С	heck if travel outside of Texas. Complete Schedule T.		
	OF		Advertising Expense			<b>]</b> c	heck if Austin, TX, officeholder living expense		
	EXPENDITURE		, , , , , , , , , , , , , , , , , , ,		Ads				
$\vdash$	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held		
	expenditure to benefit	Jui	and an individual marity		Cinico Sougrit		Sinde Held		
L	C/OH								
ı									

## SCHEDULE G

# 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 Salaries/Mange/Control Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries  The Instruction Guide explains how to c	Wages/Contract Labor  omplete this form.	OTHER (enter a category not listed above)					
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)					
	Sch: 3/4 Rpt: 13/14	Williams, Shelby (Mr.)		00088311					
4	Date	5 Payee name							
	05/25/2024	Meta							
6	Amount (\$)	7 Payee address; City; State; Zip C	ode						
	\$222.24	One Hacker Way							
	Reimbursement from								
	X political contributions intended	Menlo Park, CA 94025							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense					
			Ads						
9	Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office hold					
9	Complete ONLY if direct expenditure to benefit	Candidate/Onicendider name	Office sought	Office held					
	C/OH								
	Date	Payee name							
	05/25/2024	Meta							
	Amount (\$)	Payee address; City; State; Zip C	ode						
	\$361.15	One Hacker Way							
	Reimbursement from political contributions								
	x political contributions intended	Menlo Park, CA 94025							
	PURPOSE	Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense					
			Ads						
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held					
	C/OH								
	Date	Payee name							
	06/24/2024	Meta							
	Amount (\$)	Payee address; City; State; Zip C	ode						
	\$303.49	One Hacker Way							
	Reimbursement from								
	X political contributions intended	Menlo Park, CA 94025							
	PURPOSE	Category (See Categories listed at the top of this schedule)	I	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense					
	-		Ads						
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held					
	C/OH								
l									

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•	Polling Ex Printing E Salaries/N	xpense Vages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:		R NAME			1	Filer ID (Ethics Commission Filers)	
	Sch: 4/4 Rpt: 14/14	Willi	ams, Shelby (Mr.)			'	00088311	
4	Date	5 Paye	e name					
	06/20/2024	Mex	ican Sugar					
6	Amount (\$)	<b>7</b> Paye	e address; City; State	; Zip Co	ode			_
	\$4,321.58	750	L Lone Star Dr Suite B150					
	Reimbursement from							
	X political contributions intended	   Plan	o, TX 75024					
Ļ					(a) Bereitster F	7.01-	and it transport as the set Taylor Consolida Cabadula T	_
8	PURPOSE OF	``	GOTY (See Categories listed at the top of this sc	hedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense	
	EXPENDITURE	Eve	nt Expense		Event Evnence		Sak ii / dealing 1/2, embersoled: iii iiig expense	
					Event Expense			
Ļ	0 1: 0 1: 0	0 11.	10.00		0.00		0.6	_
9	Complete ONLY if direct expenditure to benefit	Candidat	e/Officeholder name		Office sought		Office held	
	C/OH							
	Date	Paye	e name					=
	05/19/2024	1 1	e Depot					
_	Amount (\$)		•	e; Zip Co	ndo.			_
	\$800.25	1 1	L W Plano Pkwy Suite 120	;, Zip Ct	Jue			
		040.	W Plano Pkwy Suite 120					
	X Reimbursement from political contributions							
	intended	Plar	o, TX 75093					
	PURPOSE OF	Cate	gory (See Categories listed at the top of this sc	hedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Adv	ertising Expense			Che	eck if Austin, TX, officeholder living expense	
					Print Services			
	Complete ONLY if direct expenditure to benefit	Candidat	e/Officeholder name		Office sought		Office held	
	C/OH							
H	D :	1						=
	Date		e name					
	05/23/2024	Pee	<u>´</u>					
	Amount (\$)	1 1	•	e; Zip Co	ode			
	\$1,957.87	223	2 Dell Range Blvd #287					
	Reimbursement from political contributions							
	x political contributions intended	Che	yenne, WY 82009					
	PURPOSE	Cate	GORY (See Categories listed at the top of this sc	hedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Adv	ertising Expense			Che	eck if Austin, TX, officeholder living expense	
					Ads			
		Candidat	e/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
$\vdash$								_