CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form	1 Filer ID (Ethics Commission Filers) 00087957	2 Total pages filed: 32
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mrs. Dawn T.		Date Received
			ELECTRONICALLY FILED
	NICKNAME LAST	SUFFIX	10/28/2024
	Dawn Richardson Williams-R		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	P.O. Box 690523		Receipt # Amount
ADDRESS			, and an
Change of Address	Killeen, TX 76549		Date Processed
			Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST	MI	-
TREASURER NAME	Mrs. Delise D.		
	NICKNAME LAST	SUFFIX	
	Coleman		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #; CI	TY; STATE; ZIP CODE
TREASURER ADDRESS	3102 Claymore Street		
(Residence or Business)	Killeen, TX 76542		
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(757) 575-5554		
8 REPORT TYPE		of an alterial Description	450 4 - 6
''' -	January 15 30th day be	efore election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 X 8th day bef	ore election Exceeded modified	Final Report (Attach C/OH-FR)
		reporting limit	
9 PERIOD	Month Day Year	Month Da	ay Year
COVERED	09/27/2024	THROUGH 10/26/2	2024
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary Runoff	Other
	11/05/2024	X General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUG	GHT (if known)
			entative District 54
	1		
		O TO DACE 2	
	G	O TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Williams-Richardson,	Dawn T. (Mrs.)	14 Filer ID 00087957	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made wi I officeholders are required to report this infor	thout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 22,000.13
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 16,436.14
CONTRIBUTION BALANCE	REPORTING PE			\$ 12,616.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	IS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			nenalty of perjury, that the acc des all information required t ode.	
		NA	Davis T. Milliana Diabanda	
			Dawn T. Williams-Richards ure of Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AB	G		uu.
Sworn to and subs	cribed before me. by the s	aid	, this the	day
		ertify which, witness my hand and seal of offic		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			CC	JVER SHE	3 of 32
	LER NAI /illiams-	ME Richardson, Dawn T. (Mrs.)	19 Filer ID 00087957	(Ethics Commis	ssion Filers)
		E SUBTOTALS SCHEDULE		SUBTOTA	AL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,541.75
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	8,458.38
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	16,436.14
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		\$	
10). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	L. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/32	
2	FILER NAME Williams-Ric	hardson, Dawn T. (Mrs.)			3	Filer ID (Ethics Commission 00087957	on Filers)
4	Date 10/18/2024	Allen-Savietta, Cora	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$1.00
_		Austin, TX 78752			_		
8	Statistician	pation / Job title (See Instructions)	9	Employer (See Instructions Berry Consultants	5)		
	Date 10/08/2024	Beauvil, Jessica				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not Employe	ed		Not Employed			
	Date 10/16/2024	Full name of contributor out-of-sta Black, Mary Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$2.08
		Austin, TX 78756					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	s)		
	Date 10/26/2024	Brodsky, Nina)		Amount of Contribution (\$)	\$2.50
	Principal occu bookkeeper	pation / Job title (See Instructions) and artist		Employer (See Instructions self	5)		
	Date 10/13/2024	Full name of contributor out-of-state Carranza, Susana Contributor address; City; State; Zip Cod Austin, TX 78701	ate PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Chemical En	pation / Job title (See Instructions)		Employer (See Instructions Makel Engineering, Inc.	5)		
		-		3 3, 113			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/32	
2	FILER NAME Williams-Ric	hardson, Dawn T. (Mrs.)				3	Filer ID (Ethics Commission 00087957	n Filers)
4	Date 09/30/2024	5 Full name of contributor Collins, Karen6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78756						
8	Principal occu Not employe	pation / Job title (See Instructions d	5)		Employer (See Instructions Not employed	5)		
	Date 10/05/2024	Full name of contributor Criss, Susan Contributor address; City; S	out-of-state PAC (ID#:		_		Amount of Contribution (\$)	\$200.00
		Salado, TX 76571				<u> </u>		
	Attorney	pation / Job title (See Instructions	S)		Employer (See Instructions Criss & Rousseau Law		m, LLP.	
	Date 10/22/2024	Full name of contributor Cuellar, Erwin Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Hutto, TX 78634						
	Principal occu CFO	pation / Job title (See Instructions	5)		Employer (See Instructions Fenix Post Tension	s)		
	Date 10/08/2024	Full name of contributor Davis, Jennifer Contributor address; City; S Austin, TX 78728	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2.08
	Principal occu Self	pation / Job title (See Instructions	s)		Employer (See Instructions Prilgrimage	5)		
	Date 10/26/2024	Full name of contributor Diehl, D L Chris Contributor address; City; S Mercer Island, WA 98040				•	Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions	5)		Employer (See Instructions Group Health Permanel			
	-				·			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/32	
2	FILER NAME Williams-Ric	hardson, Dawn T. (Mrs.)			3	Filer ID (Ethics Commission 00087957	n Filers)
4	Date 10/14/2024	5 Full name of contributor [Durrant, Annette6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Dringing! aggs	Welsey Chapel, FL 33545	I o	Employer (See Instructions	<u></u>		
8	General Cou	pation / Job title (See Instructions) Insel	9	Employer (See Instructions Queens College of CUN			
	Date 09/30/2024	Full name of contributor [Egg, Richard Contributor address; City; Sta				Amount of Contribution (\$)	\$30.00
	Principal occu	Salado, TX 76571-5403 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	,		
	Date 10/10/2024	Full name of contributor Fine, Mary Ellen Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)	•	Amount of Contribution (\$)	\$4.17
		Austin, TX 78745					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
	Date 10/16/2024	Full name of contributor Hommel, Solange Contributor address; City; Sta Killeen, TX 76549-3756				Amount of Contribution (\$)	\$25.00
	Principal occu Public relation	pation / Job title (See Instructions)		Employer (See Instructions Hamumu Games Inc	5)		
	Date 10/08/2024	Full name of contributor Johnston, Benjamin Contributor address; City; Sta Austin, TX 78705)	•	Amount of Contribution (\$)	\$20.84
	Principal occu Librarian	pation / Job title (See Instructions)		Employer (See Instructions Austin Community Colle			
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/32	
