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 17 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Staci NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Williams CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 225321 MAILING Receipt # Amount **ADDRESS** Change of Address Dallas, TX 75260 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** 2322 Miller Moore **ADDRESS** (Residence or Business) Dallas, TX 75216 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 540-9811 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer lx l 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** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 101 Dallas District Judge District 101

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

This box is for notice of political contributions accepted or political expenditures made by political committees to sup candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowled consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures may have been made without the candidate's or officeholder's knowled consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures may have been made without the candidate's or officeholder's knowled consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures may have been made without the candidate's or officeholder's knowled consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures may have been made without the candidate's or officeholder's knowled consent. Candidate's or officeholder's knowledge consent. Candidate's consent. Candidate's consent. Candidate's consent. Candidate's consent. Candidate's consent. Candidate's	ge or
COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$	629.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$	0.00
4. TOTAL POLITICAL EXPENDITURES \$ 1	0,808.74
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$	0.00
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	0.00
17 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the accompanying repo true and correct and includes all information required to be reported by under Title 15, Election Code.	t is ne
The Honorable Staci Williams	
Signature of Candidate or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this the da	y
of, 20, to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oa	<u> </u>

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			oven one	3 of 17
18 FILER NA Williams,	ME Staci (The Honorable)	19 Filer ID 00069606	(Ethics Commiss	ion Filers)
l	LE SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	629.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	\$			
4.	\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	10,808.74
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.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I 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: 1/2 Rpt: 4/17
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 10/31/2024	5 Full name of contributor Allen, Nathalene6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Forest Hill, TX 76140				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Lo Contributor's employer/law firm Law Office of Nathalene Allen				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#:)	Π	Amount of Contribution (\$)
	11/25/2024	Bell, James Contributor address; City;	<u> </u>			\$250.00
		Dallas, TX 75230				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	James S. Be					
	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 (\$)
	11/24/2024	Cook, Lee Carol				\$25.00
		Contributor address; City; Herndon, VA 20171	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	I		

	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: 2/2 Rpt: 5/17
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 10/30/2024	Prince, Chesley 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$54.00	
8	Contributor's F	Denison, TX 75020 Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	nny)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/29/2024	Umeh, Eric Contributor address; City; St	ate; Zip Code		\$100.00
	Contributor's I	Dallas, TX 75228 Principal Occupation		Contributor's Job Title	
	Continuators	-ппсіраї Оссираціон		Continuator 5 Job Title	
	Contributor's	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	nny)	L	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/28/2024	Wager, James Contributor address; City; St Philadelphia, PA 19147	ate; Zip Code		\$100.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	l
	Contributor's e	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	nny)		

