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 53 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Staci NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 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 ΜI **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 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 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 District Judge District 101 Dallas Court of Appeals, Chief Justice District 5

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 53

13 C / OH NAME	Williams, Staci (The	Honorable)	14 Filer ID (00069606	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or		
Additional Pages	ages COMMITTEE TYPE COMMITTEE NAME					
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
46 CONTRIBUTION	4 TOTAL INITERA	TED DOUTION CONTRIBUTIONS OF USE	N. D. COOL			
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	JS)	\$ 75,823.01		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 73,043.10		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY OF THE	\$ 67,987.36		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS STING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.				
		The Ho	norable Staci Williams	6		
		Signature o	f Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
		aid	, this the	day		
of	, 20, to c	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		
-	Ŭ	Ç		<u>-</u>		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHEE	3 of 53
18 F	ILER NA	ME	19 Filer ID	(Ethics Commissi	on Filers)
٧	/illiams,	Staci (The Honorable)	00069606		
		LE SUBTOTALS		SUBTOTAL	AMOUNT
N	AME OF	SCHEDULE			
1	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	70,928.01
2	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,895.00
3		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	73,043.10
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
1	D	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
1	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	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: 1/19 Rpt: 4/53
2	FILER NAME Williams, Sta	ILER NAME Villiams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 09/06/2024	5 Full name of contributor Ayers, Jonathan6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$25.00
		Manchaca, TX 78652				
8		Principal Occupation		9 Contributor's Job Title		
	IT Consultar			IT Consultant		
10	Contributor's epivot3	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) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	08/30/2024	Barron, Thomas Contributor address; City;	State; Zip Code			\$250.00
	0	Dallas, TX 75214		O antilla de de Tida		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
-		employer/law firm		Law firm of contributor's sp	יוט	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 (\$)
	09/12/2024	Bennett, Charles				\$100.00
		Contributor address; City; Dallas, TX 75251	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)
	Bennett Leg	al				
	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	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/19 Rpt: 5/53
2	FILER NAME Williams, Sta	FILER NAME Williams, Staci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4			7 Amount of Contribution (\$) \$1,000.00		
		Dallas, TX 75234			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	lf contributor i	s a child, law firm of parent(s) (i	f any)		
	Date 09/17/2024	Full name of contributor Carter, E. Leon Contributor address; City;	out-of-state PAC (ID#:		Amount of Contribution (\$) \$5,000.00
		Dallas, TX			
		Principal Occupation		Contributor's Job Title	
	Attorney	employer/law firm		Attorney Law firm of contributor's s	acuse (if any)
	Carter Arnet			Law IIIII of Contributor 5 5	ouse (ii aliy)
		s a child, law firm of parent(s) (i	f any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/15/2024	Clayton, Gary			\$500.00
		Contributor address; City; Dallas, TX 75248	State; Zip Code		
	Contributor's	Principal Occupation		Contributor's Job Title	
	Consultant			Consultant	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Negotiate Pi	о			
	If contributor i	s a child, law firm of parent(s) (i	f 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: 3/19 Rpt: 6/53
2	FILER NAME Williams, Sta	FILER NAME Williams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 09/21/2024 5 Full name of contributor out-of-state PAC (ID#:) Clement, Alison 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00		
		Dallas, TX 75204				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Battiste Cler	employer/law firm nent PLLC		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/13/2024	Coale, David Contributor address; City; Sta	ate; Zip Code		•	\$100.00
		Dallas, TX 75201				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		or (the same)
		employer/law firm Hurst & Schwegman LLP		Law firm of contributor's sp	ous	se (II arry)
_		s a child, law firm of parent(s) (if ar	2V)			
	ii contributor i	s a ciliia, iaw iiiiii oi pareiii(s) (ii ai	iy)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/17/2024	Crawford Wishnew Lang P	PLLC			\$3,500.00
		Contributor address; City; Sta dallas, TX 75201	tte; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor 3 i	тпора Оссираноп		Contributor 3 300 True		
	Contributor's 6	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 ar	ny)	<u> </u>		