2	FILER NAME Williams-Ric	hardson, Dawn T. (Mrs.)				3	Filer ID (Ethics Commission 00087957	Filers)
4	Date 10/13/2024	5 Full name of contributor Kitchen`, Sara6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$4.17
_	Dringing Loon	Austin, TX 78756		_	Employer (Coo Instructions	<u></u>		
8	Consultant	pation / Job title (See Instructions	(5)	9	Employer (See Instructions TSBVI	5)		
	Date 09/28/2024	Full name of contributor Langford, Nancy Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Not Employe	ed			Not Employed			
Date 10/11/2024		Full name of contributor Langford, Nancy Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77098						
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions Not Employed	5)		
	Date 10/20/2024	Full name of contributor Lemieux, Walter Contributor address; City; S Belton, TX 76513	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions porn Convention Center	5)		Employer (See Instructions City of Temple TX	5)		
	Date 10/15/2024	Full name of contributor Lemmond, Byron Contributor address; City; S Katy, TX 77449-7504	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$7.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/32	
2	FILER NAME Williams-Ric	hardson, Dawn T. (Mrs.)			3	Filer ID (Ethics Commission 00087957	Filers)
4	Date 09/29/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
8	Dringing con	New York, NY 10011	•	Employer (See Instructions	<u>,,</u>		
0	Social work	pation / Job title (See Instructions)	9	Employer (See Instructions Self	»)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_ Price, Jared Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	<u> </u>	Austin, TX 78703		5 1 (2 1 1 1	<u></u>		
	Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
Date 10/20/2024		Full name of contributor out-of-state PAC (ID#:_ Raffaelli, Paulo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.08
		San Francisco, CA 94112					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Cisco Meraki	5)		
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID#:_ Redifer, Betty Contributor address; City; State; Zip Code Rochester, NY 14617)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_Rideout, Pam Contributor address; City; State; Zip Code LAKEWOOD, WA 98499)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/32	
2	FILER NAME Williams-Ric	hardson, Dawn T. (Mrs.)			3	Filer ID (Ethics Commission 00087957	ı Filers)
4	Date 10/20/2024	Rodriguez, Felipe	state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Killeen, TX 76543	i				
8	Principal occu Educator	pation / Job title (See Instructions)	9	Employer (See Instructions Killeen Independent Sch		l District	
	Date 10/24/2024	Rogers, Kathryn Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$5.00
	Principal occu Editor	Austin, TX 78757 pation / Job title (See Instructions)		Employer (See Instructions self	<u>;</u>)		
	Date 10/02/2024	Full name of contributor out-of-s Sandor, David Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Dringing age	Houston, TX 77019		Employer (See Instructions	_		
	Campaign M	pation / Job title (See Instructions) anager		Employer (See Instructions Molly for Texas	')		
	Date 09/30/2024	Schneider, Joan				Amount of Contribution (\$)	\$37.50
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 09/27/2024	Spain, Diana	state PAC (ID#:			Amount of Contribution (\$)	\$2.08
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			·				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/32
2	FILER NAME Williams-Rich	hardson, Dawn T. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087957
4	Date 10/26/2024	5 Full name of contributor Spain, Diana6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$) \$2.08
8	Principal occu	Austin, TX 78751 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Not Employe			Not Employed	,	
	Date 10/17/2024	Full name of contributor Texas Bluebonnet PAC Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$) \$1,000.00
		Lampasas, TX 76550				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 10/02/2024	Full name of contributor Torres, Tomas Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$) \$10,000.00
	· · ·	Houston, TX 77027		5 1 (0 1 1 1	<u></u>	
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)	
	Date 10/26/2024	Full name of contributor Ward, M Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$) \$4.17
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Ascension	5)	
	Date 10/12/2024	Full name of contributor Williams, Elizabeth Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$) \$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)	
			l.	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/32	
2	FILER NAME Williams-Ric	hardson, Dawn T. (Mrs.)		3	Filer ID (Ethics Commission 00087957	on Filers)
4	Date 09/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Dallas, TX 75214-4842 upation / Job title (See Instructions)	9 Employer (See Instructions Not Employed	<u> </u> s)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_stewart, susan Contributor address; City; State; Zip Code Pflugerville, TX 78660			Amount of Contribution (\$)	\$150.00
	Principal occu teacher	pation / Job title (See Instructions)	Employer (See Instructions Austin ISD	<u> </u> s)		
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID#:_wilkerson, angenet Contributor address; City; State; Zip Code Killeen, TX 76549		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Killeen ISD	<u> </u> S)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Williams-Rid	chardson, Dawn T. (Mrs.)		00087957
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description
09/30/2024	- Treddefile Fer Fexane Fixe		contribution (\$) description \$970.57 Dawn Richardson
	7 Contributor address; City; State; Zip Code		Postcards and Dawn
			Richardson Signs
	Austin , TX 78722		Check if travel outside of Texas. Complete Schedule
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
40.11			
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
10/06/2024	Represent Texas		\$428.57 GOTV Rides to The Pols
	Contributor address; City; State; Zip Code		Program in my district facilitated by
			RideShare2Vote
	Dallas, TX 75214		Check if travel outside of Texas. Complete Schedule
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If a subside of a	in a child less from a factor of the control (for any) (FOR AUDIOIAL)		
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
09/30/2024	Texas Democratic Party Contributor address; City; State; Zip Code		\$7,059.24 For Salary of Field
	Contributor address, City, State, Zip Code		Director
	Austin, TX 78761		Check if travel outside of Texas. Complete Schedule
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contribute:	ic a child law firm of parant/a) /if any) /FOR 11/DICIAL)		
ii 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