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 Lenal Services 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: 1/12 Rpt: 6/17	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/04/2024	ABM Parking George Allen
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 601 Commerce St. Dallas, TX 75202
8	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 Court Staff Parking
		Court Stail Faiking
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2024	ABM Parking George Allen
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 601 Commerce St.
		Dallas, TX 75202
	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 Court Staff Parking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/23/2024	American Inns of Court
	Amount (\$) \$225.00	Payee address; City; State; Zip Code 225 Reinekers Ln. #770
		Alexandria, VA 22314
	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 Dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: 2/12 Rpt: 7/17	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	_
l	10/30/2024	Bankem Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$275.00	2357 S. Collins St.	
l			
l		Arlington, TX 76014	
8	PURPOSE		_
ľ	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.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Push Cards	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit Great		
l	Date	Payee name	
l	11/01/2024	Bivins, Ron	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$500.00	901 Mockingbird Ln.	
l			
l		DeSoto, TX 75115	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	
l		Check if Austin, TX, officeholder living expense Polls	
l		Polis	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI		
⊨	Doto		—
l	Date 11/23/2024	Payee name COSTCO GAS	
_			
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$14.04	250 Hwy 67	
l		B 11. TV 75407	
L		Duncanville, TX 75137	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Picking up signs	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	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		Legal Services		Vages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
		r	The Instruction Guide expl	ains now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 3/12 Rpt: 8/17	Williams, S	taci (The Honorable)					00069606		
4	Date	5 Payee name								
	11/13/2024	Caldwell, M	ichael							
6	Amount (\$)	7 Payee addre	ss; City; S	state; Zip Co	ode					
	\$500.00	6333 Dento	n Dr.							
		Dallas, TX	75233							
8	PURPOSE		ee Categories listed at the top of th	ic cobodulo)	(b)	Description				
	OF		ages/Contract Labor	is scriedule)	` '		outs	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					_		officeholder living	expense	
						Post Campai	gn	Work		
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office he	eld	
	experialitire to beriefft C/Of	.1								
	Date	Payee name								
	11/13/2024	Constant C	ontact							
	Amount (\$)	Payee addre	ss; City; S	state; Zip Co	de					
	\$271.84	1601 Tapel	o Rd.							
		Waltham, N	IA 02451							
	PURPOSE	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Advertising				-		de of Texas. Com		
						_		officeholder living	expense	
						Email Comm	um	calions		
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/OI		cenoidei name	Office 300	grit			Office fie	au	
-	D-4-									
	Date 12/13/2024	Payee name Constant C								
	Amount (\$)	Payee addre	•	state; Zip Co	ode					
	\$271.84	1601 Tapel	0 Ka.							
		Waltham, N	1A 02451							
	PURPOSE OF		ee Categories listed at the top of th	is schedule)	(b)	Description			-l-t- 0-l	
	EXPENDITURE	Advertising	Expense			므		de of Texas. Com officeholder living		
						Email Commi			гехрепае	
								-		
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	<u> </u>			Office he	eld	
	expenditure to benefit C/OI		-		J -					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 9/17	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/29/2024	Costco Gas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.25	250 Hwy 67
		Duncanville, TX 75137
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel to early vote locations
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitare to benefit or of	'
	Date	Payee name
	10/31/2024	Gray, Lisa
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,345.00	4811 Duncanville Rd.
		Dallas, TX 75236
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Early Voting Poll Team
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/05/2024	Gray, Lisa
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,260.00	4811 Duncanville Rd.
		Dallas, TX 75236
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Election Day Poll Team
		Licetion Bay Foil Team
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 10/17	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	•
	12/14/2024	Hilton Anatole Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.00	2201 N. Stemmons Fwy	
		Dallas, TX 75207	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense ent Parking
			Tit Taking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	11/07/2024	Kim & Jenny's Caf	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.70	450 E. Wheatland Rd.	
		Duncanville, TX 75116	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		Lun	nch Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
_	Date	Davies name	
	11/04/2024	Payee name Kroger	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.73	235 FM 1382	
	400.70	200 T W 1002	
		Cedar Hill, TX 75104	
	PURPOSE		ecription
	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		F00	od/Bev. For Victory Party
	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

Fees Office Overhee
Food/Beverage Expense Polling Expens
Gift/Awards/Memorials Expense Printing Exper
Legal Services Salaries/Wage