	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: 4/19 Rpt: 7/53
2	FILER NAME Williams, Sta	FILER NAME Williams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 09/13/2024	5 Full name of contributorDubose, Eugene6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$300.00
		Irving, TX 75104				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e DuBose Litig	employer/law firm gation PC		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)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/03/2024	Eaton, Chad Contributor address; City;	State; Zip Code			\$100.00
	O a stalle at a size I	Dallas, TX 75248		Occasillant and Dala Title		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
		employer/law firm		Law firm of contributor's sp	2011	co (if amy)
	RolleEaton L			Law iiiii or contributor 3 3	Jou	se (ii diiy)
		s a child, law firm of parent(s) (i	f any)	1		
L	Data	I Full control of control of the			_	Assessment of Occatable stilling (ft)
	Date 09/13/2024	Full name of contributor Estes, Dawn	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$1,000.00
		Contributor address; City; Dallas, TX 75219	State; Zip Code		<u>.</u>	1-10-10-10-10-10-10-10-10-10-10-10-10-10
	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)
	Estes, Thorr	ne, Ewing & Payne LLP				
	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 t	form.	1 Total pages Schedule A(J)1: Sch: 5/19 Rpt: 8/53
2 FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4 Date 09/17/2024			7 Amount of Contribution (\$) \$2,500.00	
	Dallas, TX 75208			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/29/2024	Gibson, Edward Contributor address; City; s Garland, TX 75040	State; Zip Code		\$500.00
Cambrilla stanla F			Cantributaria Jah Titla	
Legal Assista	Principal Occupation		Contributor's Job Title Legal Assistant	
Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
Self		: \		
if contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/06/2024	Giles, Carlfred			\$25.00
	Contributor address; City; s Monroe, LA 71201	State; Zip Code		
Contributor's F	Principal Occupation		Contributor's Job Title	
Consultant			Consultant	
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
WPMaven				
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 how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 6/19 Rpt: 9/53
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Gourdarzi, Brent 6 Contributor address; City; State; Zip Code Longview , TX 75605		7 Amount of Contribution (\$) \$5,000.00		
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10	Contributor's 6	employer/law firm Young		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	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	08/20/2024	Hamilton, Chris Contributor address; City; Si Dallas, TX 75214			\$5,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	_ L
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	Hamilton Wi	ngo, LLP			
	If contributor is	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/07/2024	Hawthorne, Stephanie Contributor address; City; St Arlington, TX 76001	tate; Zip Code		\$100.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	_ L
	HR			HR	
	Contributor's of DBDT	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	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: 7/19 Rpt: 10/53
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Hoedebeck, Charles 6 Contributor address; City; State; Zip Code Irving , TX 75038		7 Amount of Contribution (\$) \$500.00		
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>
	Attorney			Attorney	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if ar	у)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/12/2024	Hoedebeck, Charles Contributor address; City; Sta			\$4,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney	- ппсіраї Оссираціоп		Attorney	
		employer/law firm		Law firm of contributor's sp	oouse (if any)
	Self			Law IIIII of Contributor 3 3p	ouse (ii ariy)
	If contributor is	s a child, law firm of parent(s) (if ar	ly)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/13/2024	Holmes, James Contributor address; City; Sta Dallas, TX 75201	te; Zip Code		\$150.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		Law firm of contributor's sp	oouse (if any)
	Holmes PLL	С			
	If contributor is	s a child, law firm of parent(s) (if ar	ny)		

	MONET	ARY POLITICAL CON	TRIBUTIC	DNS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to co	omplete this f	orm.	1 Total pages Schedule A(J)1: Sch: 8/19 Rpt: 11/53	
2	FILER NAME Williams, Sta	FILER NAME Williams, Staci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Jones, John 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$50.	00		
		Katy, TX 77494				
8	Contributor's I Attorney	Principal Occupation		9 Contributor's Job Title Attorney		
10	Contributor's of JRJones Lav	employer/law firm w PLLC		11 Law firm of contributor's s	spouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if any)				
	Date 09/17/2024	Full name of contributor out Kane Russell Coleman Logan P Contributor address; City; State; Zig			Amount of Contribution (\$) \$1,000.	00
	Contributor's I	Dallas, TX 75202 Principal Occupation		Contributor's Job Title		
	Contributors	-ппсіраї Оссираціон		Continuator's 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)		<u> </u>		
	Date 09/16/2024	Full name of contributor out Kastle, krissi Contributor address; City; State; Zip Dallas, TX 75204	t-of-state PAC (ID#:_ o Code		Amount of Contribution (\$) \$1,000.	00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attoney		
	Kastl Law, P	employer/law firm c.C. s a child, law firm of parent(s) (if any)		Law firm of contributor's s	spouse (if any)	