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	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling Ex se Printing E Salaries/V	pense xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis	
			The Instruction Guide ex	cplains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/20 Rpt: 13/32	Williams-R	ichardson, Dawn T. (N	Mrs.)				00087957	
4	Date	5 Payee name	<u> </u>				<u> </u>		
ľ	10/03/2024	Amazon.co							
Ļ									
6	Amount (\$)	7 Payee addre		State; Zip Co	ode				
	\$32.01	440 Terry <i>A</i>	Ave. N						
		Seattle, W	A 98109						
8	PURPOSE	(a) Category (a	See Categories listed at the top o	£41=1=1=1=1=1	(b)	Description			
	OF	Event Expe		r tris scriedule)	(~)	_ :	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	L Vent Expe	Siloc			_		officeholder living	
						Decorations f	for	Pink Out Wa	alk for Campaign Table
9	Complete ONLY if direct	L Candidate/Off	ficeholder name	Office sou	ıaht			Office he	-iq
	expenditure to benefit C/O		noonolaar name	000	·g···			Omoo n	
	Date	Payee name	<u></u>						
	10/21/2024	Amazon.co	om						
	Amount (\$)	Payee addre		State; Zip Co	ndo				
	` '	1 1	-	State, Zip Ct	Jue				
	\$59.76	440 Terry <i>F</i>	ave. N						
		Seattle, W	A 98109						
	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description			
	OF	1	rhead/Rental Expense			_ :	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living	expense
						For Ink and L	.ab	els	
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	H							
	Data								
	Date	Payee name							
	10/21/2024	Amazon.co	om 						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$117.70	440 Terry A	Ave. N						
		Seattle, W	A 98109						
-	PURPOSE				(b)	Description			
	OF		See Categories listed at the top o		(D)		outsi	de of Texas. Com	nlete Schedule T
	EXPENDITURE	Office Over	rhead/Rental Expense	,				officeholder living	
						ш			nbly that was broken at
						last event			,
<u> </u>	Complete ONLY if direct	Candidata/Off	ficeholder name	Office sou	lapt			Office he	ald
	expenditure to benefit C/O		nconduct name	Onice SOL	igrit			Onice He	Jiu
<u>Г</u> о.	me provided by Tayas F	thias Cammias	ion was a	thice state ty i					Version V// 1 0 //9da51f7