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

The Instruction Guide explains how to co	impiete ti	nis iorin.		
2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Williams, Staci (The Honorable)			00069606	
5 Payee name		I		
Municipal Parking Services				
7 Payee address; City; State; Zip Co	ode			
11305 Four Points Dr., Building 2, Ste. 300				
Austin, TX 78726				
(a) Category (See Categories listed at the top of this schedule)	(b) De	scription		
Fees		•	de of Texas. Com	plete Schedule T.
			officeholder living	expense
	l Pa	rking		
	<u> </u>		000	
	ıght		Office he	eld
Payee name				
Normas Cafe				
	ode			
1123 W. Davis St.				
Dallas, TX 75208				
(a) Category (See Categories listed at the top of this schedule)	(b) De:	scription		
Food/Beverage Expense	▎▕ૣ			
			onicenoider living	expense
		ou for otall		
Candidate/Officeholder name Office sou	<u>I</u> ıaht		Office he	eld
Н	5			
Payee name				
Payee name Ocean Prime				
Ocean Prime	nde			
Ocean Prime Payee address; City; State; Zip Co	ode			
Ocean Prime	ode			
Ocean Prime Payee address; City; State; Zip Cc 2101 Cedar Springs Rd. #150	ode			
Ocean Prime Payee address; City; State; Zip Co 2101 Cedar Springs Rd. #150 Dallas, TX 75201				
Ocean Prime Payee address; City; State; Zip Co 2101 Cedar Springs Rd. #150 Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule)	(b) De:	scription Check if travel outsid	de of Texas. Com	plete Schedule T.
Ocean Prime Payee address; City; State; Zip Co 2101 Cedar Springs Rd. #150 Dallas, TX 75201	(b) De:	SCription Check if travel outsid Check if Austin, TX,		
Ocean Prime Payee address; City; State; Zip Co 2101 Cedar Springs Rd. #150 Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule)	(b) De:	Check if travel outsid	officeholder living	expense
Ocean Prime Payee address; City; State; Zip Co 2101 Cedar Springs Rd. #150 Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule)	(b) De:	Check if travel outside Check if Austin, TX,	officeholder living	expense
Ocean Prime Payee address; City; State; Zip Co. 2101 Cedar Springs Rd. #150 Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	(b) De	Check if travel outside Check if Austin, TX,	officeholder living	expense
Ocean Prime Payee address; City; State; Zip Co. 2101 Cedar Springs Rd. #150 Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) De	Check if travel outside Check if Austin, TX,	officeholder living for support	expense
Ocean Prime Payee address; City; State; Zip Co. 2101 Cedar Springs Rd. #150 Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sou	(b) De	Check if travel outside Check if Austin, TX,	officeholder living for support	expense
	5 Payee name Municipal Parking Services 7 Payee address; City; State; Zip Co. 11305 Four Points Dr., Building 2, Ste. 300 Austin, TX 78726 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office south H Payee name Normas Cafe Payee address; City; State; Zip Co. 1123 W. Davis St. Dallas, TX 75208 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office south	5 Payee name Municipal Parking Services 7 Payee address; City; State; Zip Code 11305 Four Points Dr., Building 2, Ste. 300 Austin, TX 78726 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Normas Cafe Payee name Normas Cafe Payee address; City; State; Zip Code 1123 W. Davis St. Dallas, TX 75208 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought	5 Payee name Municipal Parking Services 7 Payee address; City; State; Zip Code 11305 Four Points Dr., Building 2, Ste. 300 Austin, TX 78726 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Payee name Normas Cafe Payee address; City; State; Zip Code 1123 W. Davis St. Dallas, TX 75208 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought	5 Payee name Municipal Parking Services 7 Payee address; City; State; Zip Code 11305 Four Points Dr., Building 2, Ste. 300 Austin, TX 78726 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Office held Payee name Normas Cafe Payee address; City; State; Zip Code 1123 W. Davis St. Dallas, TX 75208 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Tavel outside of Texas. Com Check if travel outside of Texas. Com Check if Tavel outside of Texas. Com Check if Tavel outside of Texas. Com Check if Austin, TX, officeholder living Food for Staff

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: 7/12 Rpt: 12/17	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/31/2024	Plains Capital Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	P.O. Box 271
		Lubbock, TX 79408
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2024	Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 271
		Lubbock, TX 79408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/29/2024	Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P.O. Box 271
		Lubbock, TX 79408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Baille 1 55
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District 8y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District 8al 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:		
Sch: 8/12 Rpt: 13/17	Williams, Staci (The Honorable) 00069606	
4 Date	5 Payee name	
11/12/2024	Quik Trip	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.80	1220 W. Mockingbird Ln.	
	D. H T. V. 750 47	
	Dallas, TX 75247	
8 PURPOSE OF	(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.	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Food/Bev.	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
SAPORGICATO TO BOHORE O/O	··	
Date	Payee name	
10/28/2024	Racetrac	
Amount (\$)	Payee address; City; State; Zip Code	
\$35.12	2865 W. Plano Pkwy.	
	Plano, TX 75075	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas Complete Schedule T	
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Travel to Colin County	
Ī		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
expenditure to benefit C/O	Payee name	
expenditure to benefit C/O	Payee name Raising Cane's	
expenditure to benefit C/O Date 10/28/2024 Amount (\$)	Payee name Raising Cane's Payee address; City; State; Zip Code	
expenditure to benefit C/O Date 10/28/2024	Payee name Raising Cane's	
expenditure to benefit C/O Date 10/28/2024 Amount (\$)	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy.	
expenditure to benefit C/O Date 10/28/2024 Amount (\$)	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104	
expenditure to benefit C/O Date 10/28/2024 Amount (\$) \$40.40	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104 (a) Category (See Categories listed at the top of this schedule) (b) Description	
expenditure to benefit C/O Date 10/28/2024 Amount (\$) \$40.40	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104 (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.	
expenditure to benefit C/O Date 10/28/2024 Amount (\$) \$40.40 PURPOSE OF	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104 (a) Category (See Categories listed at the top of this schedule) (b) Description	
expenditure to benefit C/O Date 10/28/2024 Amount (\$) \$40.40 PURPOSE OF	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104 (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	
expenditure to benefit C/O Date 10/28/2024 Amount (\$) \$40.40 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O Date 10/28/2024 Amount (\$) \$40.40 PURPOSE OF EXPENDITURE	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O Date 10/28/2024 Amount (\$) \$40.40 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Raising Cane's Payee address; City; State; Zip Code 380 North J. Elmer Weaver Frwy. Cedar Hill, TX 75104 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense 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: 9/12 Rpt: 14/17	Williams, Staci (The Honorable) 00069606							
4	Date	5 Payee name							
	11/15/2024	Ross Tower Starbucks							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$8.87	500 N. Akard St.							
		Dallas, TX 75201							
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 Bev.							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	11/04/2024	SPEC'S							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$331.02 971 J. Elmer Weaver Fwy #400								
		Cedar Hill, TX 75104							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Food/Beverage Expense							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Bev. For Victory Party							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name							
	11/04/2024	Sunny Food Mart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$9.98	920 N. Highway 67							