	MONET	ARY POLITICAL	CONTRIBUTION	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: 9/19 Rpt: 12/53
2	FILER NAME Williams, Sta	ER NAME Iliams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	1 Date 09/17/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Law Ofices of Domingo Garcia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$3,000.00		
		Dallas, TX 75247		1		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	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) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/16/2024	Lenahan, Marc C. Contributor address; City;	State; Zip Code			\$1,000.00
		Coppell, TX 75019				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Lenahan Lav		5 a.m.)			
	if contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/12/2024	Lester, James				\$100.00
		Contributor address; City; Dallas, TX 75236	State; Zip Code			
-	Contributor's I	I Principal Occupation		Contributor's Job Title		
	RN			RN		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	USTW					
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	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: 10/19 Rpt: 13/53
2	FILER NAME Williams, Sta	ILER NAME Villiams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 09/10/2024	5 Full name of contributor Maduka, Charles6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Arlington, TX 76017				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Self	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) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/14/2024	Maggio, Marissa Contributor address; City;	State; Zip Code			\$250.00
_	Contributor's	Plano, TX 75075 Principal Occupation		Contributor's Job Title		
	Attorney	этпстрат Оссирацоп		Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/11/2024	Mathias, Damon	_ ` `			\$1,000.00
		Contributor address; City; Dallas, TX 75240	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Mathias Rap	hael PLLC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.		ges Schedule A(J) /19 Rpt: 14/53	1:
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID 000696	(Ethics Commiss	ion Filers)
4	Date 09/17/2024	5 Full name of contributor out-of-state PAC (ID#:) McCathern 6 Contributor address; City; State; Zip Code			7 Amount	of Contribution (\$)	\$2,500.00
		Dallas, TX 75219					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)		
12	! If contributor is	s a child, law firm of parent(s) (if	any)	L			
	Date 08/12/2024	Full name of contributor McClellan, Teresa Contributor address; City; \$	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	\$500.00
		Fort Worth, TX 76137					
	Contributor's Fretired	Principal Occupation		Contributor's Job Title retired			
		employer/law firm		Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)	L			
	Date 09/17/2024	Full name of contributor Miller Weisbrod Olesky L Contributor address; City; 9			Amount	of Contribution (\$)	\$5,000.00
		Dallas, TX 75382-1329					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)	I			

	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: 12/19 Rpt: 15/53
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 09/16/2024			7	Amount of Contribution (\$) \$1,000.00	
		ļ		T		
8		Principal Occupation		9 Contributor's Job Title		
40	Attorney			Attorney		or (the same)
10	Payne Mitch	employer/law firm ell		11 Law firm of contributor's sp	oous	se (IT any)
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/05/2024	Nichols, Mike Contributor address; City;	State; Zip Code		-	\$100.00
		Tyler, TX 75760				
	Publisher	Principal Occupation		Contributor's Job Title Publisher		
		employer/law firm		Law firm of contributor's sp	20116	co (if any)
	Self	Simployer/idw iiiiii		Law IIIII of Contributor 3 3	Jou	se (ii ariy)
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/10/2024	Owen, John	_			\$100.00
		Contributor address; City; Colleyville, TX 76034	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)
	Owen & Faz	io				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL (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: 13/19 Rpt: 16/53	
2	FILER NAME Williams, Sta	aci (The Honorable)		3 Filer ID (Ethics Commission File 00069606	ers)	
4	Date 09/17/2024 5 Full name of contributor out-of-state PAC (ID#:) Patton, Jonathan (Mr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75225		7 Amount of Contribution (\$) \$5	500.00		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm Inson & Patton		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	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/10/2024 Pope, Cindy Contributor address; City; State; Zip Code				500.00		
	Contributor's I	Fate, TX 75189 Principal Occupation		Contributor's Job Title		
	Realtor	- ппстрат Оссирацоп		Realtor		
		employer/law firm		Law firm of contributor's sp	pouse (if any)	
	Cindy Pope/			·	, , , , , ,	
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	08/26/2024	Progar, Therese Contributor address; City; Si Richardson, TX 75082	tate; Zip Code		 	\$25.00
	Contributor's F	IPrincipal Occupation		Contributor's Job Title		
	retired			retired		
				Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)	<u> </u>		

	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: 14/19 Rpt: 17/53
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 09/09/2024	Full name of contributor Rodriguez, O. ReyContributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Carrolton, TX 75010				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm of O. Rey Rodriguez		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)	I		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/06/2024	Rodriguez, Rey Contributor address; City;	State; Zip Code			\$150.00
		Carrollton, TX 75010				
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Attorney Law firm of contributor's sp		on (if any)
		f O. Rey Rodriguez		Law littl of contributors sp	Jou:	se (II aliy)
		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/10/2024	Rosenberg, Betsy				\$100.00
		Contributor address; City; Dallas, TX 75252				
_	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Not Employe			Not employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Not Employe	ed				
	If contributor is	s a child, law firm of parent(s) (i	f 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: 15/19 Rpt: 18/53
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 09/15/2024 5 Full name of contributor out-of-state PAC (ID#:) Schleicher, David 6 Contributor address; City; State; Zip Code Waco, TX 76703		7 Amount of Contribution (\$) \$250.01		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10		employer/law firm aw Firm, PLLC		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/13/2024 Sien, Susan Contributor address; City; State; Zip Code Austin, TX 78735			\$3.00 		
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Not Employe	ed		Not Employed	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	09/10/2024	Smith, Jason (Mr.) Contributor address; City; Sta	tte; Zip Code		\$250.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
				Law firm of contributor's sp	pouse (if any)
	Law Offices	of Jason Smith			
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		