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

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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

	Consulting 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: 3/20 Rpt: 15/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/21/2024	Exxon Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.63	11824 FM2305
		Belton, TX 76513
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Traveling through District 54 on the First day of early voting.
		vourig.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1 Hacker Way
	Ψ23.00	Thacker way
		Menlo Park, CA 94025
	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 Ads on FaceBook for Campaign
		Aus on Facebook for Campaign
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	10/01/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	1 Hacker Way
		Menlo Park, CA 94025
	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
		Ads on Facebook for Campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

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	Total pages Schedule F1: Sch: 4/20 Rpt: 16/32	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087957
4	Date 10/02/2024	5 Payee name FaceBook
6	Amount (\$) \$31.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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 Ads on Facebook for Campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/03/2024	Payee name FaceBook
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
	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 Ads on Facebook for Campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/03/2024	Payee name FaceBook
	Amount (\$) \$39.00	Payee address; City; State; Zip Code 1 Hacker Way
		Menlo Park, CA 94025
	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 Ads on Facebook for Campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

se Travel in Di nse Travel Out es/Contract Labor OTHER (er

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: 5/20 Rpt: 17/32	2 FILER NAME Williams-Richardson, Dawn T. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00087957	_
4	Date 10/07/2024	5 Payee name FaceBook	_
6	Amount (\$) \$48.00	7 Payee address; City; State; Zip Code 1 Hacker Way	_
8	PURPOSE OF EXPENDITURE	Menlo Park, CA 94025 (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 For Campaign Ads on FaceBook	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 10/07/2024	Payee name FaceBook	
	Amount (\$) \$53.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
	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 For Campaign Ads on FaceBook	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_
	Date 10/07/2024	Payee name FaceBook	_
	Amount (\$) \$59.00	Payee address; City; State; Zip Code 1 Hacker Way	
		Menlo Park, CA 94025	
	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 For Campaign Ads on FaceBook	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising 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