		Cedar Hill, TX 75104							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Food/Bev.							
	0 1. 0								
	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 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/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: 10/12 Rpt: 15/17	Williams, Staci (The Honorable) 00069606							
4	Date	5 Payee name							
	12/23/2024	The Home Depot							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$22.23	373 E Farm to Market Rd 1382							
		Cedar Hill, TX 75104							
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 Sche								
		Check if Austin, TX, officeholder living expense Storage Boxes for Campaign Items							
		Storage Boxes for Campaign terms							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O								
\vdash	Data	<u> </u>							
	Date	Payee name							
	11/27/2024	The Statler Hotel Dallas							
Amount (\$) Payee address; City; State; Zip Code									
	\$10.00	1914 Commerce St.							
		Dallas, TX 75201							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense							
	Event Parking								
	Compulate ONLY if direct	Condidate/Office helds name Office accepts							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/04/2024	The Westin Galleria Dallas							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$18.39	13340 Dallas Pkwy							
		Dallas, TX 75240							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense								
		Event Parking							
	0 1. 0								
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
L									

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission						
	Filers)					
Sch: 11/12 Rpt: 16/17 Williams, Staci (The Honorable) 00069606						
4 Date 5 Payee name						
11/12/2024 United States Post Office						
6 Amount (\$) 7 Payee address; City; State; Zip Code						
\$19.30 475 FM 1382						
Cedar Hill, TX 75104						
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description						
OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
Check if Austin, TX, officenoider living expense						
Thank you card stamps						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
expenditure to benefit over 1						
Date Payee name						
11/07/2024 Voice Broadcasting Co						
Amount (\$) Payee address; City; State; Zip Code						
\$80.68 1527 S. Cooper St.						
Arlington, TX 76010						
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Taxes Complete Schedule Tax						
EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Robocalls						
resours						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
5.						
Date Payee name						
11/04/2024 WAL-MART						
Amount (\$) Payee address; City; State; Zip Code						
\$15.58 951 W. Belt Line Rd.						
DeSoto, TX 75115						
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, 1X, officenoider living expense						
Food/Bev.						
Operation ONLY if allow the Constitute (Office health and area.						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
<u> </u>						

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 B Candidate/Officeholder/Politica Credit Card Payment									Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1: Sch: 12/12 Rpt: 17/17	2		NAME ns, Staci (The Honorable)					Filer ID (Ethics Commission Filers) 00069606		
4	Date	5	Payee name		- Indiable)						
	11/04/2024		WAL-MAR								
6	Amount (\$)	7	Payee addre		State	e; Zip Cod	е				
	\$37.93		621 Uptow	n Blvd							
			Cedar Hill,	TX 75104							
8	PURPOSE OF	(a)			ed at the top of this sch	hedule) (b) Descrip		:df T	andata Cabadula T	
	EXPENDITURE		Food/Beve	rage Expens	e				, officeholder livin	nplete Schedule T. g expense	
							Food/B	Bev.			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder nam	ne (Office soug	nt		Office h	eld	