	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: 16/19 Rpt: 19/53
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 09/13/2024 Summer, Steve 6 Contributor address; City; State; Zip Code Dallas, TX 75204		7	Amount of Contribution (\$) \$100.00		
8		Principal Occupation		9 Contributor's Job Title		
L	Attorney			Attorney		(1)
10	Summer Lav	employer/law firm v		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	. II continuator i	o a orma, law mm or paremio, (ii	uriy)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
09/06/2024 Taylor, Ben (Mr.)					\$250.00	
		Contributor address; City; S	State; Zip Code			
		Dallas, TX 75214				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Ted B. Lyon					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/17/2024	Ted B. Lyon & Assoc., P	.c			\$2,500.00
		Contributor address; City; S	State; Zip Code		•	
_	Contributorio	Mesquite, TX 75150		Contributorio Joh Titlo		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	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	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: 17/19 Rpt: 20/53
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	09/17/2024 Tillotson Johnson Patton 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5,000.00		
		Dallas, TX 75202		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10 Contributor's employer/law firm					oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/24/2024	Tucker, Glenn Contributor address; City;	State; Zip Code		•	\$5,000.00
		Dallas, TX 75237				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
		of Glenn D. Tucker, Sr.				
	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#:)		Amount of Contribution (\$)
	09/25/2024	Vitullo, Lenny	_			\$1,000.00
		Contributor address; City; Dallas, TX 75220	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Vitullo Law F					•
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 18/19 Rpt: 21/53	
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	08/12/2024 West, Subvet 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$1,000.00	
		Lavon, TX 75166				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Self	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)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/25/2024	Contributor address; City; S	State; Zip Code			\$1,000.00
L	Contributor's	Lavon, TX 75166 Principal Occupation		Contributor's Job Title		
	Attorney	-ппстрат Оссирацоп		Attorney		
		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)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/10/2024	Williams, Rachel Contributor address; City; 9 Dallas, TX 75231	State; Zip Code			\$1,000.00
-	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
Н	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Williams Lav	v PC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTI	RIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to com	1 Total pages Schedule A(J)1: Sch: 19/19 Rpt: 22/53	
2	FILER NAME Williams, Sta	aci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606	
4	5 Full name of contributor out-of-state PAC (ID#:) Willis, Selwyn 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00	
		Longview, TX 75601		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Podiatrist		Podiatrist	
10	Contributor's Selwyn Willi	employer/law firm s DPM	11 Law firm of contributor'	s spouse (if any)
12		is a child, law firm of parent(s) (if any)		
	Data	Full page of contributor	ALL DAG (ID)	Amount of Contribution (#)
	Date 09/12/2024	Full name of contributor out-of-s Young, Marty	state PAC (ID#:)	Amount of Contribution (\$) \$5,000.00
		Contributor address; City; State; Zip Co	de	
		Logview, TX 75605		
		Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor'	s spouse (if any)
	Goudarzi &			
	if contributor i	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/53 FILER NAME 3 Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 00069606 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/17/2024 Godwin Bowman \$4,895.00 I fundraiser 7 Contributor address; City; State; Zip Code Dallas, TX 75201 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 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)