	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: 6/20 Rpt: 18/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/09/2024	FaceBook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	1 Hacker Way
		Menlo Park, CA 94025
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 Campaign Ads on FaceBook
		Campaign / tab on r accessor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/OI	
	Date	Payee name
	10/10/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	1 Hacker Way
	Ţ. <u>_</u>	
		Menlo Park, CA 94025
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Ads on FaceBook
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
	Date	Davies same
	10/15/2024	Payee name FaceBook
	Amount (\$) \$80.00	Payee address; City; State; Zip Code 1 Hacker Way
	Ψ00.00	Triacker way
		Menlo Park, CA 94025
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Ads on FaceBook
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

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/Political 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 File	ers)
Sch: 7/20 Rpt: 19/32	Williams-Richardson, Dawn T. (Mrs.) 00087957	
4 Date	5 Payee name	
10/15/2024	FaceBook	
6 Amount (\$) \$88.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 Campaign Ads on FaceBook	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/15/2024	FaceBook	
Amount (\$) \$97.00	Payee address; City; State; Zip Code 1 Hacker Way	
	Menlo Park, CA 94025	
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 Ads on FaceBook	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/17/2024	FaceBook	
Amount (\$) \$107.00	Payee address; City; State; Zip Code 1 Hacker Way	
	Menlo Park, CA 94025	
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 Ads on FaceBook	
Complete ONLY if direct expenditure to benefit C/OH	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	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: 8/20 Rpt: 20/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/18/2024	FaceBook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$118.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Ads on FaceBook
		Gampaign / do on / doobook
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	1 Hacker Way
		Menlo Park, CA 94025
	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.
		Campaign Ads on Facebook
		Campaign Aus on Lacebook
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/22/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.00	1 Hacker Way
	Ψ140.00	Thacker way
		Menlo Park, CA 94024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign Ads on Facebook
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
dvertising 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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor 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: 9/20 Rpt: 21/32	2 FILER NAME3 Filer ID(Ethics Commission Filers)Williams-Richardson, Dawn T. (Mrs.)00087957
4	Date 10/24/2024	5 Payee name FaceBook
6	Amount (\$) \$158.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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 Campaign Ads on Facebook
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/26/2024	Payee name FaceBook
	Amount (\$) \$174.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
	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 Ads on FaceBook
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/10/2024	Payee name Fox44news.com
	Amount (\$) \$297.50	Payee address; City; State; Zip Code KLBK/KAMC ATTN: Joel West 7403 University Ave. Lubbock, TX 79423
	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 Fox44news.com homepage take over for one day
	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 22/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/04/2024	H-E-B Food - Drugs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.93	1101 W Stan Schlueter
		Killeen, TX 76542
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 Took Donuts to post card writing event
		Took Bonds to post out a writing event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	10/11/2024	H-E-B Food - Drugs
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.96	1101 W Stan Schlueter
		Killeen, TX 76542
	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 Sandwich Platters and Water for PhoneBank Event
		Sandwich Platters and Water for Phonebank Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/15/2024	H-E-B Food - Drugs
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.74	1101 W Stan Schlueter
		Killeen, TX 76542
	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
		Plates, Napkins, Sandwich Platters for Phone Bank Event
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	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