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

Candidate/Officeholder/Politica Credit Card Payment			mittee Legal Services Salaries/Wag		Contract Labor		OTHER (enter a	trict category not listed above))
	Credit Card Fayment		The Instruction Guide explains how to comp	plet	e this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/30 Rpt: 24/53		Williams, Staci (The Honorable)				00069606		
4	Date	5	Payee name						
	08/01/2024		ABM Parking						
6	Amount (\$)	7	Payee address; City; State; Zip Code	e					
	\$40.00		11651 Plano Road						
			Suite 200						
			Dallas, TX 75243						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b)	Description				
	OF		Office Overhead/Rental Expense	, 		utsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE		·	Ī	Check if Austin,	TX,	officeholder living	expense	
					Parking for Co	our	t Coordinato	or	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name Office sough	nt			Office he	eld	
	experialitire to beliefit C/O	''							
	Date		Payee name						
	09/01/2024	.	ABM Parking						
	Amount (\$)		Payee address; City; State; Zip Code	е					
	\$20.00		11651 Plano Road						
			Suite 200						
			Dallas, TX 75243						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense		_ `	utsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITORE		·				officeholder living		
					Parking for Co	our	t Coordinato	or	
	Operation ONLY # discort	<u> </u>	Office and detailed	- 4			O#: I	1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name Office sough	π			Office he	eia	
		1							
	Date	1	Payee name						
	09/24/2024		AGE Graphics						
	Amount (\$)		Payee address; City; State; Zip Code	е					
	\$1,725.00								
			OH						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b	b)	Description				
	OF EXPENDITURE		Printing Expense	ļ			de of Texas. Comp		
				ı	Printing of car		officeholder living		
					i initing of car	·ιμ	aigii iilatelle		
	Complete ONLY if direct		andidate/Officeholder name Office sough	nt			Office he	ald.	
	expenditure to benefit C/OI		and and the sough	••			Cilico He		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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: 2/30 Rpt: 25/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/26/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$338.00	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	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Anedot fundraising fees during the relevant period
		Anedot fullulaising lees during the relevant period
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	09/16/2024	BNF Johnston Campaign
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$7,938.04	1140 FM2094
		Austin, TX 77565
	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 Campaign Advertising
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/15/2024	BUC-EE's #38
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.00	
		Royce City, TX
	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
		Gas for traver in district
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
ı		

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

	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: 3/30 Rpt: 26/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/15/2024	BUC-EE's #38
6	Amount (\$) \$24.00	7 Payee address; City; State; Zip Code Royce City, TX
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 Snacks for staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2024	Bankem Printing
	Amount (\$) \$86.60	Payee address; City; State; Zip Code 2357 S Collins St Arlington, TX 76014
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pushcard printing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	Bankem Printing
	Amount (\$) \$270.63	Payee address; City; State; Zip Code 2357 S Collins St
		Arlington, TX 76014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing of pushcarts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 4/30 Rpt: 27/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/15/2024	Beatty, Lelans
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Buc-EE's #44
	Amount (\$) \$24.38	Payee address; City; State; Zip Code 1550 Central Expy. Melissa, TX 75454
	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 Lunch for volunteer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/08/2024	Charco Broiler Steakhouse
	Amount (\$) \$6.75	Payee address; City; State; Zip Code Jefferson
		Dallas, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal w/club
	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

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		Legal Services The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Fi	ilers)
	Sch: 5/30 Rpt: 28/53	Williams,	Staci (The Honorabl	e)				00069606		
4	Date	5 Payee nam	е							
	07/17/2024	Cindi's Ne	w York Deli							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$48.60	306 S. Ho	uston Street							
		Dallas, TX								
8	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense			=		ide of Texas. Com , officeholder living		
						Lunch for stat		, 0001101001	у охронов	
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office so	<u>I</u> ught			Office he	eld	
F	Date	Payee nam	e							
	09/19/2024	Cindi's Ne	w York Deli							
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$257.26	306 S. Ho	uston Street	•						
		Dallas, TX	75202							
	PURPOSE OF		See Categories listed at the t		(b)	Description				
	EXPENDITURE	Office Ove	erhead/Rental Expe	nse		=		ide of Texas. Com , officeholder living		
						Lunch for Jur		, omeenolder living	у схренас	
							,			
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	<u>l</u> ught			Office he	eld	
H	Date	Payee nam	•							
	08/21/2024	1 1	e Inty Democratic Wo	men						
L					1 -					
	Amount (\$)	Payee addr	ess; City;	State; Zip C	oue					
	\$36.35									
		Plano, TX								
H	PURPOSE	(a) Category	See Categories listed at the t	on of this schedule)	(b)	Description				
	OF	Event Exp		op of this scriedule)	`´		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin,	, TX	, officeholder living	g expense	
						Debate ticket	S			
L										
	Complete ONLY if direct		fficeholder name	Office so	ught			Office he	eld	
L	expenditure to benefit C/OI									

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	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: 6/30 Rpt: 29/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/17/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$263.31	1601 Trapelo Road
		Waltham, MA 02451
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 Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	08/13/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.13	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 Subscription
		Subscription
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
	09/06/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
1	\$4.82	
		TX
	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
		Image cost
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 7/30 Rpt: 30/53	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/13/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$267.32	- Layee add. edg, - edg, - p eede
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/01/2024	Dallas MTV LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	
		Dallas, TX
	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
		Advertisement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
	Date	Payee name
L	07/19/2024	Domino's Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.50	1133 N Zang Blvd.
		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
		Food for Jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
Fo	rms provided by Texas E	thics Commission www.ethics.state.tx.us Version V4.1.0.48da51