	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: 11/20 Rpt: 23/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/10/2024	KWKT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$221.00	KLBK/KAMC ATTN: Joel West
		7403 University Ave.
		Lubbock, TX 79423
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
		TV Commercial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	10/10/2024	KYLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	KLBK/KAMC ATTN: Joel West
		7403 University Ave
		Lubbock, TX 79423
	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 TV Commercial
		1 V Commercial
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/10/2024	Let's Eat Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.38	207 E Avenue D
		Killeen, TX 76541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Staff Breakfast After Interview Event and before
		Block Walking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 12/20 Rpt: 24/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/10/2024	NWKT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.50	KLBK/KAMC ATTN: Joel West
		7403 University Ave.
		Lubbock, TX 79423
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 TV Commercial
		TV Commercial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	10/03/2024	Numero, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	695 Town Center Drive
		Costa Mesa, CA 92626
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software for Call Time
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/10/2024	OYLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.25	KLBK/KAMC ATTN: Joel West
		7403 University Ave.
		Lubbock, TX 79423
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TV Commercial
L	0 1, 2, 2, 2, 2, 2	
	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)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 25/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/22/2024	QT 4189
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.73	3806 E Central Texas Expy
		Killeen, TX 76543
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
		Traveling to early voting sites in District 54
		Traveling to early veiling enter in Bleanet e i
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	7
	Date	Payee name
	10/23/2024	QT 4189
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$29.45	3806 E Central Texas Expy
		Killeen, TX 76543
	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 Traveling to early Voting Sites in District 54
		Travelling to early voting Sites in District 34
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date 10/12/2024	Payee name
		Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.17	8089 Trimmier Rd
		Killeen, TX 76542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Traveling to Austin for Post Card Event
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 14/20 Rpt: 26/32	Williams-Richardson, Dawn T. (Mrs.) 00087957			
4	Date	5 Payee name			
	10/25/2024	TST* Kogi Bowl			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$26.68	2408 S Clear Creek Rd			
		Killeen, TX 76549			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Dinner during Block Walking			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	Н			
	Date	Payee name			
	10/07/2024	Teriyaki Madness			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$36.99	2802 W Stan Schlueter Loop			
		Killeen, TX 76549			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Dinner for Volunteers during Block Walking			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
	Date	Payee name			
	10/07/2024	Tractor Supply			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$111.25	2002 E Central Texas Expy Ste C			
		Killeen, TX 76541			
	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 6ft Post to hang street signs			
		Oit 1 Out to Hung Street signs			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

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	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: 15/20 Rpt: 27/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/18/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$213.63	Rogers
		202 W Mesquite Ave
		Rogers, TX 76569
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 Blanketed Mail of Postcards
		Diameted Mail of Fosteards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	-
	Date	Payee name
	10/11/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$813.95	Belton
		111 N Wall Street
		Belton, TX 76513
	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 Blanketed Mailing of Postcards
		Bianketea Maining of Fostcards
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$982.76	Salado
		820 N Main Street
		Salado, TX 76571
	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 Blanketed Mailing of Postcards
		Dianketed Mailing of Fosteards
	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 -

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	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: 16/20 Rpt: 28/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/15/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.82	Copper Mountain
		3100 S W S Young Dr
		Killeen, TX 76542
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
		Blanketed Mailing of Postcards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Payee name
	10/15/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.58	Copper Mountain
		3100 S W S Young Dr
		Killeen, TX 76541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Blanketed Mailing of Postcards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/18/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.48	Troy
		10 Front Street
		Troy, TX 76579
	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.
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		Blanketed Mailing of Postcards
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 17/20 Rpt: 29/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/18/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$719.18	Killeen
		300 N 10th Street
		Killeen, TX 76541
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
		Blanketed Mailing of Postcards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/16/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.52	Rosebud
		206 N 5th St
		Rosebud, TX 76570
	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
		Blanketed Mailing of Postcards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/18/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.62	Little River Academy
		106 N Evans St
		Little River Academy, TX 76554
	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 Blanketed Mailing of Postcards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: Sch: 18/20 Rpt: 30/32	FILER NAME Williams-Richardson, Dawn T. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087957
4	Date 10/18/2024	5 Payee name USPS	
	Amount (\$) \$173.05	7 Payee address; City; State; Zip Code Bartlett 131 N Evie St Bartlett, TX 76511	
8	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Mailing of Postcards
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/18/2024	Payee name USPS	
	Amount (\$) \$205.38	Payee address; City; State; Zip Code Bartlett 131 N Evie St Bartlett, TX 76511	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Mailing of Postcards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/16/2024	Payee name USPS	
	Amount (\$) \$337.40	Payee address; City; State; Zip Code Killeen 2403 W Stan Schlueter Loop Killeen, TX 76549	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Mailling of Postcards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