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

t 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 this form.	
1	Total pages Schedule F1: Sch: 8/30 Rpt: 31/53		hics Commission Filers)
4	Date 09/09/2024	5 Payee name Don't Believe the Hype Foundation	
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete to Check if Austin, TX, officeholder living expertage Team fee for charity bowling even	nse
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date 08/08/2024	Payee name EAVentures	
	Amount (\$) \$4,630.00	Payee address; City; State; Zip Code	
		Atlanta, GA	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete: Check if Austin, TX, officeholder living expectant	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date 09/23/2024	Payee name EAVentures	
	Amount (\$) \$4,500.00	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete: Check if Austin, TX, officeholder living expe	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

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	
_	Tatal manage Calculula E4.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 9/30 Rpt: 32/53	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date	5 Payee name
	07/25/2024	Eva, Richardson
6	Amount (\$) \$524.58	7 Payee address; City; State; Zip Code 120 Cascade Drive
		Red Oak, TX 75154
8	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Administrative assistance
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/17/2024	Go Daddy
_		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.32	14455 N.Hayden Road
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Updates to services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/19/2024	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Update to services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/30 Rpt: 33/53	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	·
	07/16/2024	Gray, Lisa	
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code	
		TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
L	09/20/2024	Gray, Lisa	
	Amount (\$) \$2,765.00	Payee address; City; State; Zip Code	
		TX	
	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 Campaign material Distribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/13/2024	Payee name Grayson County Democrats	
	Amount (\$) \$45.00	Payee address; City; State; Zip Code	
		Sherman, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership
	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 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 this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/30 Rpt: 34/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/05/2024	Hamilton Park United Methodist Scholarship
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	
		Dallas, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation to scholarship golf tournament
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/01/2024	Hilton Anatole
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	2201 N. Stemmons Freeway
		D. II TV 75007
L		Dallas, TX 75207
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	07/26/2024	Houston Millenials
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		Houston, TX
	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
		Booth at event
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

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

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 this form.
1	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 12/30 Rpt: 35/53	Williams, Staci (The Honorable) 00069606
4		5 Payee name
L	09/16/2024	Jimmy Johns #1280
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.69	
l		
L		Dallas, TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Lunch for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
F	Date	Payee name
l	09/15/2024	Kroger #4142
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$21.46	
l		
		TX
⊢	PURPOSE	<u></u>
l	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parade snacks for participants.
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
l	Date	Payee name
	08/29/2024	Local Profile
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$750.00	
l		
L		Plano, TX
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Advertisement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		

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	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: 13/30 Rpt: 36/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
L	09/22/2024	Lowe's #515
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$317.35	11920 Inwood Road
		Dallas, 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
		Polls for large campaign signs
		1 one for large sampling region
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	07/08/2024	MJQ Promotions
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	
		TX
	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 Campaign Promotion
		Campaign Tomoton
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/21/2024	McAtee, Trey
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	
		CA
Г	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
		Campaign consulting
L	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
1	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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	d 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: 14/30 Rpt: 37/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/09/2024	McAtee, Trey
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code CA
8	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
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	08/19/2024	McAtee, Trey
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
		CA
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/08/2024	McAttee, Trey
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code
		CA
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting
	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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/30 Rpt: 38/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/11/2024	Muslim Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	601 Engleside Drive
		Arlington, TX 76018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Meeting expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/23/2024	Now Magazines LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,380.00	327 N. Grand Ave.
		Waxahachie, TX 75165
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Advertisement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2024	Office Business Machines
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.58	5930 LBJ Freeway
		Dallas, TX 75240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Copies for Citizens' Civil Academy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/30 Rpt: 39/53	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	•
	07/30/2024	Outfront Media	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,462.50	11233 N. Stemmons Frwy.	
		Dallas, TX 75229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		if Austin, TX, officeholder living expense
		Adverti	sing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_	Date		
	Date	Payee name	
	09/10/2024	Paperless Post	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.93		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	EXPENDITURE	Solicitation and alsing Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		Invitation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/10/2024	Paperless Post	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$511.72		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Solicitation/Fundraising Expense	if travel outside of Texas. Complete Schedule T.
	LAFLINDHORL		if Austin, TX, officeholder living expense
		Invitation	on for fundraiser
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	9	Office held

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

se Travel (nse Travel (es/Contract Labor OTHER

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 17/30 Rpt: 40/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/24/2024	ParkReceipts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	
		Plano, TX
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 Parking for event
		T diving for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/12/2024	PepperSquare Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.84	14902 Presston Road
	Ψ104.04	Suite 902
		Dallas, TX 75254
	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
		Cleaning of rug after flood
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/09/2024	Pho Que Huong
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.25	4826 Beltline
		Addisson, 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 for volunteers
		Editor for volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	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: 18/30 Rpt: 41/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/07/2024	Plano Super Bowl
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.94	2521 K Ave,
		Plano, TX 75074
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 Food for Bowlers at Bowl-a-Thon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/22/2024	Potbelly #63
	Amount (\$)	Payee address; City; State; Zip Code
	\$252.22	
		Dallas, TX
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for jurors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Dougo nama
	07/22/2024	Payee name Potbelly #63
	Amount (\$)	Payee address; City; State; Zip Code
	\$231.22	rayee address, City, State, Zip Code
	4201.22	
		Dallas, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for Jurors
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Onditions to bottom O/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/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: 19/30 Rpt: 42/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/22/2024	Potbelly #63
6	Amount (\$) \$80.86	7 Payee address; City; State; Zip Code TX
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 Lunch for Staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/16/2024	Pride Dallas
	Amount (\$) \$125.00	Payee address; City; State; Zip Code
		Dallas, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Entry fee for Pride Parade
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2024	PrintNoise
	Amount (\$) \$435.88	Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75081
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign push cards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

g Expense Travel in Dis g Expense Travel Out of es/Wages/Contract Labor OTHER (ent

	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: 20/30 Rpt: 43/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/30/2024	PrintNoise
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.89	903
		Bowser
		Richardson, TX 75081
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 Design Fee
		Design Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/06/2024	PrintNoise
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,649.32	903
		Bowser
		Richardson, TX 75081
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Printing Materials
		Campaign Finding Materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/23/2024	PrintNoise
	Amount (\$)	Payee address; City; State; Zip Code
	\$691.39	903
		Bowser
		Richardson, TX 75251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Printing for pushcarts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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 complete this form.
1	Total pages Schedule F1: Sch: 21/30 Rpt: 44/53	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date 09/25/2024	5 Payee name PrintNoise
	Amount (\$) \$2,650.11	7 Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75251
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing Campaign materials
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/16/2024	Payee name Public Policy Polling
	Amount (\$) \$7,500.00	Payee address; City; State; Zip Code Suite 201 Raleigh, NC 27604
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Polling Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/10/2024	Payee name QT 1916
	Amount (\$) \$36.00	Payee address; City; State; Zip Code 2840 W. White
		Anna, TX 75409
	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 in District
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 22/30 Rpt: 45/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/22/2024	QT 923
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.75	8414 S.Hampton Road
		Dallas, TX 75232
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
		Travel within District
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/13/2024	QT 933
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	6400 Preston Road
		Plano, TX 75024
	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.
	_/	Coo for troval in district
		Gas for travel in district
	Complete ONLY if direct	Condidate/Office holder name Office pought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	08/13/2024	Quality Logo Products
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,566.43	724 North Highland Ave.
		Aurora, IL 60506
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Trinkets for events
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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: 23/30 Rpt: 46/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/04/2024	RaceTrac 514
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.28	12250 Greenville Ave.
		Dallas, TX 75243
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel to events in 3 counties
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/27/2024	Raising Cane 0154
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.42	11748 N.Central Expy
		Dallas, TX 75243
	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 for volunteers
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/14/2024	Shell Service Station
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$49.99	
		Dalls, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gas for travel in district
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	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 C 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 24/30 Rpt: 47/53	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/08/2024	Southern Dallas Living Magazine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,375.00	1716 White Cap
		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 Advertisement
		Advertisement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	08/01/2024	Southwest Jewish Conference
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	P.O. Box 70016
		Dallas, TX 75370
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Advertisement for awards banquet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/29/2024	Southwest Media Marketing
	Amount (\$)	Payee address; City; State; Zip Code
	\$480.00	20 E. Pleasant Run road
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Mobile Billboard Advertising
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_		

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 25/30 Rpt: 48/53	Williams, Staci (The Honorable)		00069606	
4	Date	5 Payee name			
	09/23/2024	Southwest Media Marketing			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$720.00	204 E. Pleasant Run			
		Lancaster, TX 75146			
8	PURPOSE) Description		
٠	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	_	outside of Texas. Cor	mplete Schedule T.
	EXPENDITURE	havertising Expense	Check if Austin	n, TX, officeholder livin	ng expense
			Mobile billbo	ard	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office h	neld
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	08/24/2024	Spring Creek Barbque			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$37.45	720 N. Central Expy			
		Richardson, TX 75080			
	PURPOSE) Description		
	OF	Food/Beverage Expense		outside of Texas. Cor	mplete Schedule T.
	EXPENDITURE		ш	n, TX, officeholder livin	ng expense
			Lunch for vol	unteers	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	t	Office h	neld
	Date	Payee name			
	09/03/2024	Stanford Campaigns			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,875.00	3400 Oak Grove			
		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. Cor	
	EXPENDITURE		ш	n, TX, officeholder livin	ng expense
			Campaign co	onsulting	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	t	Office h	neld
	Superiord to benefit 0/01				