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 Committee
Credit Card Payment

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

rsement Solicitation/Fundraising Expense
rransportation Equipment & Related Expense
rravel in District
rravel Out of District
Labor OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide	e explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME			3	F	iler ID	(Ethics Commiss	sion Filers)
	Sch: 19/20 Rpt: 31/32	١v	Villiams-Richardson, Dawn T	. (Mrs.)			0	0087957		
4	Date	5 F	Payee name			•				
	10/04/2024	١v	Valmart							
6	Amount (\$)	7 P	Payee address; City;	State; Zip Co	de					
	\$11.65	1	400 Lowes Blvd							
		K	Killeen, TX 76542							
8	PURPOSE	(a) (Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expe			Check if travel outsi				
	EXI ENDITORE					Check if Austin, TX, File Folders	, of	ficeholder living	expense	
						File Folders				
9	Complete ONLY if direct	L Ca	andidate/Officeholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/O		andidate/Officeriolder name	Office 30d	giit			Office fic	.iu	
_	Date		20							
	10/11/2024	l .	Payee name Valmart							
	Amount (\$)			State; Zip Co	ndo.					
	\$2.55	l	Payee address; City; L400 Lowes Blvd	State, Zip Co	ue					
	φ2.55	1	.400 Lowes bivu							
			Village TV 76542							
			Killeen, TX 76542							
	PURPOSE OF		Category (See Categories listed at the t	op of this schedule)	(b)	Description Check if travel outsi	ahie	of Tayas Com	nlata Schadula T	
	EXPENDITURE	=	Event Expense			Check if Austin, TX,				
						Ice for Cooler fo	or E	Block Walk	ring event	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/Ol	Н								
	Date	P	Payee name							
	10/16/2024	١v	Valmart							
	Amount (\$)	F	Payee address; City;	State; Zip Co	de					
	\$30.27	1	.400 Lowes Blvd							
		k	Killeen, TX 76542							
	PURPOSE	(a) (Category (See Categories listed at the t	on of this schodulo)	(b)	Description				
	OF		Office Overhead/Rental Expe		` '	Check if travel outsi	ide	of Texas. Com	plete Schedule T.	
	EXPENDITURE		•			Check if Austin, TX,			expense	
						Plastic Tubs for	Si	torage		
			W. L. (200)		Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght			Office he	eld	
	, a	-								

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: 20/20 Rpt: 32/32	Williams-Richardson, Dawn T. (Mrs.) 00087957
4	Date	5 Payee name
	10/24/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.62	1400 Lowes Blvd
		Killeen, TX 76542
8	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
		Small plastic tubs for transporting postcards to mail
		Cinal placed tase for transporting posted as to main
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/17/2024	Worley Printing Co., INC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,373.47	3217 North IH 35
		Austin, TX 78722
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing of Signs, Postcards, Voter Guides
		The state of the s
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2024	Worley Printing Co., INC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,583.58	3217 North IH 35
	+ 1,000.00	<u> </u>
		Austin, TX 78722
	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
		Printed 10,000 10X8 postcards
_	Complete ONII V if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held