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula E4.	S EU SD MAMS
1	Total pages Schedule F1: Sch: 26/30 Rpt: 49/53	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date	5 Payee name
	09/13/2024	Starbucks #53267
6	Amount (\$) \$14.75	7 Payee address; City; State; Zip Code 3620 W. Camp Wisdom Road Dallas, TX
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 Coffee for volunteers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	P.O. Box 12487
	DUDDOCE	Austin, TX 78711-2487
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bar Dues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/09/2024	Texas Alliance of Retired Teachers
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	
		Dallas, TX
	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 Campaign Advertising
	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: 27/30 Rpt: 50/53	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date 08/27/2024	5 Payee name The Dallas Examiner
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4510 S. Malcolm X Blvd. Dallas, TX 75215
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/11/2024	Payee name The Dallas Examiner
	Amount (\$) \$1,640.00	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/07/2024	Payee name Tom Thumb #3296
	Amount (\$) \$28.12	Payee address; City; State; Zip Code
		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water for Jurors/Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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 complete this form.						
1	Total pages Schedule F1: Sch: 28/30 Rpt: 51/53	FILER NAME Williams, Staci (The Honorable)			Filer ID 00069606	(Ethics Commission Filers)	
4	Date 09/23/2024	5 Payee name Tom Thumb #3623					
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code					
8	PURPOSE OF EXPENDITURE	TX (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	_	, TX, (officeholder living	olete Schedule T. expense	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office he	eld	
	Date 09/23/2024	Payee name WPMaven					
	Amount (\$) \$1,900.00	Payee address; City; State; Zip Code TX					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	\Box	, TX, 0	officeholder living	olete Schedule T. expense	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date 09/21/2024	Payee name Wal-Mart #3204					
	Amount (\$) \$49.50	Payee address; City; State; Zip Code 820 E. Belt Line Road					
		Cedar Hill, TX 75104					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b)		, TX, (officeholder living	olete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld	

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

	Credit Card Payment	The Instruction Guide explains how to co	mpl	plete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
	Sch: 29/30 Rpt: 52/53	Williams, Staci (The Honorable)		00069606	
4	Date	5 Payee name		•	
	09/22/2024	Wal-Mart #3204			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	9	
	\$49.50	820 E. Belt Line Road			
		Cedar Hill, TX 75104			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	D) 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 to events	
				Gas for travel to events	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>L</u> Jaht	office held	
	expenditure to benefit C/O		.5		
_	Date	Payee name			
	09/14/2024	Wal-Mart #3406			
	Amount (\$)	Payee address; City; State; Zip Co			
	\$43.64	, , , , , , , , , , , , , , , , , , , ,			
		Dallas, TX			
	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.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Snacks for jurors	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	office held	
	expenditure to benefit C/O		igni	di Onice neid	
	Date	Davis vers	_		—
	07/02/2024	Payee name Wal-Mart Super 251			
	Amount (\$)	·			
	\$96.71	Payee address; City; State; Zip Co 621 Uptown Blvd	Jue	;	
	Ψ30.71	OZI Optown Bivu			
		Cedar Hill, TX 75104			
	DUDDOOF		[a.\	2	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Onice Overneau/Rental Expense		Check if Austin, TX, officeholder living expense	
				Snacks/water for jurors	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	t Office held	
	expenditure to benefit C/Ol	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: 30/30 Rpt: 53/53	Williams, Staci (The Honorable)		00069606		
4	Date	5 Payee name		•		
	08/04/2024	Wal-Mart Super 251				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$77.17	621 Uptown Blvd				
		Cedar Hill, TX 75104				
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.		
	LAFLINDHORL			Check if Austin, TX, officeholder living expense		
				Snacks for jurors and staff		
Ļ	Operation ONE V if dispose	Out lide to 10th as had a superior	!	Office held		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ugnt	t Office held		
L						
	Date	Payee name				
	08/09/2024	Walmart 3204				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$44.15					
		Cedar Hill, TX				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)) Description		
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
				Travel in District		
Н	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>ı</u> ught	t Office held		
	expenditure to benefit C/O	1				
Г						